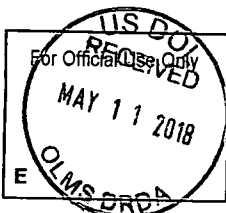


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AGREEMENT AND ACTIVITIES REPORT

Font

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

677003

1. File Number: C- 681

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
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

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 Edwin Rios
Organization B J Services
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 11927 Grenstone Ave
City Santa Fe Springs
State California ZIP Code + 4 90670

7. Date entered into:

4 / 9 / 2018

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 not Ready To Sign s in the instructions.)

13. Signed [Signature] **SIGN HERE**
President
(If other title, see instructions)

Title President

14. Signed [Signature] **SIGN HERE**
Treasurer
(If other title, see instructions)

Title Treasurer

Stamp

Delete On 5-2-2018 951-413-4402

Date Telephone Number

Clear Signatures

On 5-2-2018 951-413-4402

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 Contract, Verbal agreement only,

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

told all drivers in the voting unit that they have the right to support a union or not support, under the National Labor Relations Act of 1935, Section 7 NLRB.

11.b. Period during which performed: 4-9-2018	11.c. Extent performed: 5-2-2018
11.d. Name and address through whom performed: Name Organization P.O. Box, Bldg., Room No., if any Street City State <input type="text"/> ZIP Code + 4	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State <input type="text"/> ZIP Code + 4
12.a. Identify subject groups of employees: All full time and part time driver's.	12.b. Identify subject labor organizations: International Brotherhood of Teamsters Local Union 848.