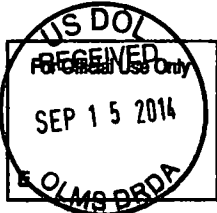


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009



This report is mandatory under P.L. 88-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

572510


1. File Number: C- 00676

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Carlos Ortiz
Title	
Organization	Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any	
Street	7426 Cherry Ave Suite 210-106
City	Fontana
State	California
ZIP Code + 4	92336
3. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	312 N. Belmont Ave
City	Los Angeles
State	California
ZIP Code + 4	90026
4. Data fiscal year ends:	
Dec / 31	
5. Type of person:	
a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Manny Rangel
Organization	Amigos Logistics
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	5221 S. Millard Avenue,
City	Chicago
State	Illinois
ZIP Code + 4	60632
7. Date entered into:	
11 / 23 / 2013	
8. Name of person(s) through whom made:	
Name	Julio Pablos
Name	
Name	
Name	
Name	

## Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed   
Title President  
President (if other title, see instructions)

14. Signed \_\_\_\_\_  
Title Treasurer  
Treasurer (if other title, see instructions)

On 12/21/2013  
Date

909 910 5575  
Telephone Number

On \_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

Filer:

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

To provide professional consulting services, per verbal contract, to be paid a flat daily fee, plus be reimbursed for expenses incurred while at client's facility

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization

11.b. Period during which performed:

On going

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Julio

☐

Pablos

Organization

Arena Communicatios

P.O. Box, Bldg., Room No., if any

Street

279 Shadow Mountain Dr. Suite 205

City

El Paso

State

Texas

ZIP Code + 4

79912

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

Teamsters local 710