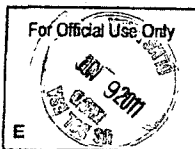


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

1. File Number: C- **735** **460638**

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Dana Tran	3. Any other address where records necessary to verify this report are kept:
Title Consultant	Name
Organization	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 117 Bernal Road, #70-175	P.O. Box, Bldg., Room No., if any
City San Jose	Street
State California	City
ZIP Code + 4 95119	State
4. Date fiscal year ends: Dec / 10	ZIP Code + 4
5. Type of person:	
a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Sharon Z Ginchansky	7. Date entered into: 6 / 17 / 2010
Organization Country Villa Health Svcs/University Prk	8. Name of person(s) through whom made:
Trade Name, if any	Name Lupe Cruz
P.O. Box, Bldg., Room No., if any	Name
Street 5120 West Goldleaf Circle, Ste 400	Name
City Los Angeles	Name
State California	Name
ZIP Code + 4 90056	

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 Dana Tran
Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed _____
Title Treasurer

Treasurer
(If other title, see
instructions)

On 5/12/2011
Date

(408) 504-9896
Telephone Number

On _____
Date

Telephone Number

File: Dana Tran	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 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.):

Paid Hourly. Expenses reimbursed.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Provide information on employees and what they feel are the aspects of their employment situation that can be improved by holding small group meetings with employees to determine issues of concern or displeasure among the employees related to their particular facility, management, working conditions, and the employer generally.</p>	
<p>11.b. Period during which performed:</p> <p>June 23 to present</p>	<p>11.c. Extent performed:</p> <p>Held meetings in small groups</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Lupe Cruz</p> <p>Organization Cruz & Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1831</p> <p>Street</p> <p>City Upland</p> <p>State California ZIP Code + 4 91785</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees in the facility</p>	<p>12.b. Identify subject labor organizations:</p>