

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

525580

1. File Number: C-65358

Person Filing

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

Name Julio Pablos

Title Manager

Organization Arena Communications

P.O. Box, Bldg., Room No., if any Suite 205

Street 279 Shadow Mountain

City El Paso

State Texas

ZIP Code + 4 79912

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): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Erin S Martino

Organization TruBlue

Trade Name, if any Presenius Medical Care North America

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

Street 920 Winter Street

City Waltham

State Massachusetts

ZIP Code + 4 02451-1547

7. Date entered into:

3 / 20 / 2013

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

Julio C Pablos
Title Managing Partner

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 03/31/2013

Date

Telephone Number

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.):

No written contract only a verbal agreement with employer to pay the consultant's hourly rate ranging from \$187.50-\$250.00 as well as reimburse the consultant for any out of out pocket expenses related to this project.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings, on behalf of TruBlu, to inform and educate participants about their rights, duties and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices and union rules and finances.

11.b. Period during which performed:

03/20/2013

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Carlos Ortiz
Organization Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any Suite #210-106
Street 7426 Cherry Ave.
City Fontana
State California ZIP Code + 4 92336-4221

Additional Name and address through whom performed, if any:

Name Laura Garcia
Organization Consultant
P.O. Box, Bldg., Room No., if any
Street 2805 Meade Dr.
City Grand Prairie
State Texas ZIP Code + 4 75052-8344

12.a. Identify subject groups of employees:

Permanent Shipping and Receiving Employees at their Distribution Center located in Coppell, TX

12.b. Identify subject labor organizations:

Worker's Unite