

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

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For Official Use Only

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties 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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596/10
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00682

Person Filing

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

Name Juan Cruz
Title C.E.O.
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 LUPE CRUZ
Title CEO
Organization CRUZ AND ASSOCIATES LABOR RELATIONS
P.O. Box, Bldg., Room No., if any 1831
Street
City UPLAND
State California ZIP Code + 4 91785

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 Markus Mettler
Organization Healthcare Management Services, LLC
Trade Name, if any Arden Acute Rehab
P.O. Box, Bldg., Room No., if any
Street 3400 Alta Arden Express Way
City Sacramento
State California ZIP Code + 4 95825

7. Date entered into:

6 / 29 / 2015

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

Other (Specify)
CEO

President
(If other title, see
instructions)

On 7/25/2015 951-413-4402

Date

Telephone Number

14. Signed

Other (Specify)
none

Treasurer
(If other title, see
instructions)

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 agreement.

Specific Activities to be Performed

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

a. Nature of activity:

To Persuade employees to exercise their right to choose a union or not under section 7 of the National Labor Relations Act.

11.b. Period during which performed:

6/29/2015

11.c. Extent performed:

7/24/2015

11.d. Name and address through whom performed:

Name Lupe Cruz
Organization Cruz and Associates Labor Relations
P.O. Box, Bldg., Room No., if any
Street P.O.Box 91785
City Upland
State California ZIP Code + 4 91785

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 employees: full time and part time.

12.b. Identify subject labor organizations:

Service Employees International Union