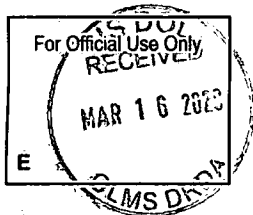


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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.

720639

1. File Number: c-49274-68757

### Person Filing

2. Name and mailing address (include ZIP Code):

Name Lupe Cruz  
Title  
Organization Quest Consulting  
P.O. Box, Bldg., Room No., if any 31549  
Street  
City Las Vegas  
State Nevada ZIP Code + 4 89173

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  
City  
State ZIP Code + 4

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 Byron Arias  
Organization Honeyville  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 11600 Dayton Drive  
City Rancho Cucamonga  
State California ZIP Code + 4 91739

7. Date entered into:

2 / 10 / 2020

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 Other (Specify) CEO

On 3/9/2020 877-470-4607  
Date Telephone Number

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

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.):

Hourly rate plus expenses

#### Specific Activities to be Performed

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

a. Nature of activity:

Held employee meetings to inform them of their Section 7 Right to Answer questions using the NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Luis Camarena

Organization LKLS Consulting

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

Street 153 Avenida Altamira

City Chula Vista

State California ZIP Code + 4 91914

Additional Name and address through whom performed, if any:

Name Alai Olivarría

Organization EPC Consulting

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

Street 3620 Lomacitas Lane

City Bonita

State California ZIP Code + 4 91902

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

Teamsters