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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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.

1. File Number: C- 66020 **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name EVELYN D FRAGOSO Name Title Title OWNER Organization QUALITY LABOR SOLUTIONS Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 2700 COURTLEIGH DR Street City BAKERSFIELD City State California ▼ ZIP Code + 4 93309 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Jan **3** / Individual b. Partnership c. X Corporation d. Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 6 / 30 / 14 Name JILL MARTIN 8. Name of person(s) through whom made: Organization TRUMP RUFFIN COMMERCIAL LLC Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 2000 FASHION SHOW DRIVE Name City LAS VEGAS Name ZIP Code + 4 89109 State Nevada Name **Signatures** Each of the undersigned declares, upder penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contain with any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and confider. (See Section W on penalties in the instructions.) President 13. Signed 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Title Title 6/10/15 31.729.6773 Telephone Number Date Telephone Number

Filer EVELYN FRAGOSO QUALITY LABOR SOLUTIONS	File Number C- 66020
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.): HOLD EMPLOYEE MEETINGS, ACT TRANING, TO INFORM EMPLOYEES OF THIER SECTION (7) RIGHTS. ANSWER ANY	
QUESTIONS.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct	ions):
a. Nature of activity: SMALL GROUP MEETINGS, ANSWERING QUESTIONS	
11.b. Period during which performed:	11.c. Extent performed:
VARIOUS DAYS BEGINNING 6.30.14	Additional Name and address through whom performed, if any:
11.d. Name and address through whom performed: Name PHILLIP WILSON	Name
Organization L.R.I	Organization
P.O. Box, Bldg., Room No., if any PO BOX 1529	P.O. Box, Bldg., Room No_if any
Street 7850 SOUTH ELM PLACE	Street
City BROKEN ARROW	City
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
EMPLOYEES IN POTENTIAL BARGAINING UNIT.	PRE PETITION