U.S. Department of Labor Office of Labor-Management Standards Washington, OC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016

ECENED" For Official Use Only

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.

Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Juan Cruz	Name LUPE CRUZ		
Title C.E.O	Title CEO		
Organization Reconnect Labor Relations Consultants	Organization CRUZ AND ASSOCIATES LABOR RELATIONS		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 1831		
Street 29450 Highland blvd	Street		
City Moreno Valley	City UPLAND		
State California ZIP Code + 4 92555			
4. Date fiscal year ends: 5. Type of person:	State California ZIP Code + 4 91785		
Dec / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangement			
<ol><li>Full name and address of employer with whom made (include ZIP Code):</li></ol>	7. Date entered into:		
Name Todd Williams	11 / 3 / 2015		
Organization Con-Way Freight	8. Name of person(s) through whom made:		
2 3	o. Name of person(s) through whom made:		
Trade Name, if any Con-Way Freight San Fernando (UFV)	Name Name		
Trade Name, if any Con-Way Freight San Fernando (UFV)			
Trade Name, if any Con-Way Freight San Fernando (UFV) P.O. Box, Bldg., Room No., if any	Name		
Trade Name, if any Con-Way Freight San Fernando (UFV) P.O. Box, Bldg., Room No., if any Street 12466 Montague Street	Name Name		
Trade Name, if any Con-Way Freight San Fernando (UFV) P.O. Box, Bldg., Room No., if any Street 12466 Montague Street City Pacoima	Name Name Name		
Trade Name, if any Con-Way Freight San Fernando (UFV) P.O. Box, Bldg., Room No., if any Street 12466 Montague Street City Pacoima State California ZIP Code + 4 91331	Name Name Name Name Name		
Trade Name, if any Con-Way Freight San Fernando (UFV)  P.O. Box, Bldg., Room No., if any  Street 12466 Montague Street  City Pacoima  State California ZIP Code + 4 91331  Signate California Signate Companying documents by the contraction contained in any accompanying documents by the contraction contained in a contraction contained i	Name Name Name Name Name Name		
Trade Name, if any Con-Way Freight San Fernando (UFV) P.O. Box, Bldg., Room No., if any  Street 12466 Montague Street  City Pacoima  State California  ZIP Code + 4 91331  Signate California Signate of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined use, correct, and complete. (See Section VII on penalties in the instructions.)	Name Name Name Name Name Name Name Name		
Trade Name, if any Con-Way Freight San Fernando (UFV) P.O. Box, Bldg., Room No., if any  Street 12466 Montague Street  City Pacoima  State California  ZIP Code + 4 91331  Signat  Fach of the undersigned declares, under penalty of perjury and other applicable he information contained in any accompanying documents) has been examined nue, correct, and complete. (See Section VII on penalties in the instructions.)  3. Signed  Resident	Name Name Name Name Name Name Name Name		
Trade Name, if any Con-Way Freight San Fernando (UFV)  P.O. Box, Bldg., Room No., if any  Street 12466 Montague Street  City Pacoima  State California  ZIP Code + 4 91331  Signation of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  3. Signed  President (If other title, see instructions.)	Name Name Name Name Name Name  Name  Name  Name  Aures  penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer  (If other title, see		
Trade Name, if any Con-Way Freight San Fernando (UFV)  P.O. Box, Bldg., Room No., if any  Street 12466 Montague Street  City Pacoima  State California  ZIP Code + 4 91331  Signat  Each of the undersigned declares, under penalty of perjury and other applicable he information contained in any accompanying documents) has been examined rue, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President  (If other title, see instructions.)	Name Name Name Name Name Name Name Name		

Filer: Juan Cruz Reconnect Labor Relations Consul				
RELACTIONS Consultants		File Number C- 00681		
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.):				
No written agreement.				
		1		
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instru				
a. Nature of activity:	uctions):			
Conducted employee relations audit to make sure employees could communicate directly to upper management, any issues or concerns.				
11.b. Period during which performed:	11.c. Extent performed:			
11/3/15	11/4/15			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Lupe Cruz	Name			
Organization Cruz and Associates Labor Relations	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street P.O.Box 91785	Street			
City Upland	City			
State Florida ZIP Code + 4 32824	1			
	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organ	nizations:		
All employees: full time and part time.	No union present or union issues.			
		1		
		ł		
Ì		1		