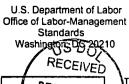
Amendment



FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT** 601513

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Title Organization International Labor Relations Organization P.O. Box, Bidg., Room No., if any Sireet 8086 South Yale Ave suite 225 City Tulsa City State Oklahoma ZIP Code + 4 74136 State State State Oklahoma ZIP Code + 4 74136 State Dec	1. File Number: C- 65802					
2. Name and mailing address (include ZIP Code): Name Name Title Organization International Labor Relations Organization International Labor Relations Organization P.O. Box, Bidg., Room No., if any Street Rolls South Yale Ave suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 State Oklahoma ZIP Code + 4 74136 State State Quality State South Yale Ave suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 State State City Name An Individual b Partnership c C Corporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Name Organization ONTRAC Translation Translation Translation Translation Translation Translation Treasurer Title Treasurer Totaler Treasurer Trea	Person Filing					
Title Organization International Labor Relations Organization P.O. Box, Bidg., Room No., if any Sireet 8086 South Yale Ave suite 225 City Tulsa City State Oklahoma ZIP Code + 4 74136 State State State Oklahoma ZIP Code + 4 74136 State Dec		e ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Organization International Labor Relations P.O. Box, Bldg., Room No., if any Street 8086 South Yale Ave suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 State Oklahoma ZIP Code + 4 74136 State Oklahoma State Oklahoma Dec	Name		Name			
P.O. Box, Bldg., Room No., if any Street 8086 South Yale Ave suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 State Oklahoma ZIP Code + 4 74136 State Oklahoma ZIP Code + 4 74136 State Dec / 31 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 Organization ONTRAC Trade Name, if any P.O. Box, Bldg., Room No., if any Street 829 Smithway Street City Name Signatures Each of the undersigned declares, under pensity of perjury and other applicable pensities 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, (Sae Seelen Villan pensities in the instructions) Date Title President Treasurer	Title		Title			
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4. Date fiscal year ends: Dec	City Tulsa		City			
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Title President instructions) Title Treasurer Instructions) On 12/01/2015 800-555-7509 On 12/01/2015 800-555-7509 Date Telephone Number Date Telephone Number	13. Signed		Treasdict			
Date Telephone Number Date Telephone Number	Title President		Treasurer instructions)			
Date Telephone Number Date Telephone Number	On 12/01/2015	300-555-7509	On 12/01/2015 800-555-7509			
I II 20 (2000)						
	Form I M-20 (2003)					

3. Check the appropriate box to indicate whether an object of the activities under	taken, 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.						
	4					
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):					
see attached agreement						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instruct	ions):					
a. Nature of activity:	make an informed decision requarding evercising					
Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.						
11.b. Period during which performed:	11.c. Extent performed:					
Beginning on or about 09/26/2014	Ongoing					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Jose Agraz	Name Estevan E Jara					
Organization	Organization					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any					
Street 4010 Ivey Vista Way	Street 10380 Rochelle Ave					
City Oceanside	City Santee					
State California ZIP Code + 4 92057	State California ZIP Code + 4 92071					
State California Zir Code + 4 92057	State Cultioniu Zir Code + 4 52071					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
All employees eligible to vote in the bargaining unit	The International Brotherhood of Teamsters Local Union No. 63					

File Number C- 65802

Filer:

International Labor Relations

File Number C- 65802

Specific Activities to be Performed (Continuation Page)

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

Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.

11.b. Period during which performed:		11.c. Extent performed:	11.c. Extent performed:	
Beginning on or about 09/26/2014		Ongoing	Ongoing	
11.d. Name and address through whom performed:		Additional Name and address thr	Additional Name and address through whom performed, if any:	
Name Simon	Jara	Name		
Organization		Organization	Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if an	P.O. Box, Bldg., Room No., if any	
Street 10380 Rochelle Ave		Street	Street	
City Santee		City	City	
State California	ZIP Code + 4 92071	State	ZIP Code + 4	
Additional Name and address through whom performed, if any:		Additional Name and address through whom performed, if any:		
Name		Name	Name	
Organization		Organization	Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if an	P.O. Box, Bldg., Room No., if any	
Street		Street		
City		City		
State	ZIP Code + 4	State	ZIP Code + 4	
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:		
All employees eligible to vote in the bargaining unit		The International Brotherhood of Teamsters Local Union No. 63		