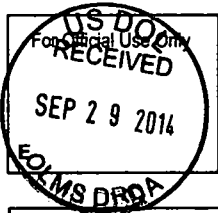


# FORM LM-20

## 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. 86-257, 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.

572523

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. Date fiscal year ends:

Dec / 31

#### 5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify): \_\_\_\_\_

### Nature of Agreement or Arrangement

#### 6. Full name and address of employer with whom made (include ZIP Code):

Name Nolan Todd  
Organization Katch Kan USA  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any PO Box 1669  
Street \_\_\_\_\_  
City Montgomery  
State Texas ZIP Code + 4 77356

#### 7. Date entered into:

8 / 11 / 2014

#### 8. Name of person(s) through whom made:

Name \_\_\_\_\_  
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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 9/18/2014  
Date

909-910-5575  
Telephone Number

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

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

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

Organization **Arena Communications LLC**

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

Street **279 Shadow Mountain Dr Suite 205**

City **El Paso**

State **Texas** ZIP Code + 4

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 at Katch Kan USA 4515 Smith Road, Von Ormy TX 78073

12.b. Identify subject labor organizations:

USW