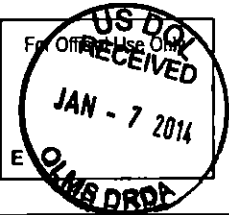


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

539061

1. File Number: C- 451644

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Javier Rivera Carbone	3. Any other address where records necessary to verify this report are kept:
Title President	Name Javier Rivera Carbone
Organization Rivera Carbone, P.C.	Title President
P.O. Box, Bldg., Room No., if any P.O. Box 339	Organization Rivera Carbone, P.C.
Street	P.O. Box, Bldg., Room No., if any Suite A
City San Juan Capistrano	Street 30200 Rancho Viejo Road
State California ZIP Code + 4 92693	City San Juan Capistrano
4. Date fiscal year ends: Dec / 31	State California ZIP Code + 4 92675
5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Harold Morgan	7. Date entered into: 12 / 3 / 2013
Organization White Lodging	8. Name of person(s) through whom made:
Trade Name, if any	Name Cruz & Associates, Inc.
P.O. Box, Bldg., Room No., if any	Name
Street 701 E. 83rd Ave.	Name
City Merrillville	Name
State Indiana ZIP Code + 4 46410	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 Juan Rivera Carbone President
(If other title, see instructions)
Title President

14. Signed Juan Rivera Carbone Treasurer
(If other title, see instructions)
Title Treasurer

On 01/02/2014 (949) 487-6244
Date Telephone Number

On 01/02/2014 (949) 487-6244
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.):

All services described in Section 11a below shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as travel, accommodations, copies, long distance telephone calls, etc., will be reimbursed to Rivera Carbone, P.C. at actual cost.

Specific Activities to be Performed

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

a. Nature of activity:

Rivera Carbone, P.C. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during this period.

11.b. Period during which performed:

12/02/2013 - 12/06/2013

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization Rivera Carbone, P.C.

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

Street

City San Juan Capistrano

State California

ZIP Code + 4 92693

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:

Hotel and Restaurant Employees.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters, Local 202.