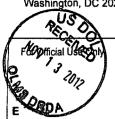


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



1. File Number:

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.

Person Filing				
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Juan M	Cruz	Name		
Title CEO		Title		
Organization Reconnect Labor Relations Consultants		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 12831 Moreno Beach Dr. Suite 133		Street		
City Moreno Valley		City		
State California	ZIP Code + 4 92555	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):				
Nature of Agreement or Arrangement				
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 9 / 28 / 2012		
Name Rodrigo Aberin				
Organization Mi Pueblo Food Center		8. Name of person(s) through whom made:		
Trade Name, if any General Councel		Name		
P.O. Box, Bldg., Room No., if any		Name		
Street 1775 Story Road		Name		
City San Jose		Name		
State California	ZIP Code + 4 95122	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 Almm.	President (If other title, see	14. Signed Treasurer (If other title, s		
Other (Specify)	instructions)	Other (Specify) instructions)		
CEO		Title Center (opening)		
On 11/02/2012 951	1-413-4402	On		
Date	Telephone Number	Date Telephone Number		

Filer: Juan Cruz Reconnect Labor Relations Consultar	ıts	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.				
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.):				
No written agreement.				
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Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity: Held meetings to informed all employees regarding the I-9 Company Audit by Department of Homeland				
Security, and explained that no current employees were going to be audited by E-verify this only applies to new employees.				
11.b. Period during which performed:	11.c. Extent performed:			
October 2, 2012	November 2, 2012			
11.d. Name and address through whom performed:		s through whom performed, if any:		
Name Juan M Cruz	Name			
Organization Reconnect Labor Relations Consultants	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 12831 Moreno Beach Drive suite 133	Street			
City Moreno Valley	City			
State California ZIP Code + 4 92555	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor o	rganizations:		
All regular and part time employees and all supervisors and managers.				