Ų.S. Ďepartment of Labor Office of Labor-Management Standards Washington, DC 20210

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- 00483 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Lupe Cruz Title Title CEO Organization Cruz & Associates, Inc. Organization P.O. Box, Bldg., Room No., if any $\, p.O.\,\, Box\,\, 1831$ P.O. Box, Bldg., Room No., if any Street Street City City Upland State California ZIP Code + 4 91785 ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. X Corporation d. Other (Specify): Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 19 / 2011 Name Josh Sable 8. Name of person(s) through whom made: Organization SnF Management Name Lupe Trade Name, if any Windsor Gardens Anaheim Name P.O. Box, Bldg., Room No., if any Street 9000 Sunset Boulevard, Ste 900 Name City West Hollywood Name ZIP Code + 4 90069 State California 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, nd complete. (See Section VII on benalties in the instructions.) President 13. Signed Signed Treasurer ther title, see - (If other title, see tructions) instructions) Treasurer Title (909) 980-8736

On

Date

Telephone Number

Telephone Number

Filer Lupe	Cruz	Cruz & Associates, Inc.	File Number C- 00483
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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.

0. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):				
Paid Hourly. Expenses Reimbursed.				
	:			

Specific Activities to be Performed

2

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

To inform employees of their Section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.

11.b. Period during which performed:	11.c. Extent performed:			
On going	Held meetings with employees Additional Name and address through whom performed, if any:			
11.d. Name and address through whom performed:				
Name Lupe Cruz	Name Juan Cruz			
Organization Cruz & Associates, Inc.	Organization Reconnect Labor Relations Consultants			
P.O. Box, Bldg., Room No., if any P.O. Box 1831	P.O. Box, Bldg., Room No., if any Street 12831 Moreno Beach Drive, Suite 133			
Street				
City Upland	City Moreno Valley			
State California ZIP Code + 4 91785	State California ZIP Code + 4 92558			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Employees in potential bargaining unit	SEIU/ULTCW			

File Lupe	Cruz	Cruz	& Associates,	Inc.	File Number C-	00483
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11.b. Period during which performed:	11.c. Extent performed:		
On going	Held meetings with employees		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Eduardo Padilla	Name		
Organization LKLS Consulting	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 1975 Alderbrook Pl	Street		
City Chula Vista	City		
State California ZIP Code + 4 91913	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Employees in potential bargaining unit	SEIU/ULTCW		