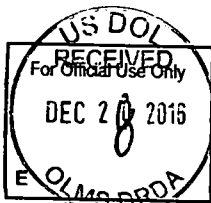


"AMENDED"

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.

631827

1. File Number: C- 00681

## Person Filing

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

Name Juan M Cruz

Title CEO

Organization Reconnect Labor Relations Consultants

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

Street 29450 Highland Blvd

City Moreno Valley

State California ZIP Code + 4 92555

3. Any other address where records necessary to verify this report are kept:

Name Robert Long

Title CEO

Organization Healthcare Labor Solutions

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

Street 24 Corporate Plaza, Suite 190

City New Port Beach

State California ZIP Code + 4 92660

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 Bryan Stern

Organization DaVita Health Care Partner

Trade Name, if any DaVita

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

Street 15271 Laguna Canyon Rd

City Irvine

State California ZIP Code + 4 92618

7. Date entered into:

9 / 28 / 2016

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

Title Sole Proprietor

President  
(If other title, see  
instructions)

14. Signed

Title Other (Specify)

Treasurer  
(If other title, see  
instructions)

On 10/28/2016

Date

951-413-4402

Telephone Number

On 1-13-17

Date

951-413-4402

Telephone Number

98

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 contract or agreement.

#### Specific Activities to be Performed

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

a. Nature of activity:

Section 7, Employees shall have the right to self-organization, to form, join, or assist labor organization, to bargain collectively through representatives of their own choosing, or other mutual aid or protection, and shall also have the right to refrain from any or all such activities.

11.b. Period during which performed:

9-28-2016

11.c. Extent performed:

On Going.

11.d. Name and address through whom performed:

Name    Robert                      Long  
Organization    Healthcare Labor Relations  
P.O. Box, Bldg., Room No., if any  
Street    24 Corporate Plaza, suite 190

City    Newport Beach

State    California                      ZIP Code + 4    92660

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:

All full time and part time employees.

12.b. Identify subject labor organizations:

S.E.I.U