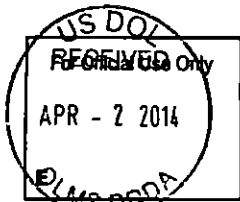


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

553014
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00597

Person Filing

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

Name Carlos A Restrepo

Title President

Organization Persuasive Communications Incorporated

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

Street 1474 West Price Road Ste. 7599

City Brownsville

State Texas

☒ ZIP Code + 4 78520

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 Josh Sable

Organization SnF Management

Trade Name, if any Windsor Palms Care

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

Street 9200 Sunset Boulevard

City Hollywood

State California

☒ ZIP Code + 4 90269

7. Date entered into:

5 / 15 / 2013

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

Name Josh Sable

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 d ☒

Treasurer
(If other title, see
instructions)

On 12/31/2013 310-897-0384

Date

Telephone Number

On

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.):

To inform and educate executives, employees, managers and supervisors regarding their rights, duties and responsibilities under the National Labor Relations Act and National Labor Relations Board Procedures.

Specific Activities to be Performed

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

a. Nature of activity:

Conducted informational and educational meetings with employees and management; distributed documents and pamphlets from the National Labor Relations Board; discussed collective bargaining, union representation; union membership, secret ballot elections and unfair labor practices; strikes, picketing, boycotts and corporate campaigns; reviewed labor history in the United States.

11.b. Period during which performed:

July, 1 2012-September 15, 2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Carlos Restrepo

Organization PCI

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

Street 1474 West Price Rd. Ste. 7599

City Brownsville

State Texas

☒ ZIP Code + 4 78520

Additional Name and address through whom performed, if any:

Name India Thompson

Organization

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

Street 6804 Park Street

City Joshua Park

State California

☒ ZIP Code + 4 91729

12.a. Identify subject groups of employees:

All Employees

12.b. Identify subject labor organizations:

ULTCW

Employee Relations Group

322 Culver City, # 146

Playa del Rey, CA 90293