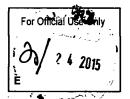
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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



1. File Number:

C- 681

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			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name JUAN CRUZ	Name LUPE CRUZ		
Title CEO	Title CEO		
Organization RECONNECT LABOR RELATIONS CONSULTANTS	Organization CRUZ AND ASSOCIATES LABOR RELATIONS CONSU		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 1831		
Street 29450 HIGHLAND BLVD	Street		
City MORENO VALLEY	City UPLAND		
State California ZIP Code + 4 92555	State California ZIP Code + 4 91785		
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			
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 8 / 13 / 2014		
Name EUGENE ZARILLO	8 / 13 / 2014		
Organization HUHTAMAKI	8. Name of person(s) through whom made:		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any	Name		
Name Name			
City COMMERCE	Name		
State California ZIP Code + 4 90023	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 Hen m Erresident (If other title, see	14. Signed Treasurer (If other title, see		
Title Other (Specify) C.C., instructions)	Title Other (Specify) instructions)		
On 8-21-2014 951-413-4402	On		
Date Telephone Number	Date Telephone Number		
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Filer:		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.			
40 Tarres and analiticas (Finalsis in details and instructions Weitten agreements must be attached):			
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): NO WRITTEN CONTRACT.			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruction)	iono):		
a. Nature of activity: INFORMED ALL EMPLOYEES REGARDING THE NATIONAL LABOR RELATIONS ACT OF 1935, THAT THEY HAVE THE RIGHTS TO SUPPORT OR NOT SUPPORT THE UNION IF THEY WISH.			
11.b. Period during which performed:	11.c. Extent performed:		
AUGUST 13, 2014	AUGUST 21, 2014		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name LUPE CRUZ	Name		
Organization CRUZ AND ASSOCIATES LABOR RELATIONS	Organization		
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any		
Street	Street		
City UPLAND	City		
State California ZIP Code + 4 91785	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor o	organizations:	