U≲/∂epartment 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 10-31-2013



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

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Street 28715 Mark Road

City Moreno Valley

State California

4. Date fiscal year ends:

Organization Reconnect Labor Relations Consultants

ZIP Code + 4 92555

5. Type of person:

This report is mandatory under P.L. 86-257, as emended. 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

Organization

City Upland

State California

Street

a. X Individual b. Partnership c. Corporation d. Other (Specify):

P.O. Box, Bldg., Room No., if any 1831

## 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. 6681 1. File Number: Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Lupe Name Juan Cruz Cruz Title Title CEO CEO

Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 12 / 12 / 2013				
Name Bruce Watkins	12 / 12 / 2013				
Organization Emser Tile	8. Name of person(s) through whom made:				
Trade Name, if any	Name				
P.O. Box, Bldg., Room No., if any	Name				
Street 8431 Santa Monica Blvd	Name				
City Los Angeles	Name				
State California ZIP Code + 4 90060-4209	Name				

Signatures

the informa	ition contained in any a	, under penalty of perjury accompanying documents Section VII on penalties i	s) has been examined	penalties of I by the signa	aw, that all of the information and is, to the best of the	on submitted in this re ne undersigned's know	port (including dedge and belief,
	President (If other title, see				Treasurer (If other title, see instructions)		
Title	Sole Proprietor instructions)		Title	Other (Specify)		0	
On	1/4/14	951-413-4402		On		·- · · · · · · · · · · · · · · · · · ·	<del></del>
	Date	Telephone Number	•		Date	Telephone Number	

Fien-	File Number C-		
Check the appropriate box to indicate whether an object of the activities u	undertaken is directly or indirectly:		
o. Officer the appropriate box to indicate whether all object of the activities to	indertaken, is directly or indirectly.		
To persuade employees to exercise or not to exercise, or persuad collectively through representatives of their own choosing.	de employees as to the manner of exercising, the right to organize and bargain		
b. To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction w	of employees or a labor organization in connection with a labor dispute involving with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
10. Terms and conditions (Explain in detail; see instructions. Written agreem No written agreement.	ents must be attached.):		
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See ins			
11.b. Period during which performed:	11.c. Extent performed:		
12/12/13	12/13/13		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Lupe Cruz	Name		
Organization Cruz and Associates Lobor Consultant	Organization		
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any		
Street	Street		
City Upland	City		
State California ZIP Code + 4 91785	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
all regular full time employees.	No LABOR OKBANIZATION		
	No LABOR OKSANIZATION		
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