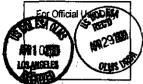


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009



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)

1. File Number: c-483	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Lune Cruz	Name
Title CEO	Title
Organization Case of Associales, Inc	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Roon; No., if any
street 10201 Trademark St. #C	Street
City Kandro Cucamenga	City
State CA ZIP Code + 4 9\730	State ZIP Code + 4
Date fiscal year ends: 5. Type of person:	
12/3)/2008 a. Individual b. Partnershij	p c. X Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
Full name and address of employer with whom made (include ZIP Code): Name	7. Date entered into:
Organization VOSE Technical Systems Inc.	8. Name of person(s) through whom made:
Trade Name, if any	Name John Wilson
P.O. Box, Bldg., Room No., if any	Name
street 34760 Daggett-Vermo Road	Name
city Jaggett	Name
State CAS ZIP Code + 4 (Q33)	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 President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
which are considered	
on 418108 909 980 8736	On
Date Telephone Number	Da∵e Telephone Number

Filer. LUR Cruz	File Number C- 483	
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 mariner 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.): Hold employee meetings to inform their section (1) right and to answer questions pertaining to the union wing NLRB Documents and Union Documents for questions and answers.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Held employee meetings in small groups to inform their on Unions.		
11.b. Period during which performed:	11.c Extent performed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Bill Leoport	Name	
Organization Chip of Associate Inc	Organization	
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any	
-street 10201 Trademark Sty #C	Street	
city Lando Cucamoraga	City	
State CA ZIP Code + 4 91730	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
	Teansles Local 116	