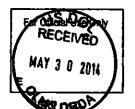
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

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



C- 00715

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

1. File Number:

Person Filing

Luis

Consultant

Name

Titte

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

Name

Title

557600

Camarena

Organization LKLS Consulting	Organization	
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 4630 Border Village Rd. #1120	Street	
City San Diego	City	
State California	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec 🔽 / 3( 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):	7. Date entered into:	
Name Royce Eggli	2 / 28 / 2014	
Organization ELM Utility Locating	8. Name of person(s) through whom made:	
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street 1734 w. williams	Name	
City Phoenix	Name	
State Arizona ZIP Code + 4	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 President (If other title, see	14. Signed Treasurer (If other title, see	
Title Sole Proprietor instructions)	Title d instructions)	
05/17/0014 (610) 050 1010		
On 05/17/2014 (619) 869-1910	On	
Date Telephone Number	Date Telephone Number	

Filer Luis Camarena LKLS Consulting	File Number C- 00715	
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 solety 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.):  Paid Hourly, Expenses Reimbursed		
raid nodily, Expenses Reimbursed		
·		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:		
To inform employees of their Section 7 rights and answer their questions using NLRB and Union documents.		
11.b. Period during which performed:	11.c. Extent performed:	
February 28, 2014	On-Going	
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, Inc.	0	
Organization of the title and Abboolitects, the	Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 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:	
Utility Locaters	12.b. identity subject labor organizations:	