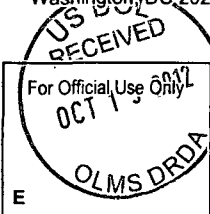


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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: 506365
c-780

Person Filing

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

Name Robert Long
Title CEO
Organization Employer Labor Solutions
P.O. Box, Bldg., Room No., if any L1-645
Street 27762 Antonio Parkway
City Ladera Ranch
State California ZIP Code + 4 92694

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 Claudia Finkel
Organization JVS
Trade Name, if any
P.O. Box, Bldg., Room No., if any Suite 700
Street 6505 Wilshire Blvd.
City Los Angeles
State California ZIP Code + 4 90048

7. Date entered into:

9 / 4 / 2012

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

Name
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

Treasurer
(If other title, see instructions)

On 10/4/2012

Date

855-424-9799

Telephone Number

On

Date

Telephone Number

Filer: Robert Long Employer Labor Solutions	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.):

All services described in Section 11a below shall be performed on a daily rate. Expenses in connection with the performance of such services as travel, accomodations, copies, telephone long distance, etc., will be reimbursed to Employer Labor Solutions at actual cost.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Employer Labor Solutions 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 assit in conducting meetings with employees and in communications in writing during this period.</p>	
<p>11.b. Period during which performed:</p> <p>9/4/2012 - 9/14/2012</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization Employer Labor Solutions</p> <p>P.O. Box, Bldg., Room No., if any L1-645</p> <p>Street 27762 Antonio Parkway</p> <p>City Ladera Ranch</p> <p>State California ZIP Code + 4 92694</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All part-time and full-time employees a agreed to between the parties.</p>	<p>12.b. Identify subject labor organizations:</p> <p>American Federation of State, County and Municipal Employees (AFSCME), Local 800.</p>