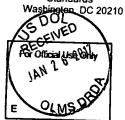
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U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00681			
Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Juan M Cruz	Name not		
Title CEO			
Organization Department 7	Title CEO		
Organization Reconnect Labor Rrelations Consultants	Organization Healthcare Labor Solutions		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 29450 Highland Blvd			
City Moreno Valley	Street 24 Corporate Plaza, Suite 190		
	City New Port Beach		
State California ZIP Code + 4 92555	State California ZIP Code + 4 92660		
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:		
Name Bryan Stern	9 / 28 / 2016		
Organization DaVita Health Care Partner	Name of person(s) through whom made:		
Trade Name, if any DaVita	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 15271 Laguna Canyon Rd .	· Name		
City Irvine			
State California ZIP Code + 4 92618	- \		
	Name		
Foot of the section o			
Each of the undersigned declares, under penalty of perjury and other applicable p the information contained in any accompanying documents) has been examined b true, correct, and complete. (See Section VII on penalties in the instructions.)	enalties of law, that all of the information submitted in this report (including		
true, correct, and complete. (See Section VII on penalties in the instructions.)	the best of the undersigned's knowledge and belief,		
13. Signed President	14. Signed Line The Transvier		
(If other title, see instructions)	(If other title, see		
Title Sole Proprietor	Title Treasurer instructions)		
	· —		
On 10/28/2016 951-413-4402	On 1/13/2017 951-413-4402		
Date Telephone Number	On 1/13/2017 951-413-4402 Date Telephone Number		
- IM 20 (2000)	- Stophono Humbon		

L. L. Kreiacions Consu	Itants	File Number C- 00681	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:			
the activities u	ndertaken, 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 and			
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): No written contract or agreement.			
,			
	·		
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instr			
a. Nature of activity:	uctions):		
Section 7, Employees shall have the right to self organization, to bargain collectively through repror protection, and shall also have the right to re	organization, to form esntatives of their ow rain from any or all s	, join, or assist labor n choosing,or other mutual aid uch activities.	
11 b Decided in 1991			
11.b. Period during which performed: 9-28-2016	11.c. Extent performed:		
11.d. Name and address through whom performed:	On Going.		
Nama Dahassa	Additional Name and address	through whom performed, if any:	
Holly	Name		
Organization Healthcare Labor Relations	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if a	iny	
Street 24 Corporate Plaza, suite 190	Street	,	
City Newport Beach	City	* *	
State California ZIP Code + 4 92660	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12 h Identify subject labor orga	nizotion.	
All full time and part time employees.	12.b. Identify subject labor organizations:		
	S.E.I.U		
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