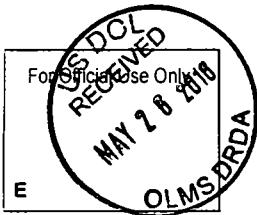


FORM LM-20

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)

622371

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 776

Person Filing

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

Name Simon R Jara

Title

Organization Pinnacle Labor Solutions

P.O. Box, Bldg., Room No., if any PO Box 710158

Street

City Santee

State California ZIP Code + 4 92071

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 / 31

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

Organization West Coast Ambulance

Trade Name, if any

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

Street 647 W. Avenue L14

City Lancaster

State California ZIP Code + 4 93535

7. Date entered into:

2 / 5 / 2015

8. Name of person(s) through whom made:

Name Olga Binman

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

Title President

President
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

On 12/1/2015 310-595-0813

Date Telephone Number

On Date Telephone Number

Filer:

File Number C-

776

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.):

Hourly rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Facilitated communication with employees regarding their Section 7 rights.

11.b. Period during which performed:

7/1/2015

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization International Labor Relations

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma



ZIP Code + 4 74136

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:

All employees that are eligible to vote in the bargaining unit.

12.b. Identify subject labor organizations: