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

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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



1. File Number:

Person Filing

Title

Juan

CEO

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

M Cruz

Organization Reconnect Labor Relations Consultants

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name

Title

Organization

P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street 12831 Moreno Beach Dr. Suite 133		Street				
City Moreno Valley		City				
State California	ZIP Code + 4 92555	State		ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:					
Dec / 31	a. Individual b. Partnership	c. Corpo	ration d. Other (Specif	<b>/</b> ):		
Nature of Agreement or Arrangement						
6. Full name and address of employer with whom made (include ZIP Code):			7. Date entered into:			
Name Tanya Teeter		6 / 16 / 2010				
Organization Cargill Meat Solutions		8. Name of person(s) through whom made:				
Trade Name, if any Company Representative		Name				
P.O. Box, Bldg., Room No., if any		Name				
Street 151 N. Main Street		Name				
City Wichita		Name				
State Kansas ZIP Code + 4 67228		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 Wenn E	President (If other title, see	14. Signed			Treasurer (If other title, see	
Title Other (Specify)	instructions)	Title Other (Specify)			instructions)	
CEO		,,,				
On July 25,2010 951	-413-4402	On				
Date	Telephone Number		Date	Telephone Number		
					1	

Filer: Juan Cruz Reconnect Labor Relations Consultar	File Number C-			
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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 err such employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving nadministrative or arbitral proceeding or a criminal or civil judicial proceeding.			
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached ):			
To provide information to employees on labor relation employees lunch room regarding their right to exce	ons issues. To be available for questions in the			
There was 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 communicate with employees regarding their right to excercise or not their right to support or not a labor organization.				
a labor organization.				
11.b. Period during which performed:	11.c. Extent performed:			
on going	On Going			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Juan M Cruz	Name			
Organization Reconnect Labor Relations Consultants	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 12831 Moreno Beach Dr. Suite 133	Street			
City Moreno Valley	City			
State California ZIP Code + 4 92555	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Employees in potential bargaining unit.	United Food and Comercial Workers			
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