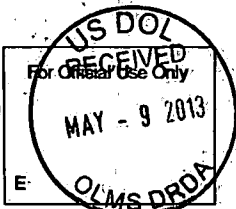


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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-774

528971

## Person Filing

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

Name Angel Cornejo Jr

Title CEO

Organization Pinnacle Labor Relations

P.O. Box, Bldg., Room No., if any

Street 1427 Dent St

City Escalon

State California ZIP Code + 4 95320

### 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 / 13

### 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 Ginny Diaz

Organization Smart And Final

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 2360 Cottonwood ave

City Riverside

State California ZIP Code + 4 92508

### 7. Date entered into:

12 / 14 / 2012

### 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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 5/1/2013

Date

209-838-3714

Telephone Number

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.):

Engaged to communicate to employees regarding excersising their rights to organize and bargain collectively. Pre petition

**Specific Activities to be Performed**

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

a. Nature of activity:

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phillip Willson  
 Organization LRI  
 P.O. Box, Bldg., Room No., if any 1529  
 Street 7850 S Elm Plaza  
 City Broken Arrow  
 State Oklahoma ZIP Code + 4 74013

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:

Various Employees

12.b. Identify subject labor organizations:

no union