U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



On

Date

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 of 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)

We ne		JLLY BEFORE PREPARING THIS REPORT.	
	१४५२।		
1. File Number: C- 00483		<u> </u>	
Rerson Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to	verify this report are kept:
Name Lupe Cruz		Name	
Title C. EO		Title	
Organization Cruz & Associates		Organization	
P.O. Box, Bidg., Room No., if any 1831		P.O. Box, Bidg., Room No., if any	
Street		Street	
_	en e	The state of the s	e e e e e
City Upland State California		City, it is a series with a series of the se	, .
State California ZIP Code	+4 91785	State ZIP Co	ode + 4
4. Date fiscal year ends: 5. Type of p	person:	The second secon	1 .h. 4
Dec 🔽 / 31 a Indiv	vidual b Partnership	c. Corporation d Other (Specify):	
Nature of Agreement or Arrangement	<u> </u>		
6. Full name and address of employer with whom mai	de (include ZIP Code):	7. Date entered into:	
Name Joel Tinney		3 / 25 / 2013	
		8. Name of person(s) through whom made:	
Organization Jeld-Wen Ludlow		Name	
Trade Name, if any			
P:O. Box, Bldg,,,Room No., if any		Name	
Street 146 Bleasant St. Extension		Name	
City Ludlow		Name ·	
State Vermont ZIP Code	e+4 05149-0465	Name	
E. J. St. Owner, d. fe t		atures	Lin thin annuit (including
the information contained in any accompanying docutrue, correct, and complete. (See Section VII on penals)	iments) has been examine	e penalties of law, that all of the information submitted by the signatory and is, to the best of the undersign	ed's knowledge and belief,
13. Signed President (If other title, see		14. Signed	Treasurer (If other title, see
Title Other (Specify)	instructions)	÷ar, d	instructions)
CEO	<u>1</u>	Title a	
010			
On 4/25/2013 909~980-873	6	On	

On.

Telephone Number

Date

Telephone Number

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Filer: Cruz & Associates	File Number C- 00483			
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 agreemen	its must be attached.):			
Paid Hourly, Expenses Reimbursed.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instru	actions):			
a. Nature of activity: To inform employees of their section 7 rights and answer questions regarding collective bargaining.				
11.b. Period during which performed:	11.c. Extent performed:			
3/25/2013	Ongoing			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Daniel Block	Name			
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any			
	- I			
Street 14314 Elinor Ct.	Street			
City Cypress	City			
State Texas ZIP Code + 4 77429	State ZIP Gode + 4			
12.a. Identify subject groups of employees:	12:b. Identify subject labor organizations:			
Production Workers	IAM			
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