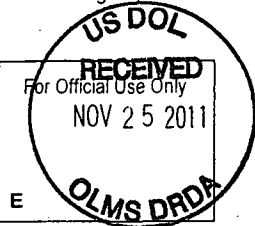


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

469758

1. File Number: c 462

Person Filing

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

Name JUDY CASTILLO

Title

Organization

P.O. Box, Bldg., Room No., if any P.O. Box 1316

Street

City DESERT HOT SPRINGS

State CALIFORNIA ZIP Code + 4 92240

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. / 2008

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 BUENA VENTURA CARE CENTER

Organization

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 1016 SO. RECORD AVENUE

City LOS ANGELES

State CALIFORNIA ZIP Code + 4 90023

7. Date entered into:

JANUARY / 1 / 2008

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 Judy Castillo President
(If other title, see instructions)

Title President

14. Signed _____ Treasurer
(If other title, see instructions)

Title Treasurer

On 11-14-11 (760) 449-2708
Date Telephone Number

On _____
Date Telephone Number

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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

PAID HOURLY,

Specific Activities to be Performed

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

a. Nature of activity:

SPOKE WITH SMALL GROUPS OF EMPLOYEES.

11.b. Period during which performed:

JANUARY 1, 2008 TO DEC. 28, 2008

11.c. Extent performed:

ON GOING.

11.d. Name and address through whom performed:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

*SPOKE TO HOURLY
EMPLOYEES.*

12.b. Identify subject labor organizations: