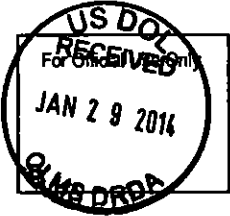


FORM LM-20

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. 88-257, 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.

540107

1. File Number: C- 00676

Person Filing

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

Name Carlos Ortiz
Title
Organization Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any
Street 7426 Cherry Ave Suite 210-106
City Fontana
State California ZIP Code + 4 92336

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 / 31

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
Organization Longwood Managment
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 4032 Wilshire
City Los Angeles
State California ZIP Code + 4 90010

7. Date entered into:

6 / 1 / 2010

8. Name of person(s) through whom made:

Name Carlos Restrepo
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

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 1/15/2014

Date

909 910 5575

Telephone Number

On

Date

Telephone Number

File:

CARLOS ORTIZ

File Number C-

00676

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 plus reimbursed expenses, no written agreement

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees regarding the NLRA and their right to support or not to support a Labor Organization.

11.b. Period during which performed:

June - August 2010

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Carlos ☐ RESTREPO

Organization Persuasive Communications Inc.

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

Street 1474 W. Price Rd. Ste. 7599

City Brownsville

State Texas ZIP Code + 4 78520

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:

Employees in petitioned for unit

12.b. Identify subject labor organizations:

ULTW SEIU Local 6434