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. 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. 528122 File N 00676 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name. Carlos Ortiz Title -Title. Organization Organization | Solutions Labor Relations Consultants P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 7426 Cherry Ave Suite 210-106 Street 312 N. Belmont Ave City Los Angeles City Fontana State California ZIP Code + 4 92336 State California ZIP Code + 4 90026 4. Date fiscal year ends: 5. Type of person: Dec a. X Individual b Corporation Other (Specify): Partnership J 16 **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 4 / 6 2013 Name |Ted 8. Name of person(s) through whom made: Organization US Fibers Name Trade Name, if any Pac Tell Group, Inc. P.O. Box, Bldg., Room No., if any Name Street 30 Pine House Road Name City Trenton Name ZIP Code + 4 State South Carolina Name **Signatures** Each of the understanded declares, under penalty of penjury 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.) 14. Signed 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title

On

Date

5/3/2013

Date

909-910-5575

Telephone Number

Telephone Number

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Check the appropriate box to indicate whether an object of the activities under	ertaken, 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, consultants are to be paid a flat daily fee, plus be reimbursed for expenses incurred while at client's facility.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
	not exercise their right to support or not support a labor organization	
No.		
11.b. Period during which performed:	11.c. Extent performed:	
On going		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Carlos Ortiz	Name Johan Pena	
Organization Solutions Labor Relations Consultants	Organization	
P.O.,Box, Bldg., Room No., if any	P.O. Box, Bidg., Room,No., if any	
Street 7426 Cherry Ave Suite 210-106	Street 261 NW 57th Avenue. # 1	
City Fontana	City Miami	
State California ZIP Code + 4 92336	State Florida ZIP Code + 4 33126	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Employees in potential bargaining unit	USW Local 7898	

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9. Check the appropriate box to indicate whether an object of the activities unde	rtaken, 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, consultants are to be paid a flat daily fee, plus be reimbursed for expenses		
incurred while at client's facility.		
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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:	11.c. Extent performed:	
On going		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Laura Garcia	Name Luz, Slim	
Organization Clearmind Inc.	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any P:O. Box 2127	
Street 1626 E. Main St	Street	
City Grand Prairie	City Temple City	
State Texas ZIP Code + 4 75052	State California ZIP Code + 4 91780	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Employees in potential bargaining unit	USW Local 7898	