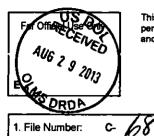
brong U.S. Department of Labor Office of Lator-Management Standards Washington 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



1. File Number:

This report is mandatory under P.L. 88-257, 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.

Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Juan Cruz	Name Lupe Cruz
Title CEO	Title CEO
Organization Reconnect Labor Relations Consultants	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 1831
Street 28715 Mark Road	Street
City Moreno Valley	City Upland
State California ZIP Code + 4 92555	State California ZIP Code + 4 91785
4. Date fiscal year ends: 5. Type of person:	
Dec	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: 8 / 20 / 2013
Name Venishia Price	8. Name of person(s) through whom made:
Organization L & R Group of Companies	
Trade Name, if any Joe's Auto PARKS	Name
P.O. Box, Bldg., Room No., if any	Name
Street 550 South Hope Street	Name
City Los Angeles	Name
State California ZIP Code + 4 90071	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	14. Signed Treasurer
Title Sole Proprietor (instructions)	Title Other (Specify) (If other title, see instructions)
On 8/22/13 951-413-4402	On
Date Telephone Number	Date Telephone Number
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Files: 5	File Number C-	
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. D. 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.		
sacro composition and design of the following state of arbitrary of a community of the following state of the foll		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached:): 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 inform all employee regarding the National Labor Relations Act, that they have the right to be represented by a Labor Organization if they wish or not.		
11.b. Period during which performed: 8/20/13	11.c. Extent performed: on Going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Lupe Cruz	Name	
Organization Cruz and Associates Lobor Consultant	Organization	
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Upland	City	
State California ZIP Code + 4 91785	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
all regular full time employees.	International Brotherhood of Teamsters Local 911	
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