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.

QUE DEDE			
1. File Number: C- 66020			
Person Filing			
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name EVELYN D FRAGOSO	Name		
Title OWNER	Title		
Organization QUALITY LABOR SOLUTIONS.	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 6255 CONDON AVE	Street		
City LOS ANGELES	City		
State California ZIP Code + 4 90056	State ZIP Code + 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 Code):	7. Date entered into:		
Name IVAN RICH	8. Name of person(s) through whom made:		
Organization FED EX FREIGHT CORP	F		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 1715 AARON BRENNER DR	Name		
City MEMPHISE	Name		
State Tennessee ZIP Code + 4 38120	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 instructions)	14. Signed Treasurer (If other title, see		
Title Resident instructions)	Title Treasurer instructions)		
On 5.1.16 310.729.6773	On		
Date Telephone Number	Date Telephone Number		

iler: ÉVELYN-FRAGOSO QUALITY LABOR SOLUTIONS		File Number C- 66020	
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.			
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.):			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity: TO COMMUNICATE WITH EMPLOYEES THEIR SECTION 7 RIGHTS UNDER THE NATIONAL LABOR RELATIONS ACT			
11.b. Period during which performed:	11.c. Extent performed:		
VARIOUS DAYS			
11.d. Name and address through whom performed:	pa-22-22-22-22-22-22-22-22-22-22-22-22-22	ss through whom performed, if any:	
Name PHILLIP WILSON	Name		
Organization L.R.I	Organization		
P.O. Box, Bidg., Room No., if any P.O. BOX 1529	P.O. Box, Bldg., Room No.,	if any	
Street 7850 SOUTH ELM PLACE	Street		
City BROKEN ARROW	City		
State Oklahoma ▼ ZIP Code + 4 74013	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
VARIOUS	PRE-PETITION		
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