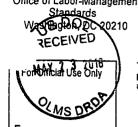
U.S. Department of Labor Office of Labor-Management



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 768					
Person Filling					
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:				
Name Eduardo R PADILLA	Name				
Title OWNER	Title				
Organization EPC CONSUTLTING	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 3620 LOMACITAS LN	Street				
City BONITA	City				
State California ZIP Code + 4 91902	State ZIP Code + 4				
4. Date fiscal year ends: 5. Type of person:					
Dec / 31 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 Cod					
Name Steuc Krull	9/28/2014				
Organization Con-Way ULA	8. Name of person(s) through whom made:				
Trade Name, if any	Name Lype Love				
P.O. Box, Bldg., Room No., if any	Name				
Street 12903 Lakeland Rd	Name				
City Santz Fe Springs	Name				
State CA ZIP Code + 4 90670	Name				
Signaturės					
Each of the undersigned declares, under penalty of perjury and other ap the information contained in any accompanying documents) has been extrue, correct, and complete. (See Section VII on penalties in the instruction	oplicable penalties of law, that all of the information submitted in this report (including xamined by the signatory and is, to the best of the undersigned's knowledge and belief, ions.)				
13. Signer President (If other title,	14. Signed Treasurer				
Title Sole Proprietor instructions)	Title Treasurer (If other title, see instructions)				
on 5-11-16 614-518-1473	On				
Date Telephone Number	Date Telephone Number				

Form LM-20 (2003)

Filer Eduardo PADILLA EPC CONSUTLTING		File Number C-	768		
eck 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.):					
HOURLY RATE PLUS REIMBURSED EXPENSES					
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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: HOLD EMPLOYEE MEETINGS TO INFORM OF THEIR SECTION 7 RIGHTS			1		
HOLD EMPLOYEE MEETINGS TO INFORM OF THEIR SECTION , RIGHTS					
			,		
			!		
11.b. Period during which performed: ONGOING	11.c. Extent performed:				
11.d. Name and address through whom performed:	Additional Name and addre	ess through whom pe	rformed, if any:		
Name LUPE CRUZ	Name				
Organization CRUZ&ASSOCIATES	Organization				
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any				
Street	Street				
	City) 		
City UPLAND		. 7	(IP Code + 4		
State California ZIP Code + 4 91785	State		LIF Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labo	or organizations:			
Manyos, Suprison. + Emp	IBT, L	63	·		
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