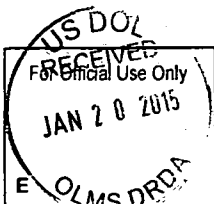


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

2nd Submission  
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)

575544

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c-764

<b>Person Filing</b> William Herrera	
<b>2. Name and mailing address (include ZIP Code):</b> Name William Herrera Title Organization WPSC GROUP P.O. Box, Bldg., Room No., if any Street 9427 Reston Grove Ln City Houston State TX ZIP Code + 4 77095	<b>3. Any other address where records necessary to verify this report are kept:</b> Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
<b>4. Date fiscal year ends:</b> 12/31	<b>5. Type of person:</b> a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
<b>6. Full name and address of employer with whom made (include ZIP Code):</b> Name TCI Organization Trade Name, if any P.O. Box, Bldg., Room No., if any Street 4466 E Carey Avenue City Las Vegas State NV ZIP Code + 4 89115	<b>7. Date entered into:</b> 7/11/2014 <b>8. Name of person(s) through whom made:</b> 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   
Title President  
President  
(If other title, see instructions)

14. Signed \_\_\_\_\_  
Title Treasurer  
Treasurer  
(If other title, see instructions)

On 8/5/2014  
Date  
281550 8563  
Telephone Number

On \_\_\_\_\_  
Date  
\_\_\_\_\_  
Telephone Number

Filer: *William Herrera*

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.):

*None*

**Specific Activities to be Performed**

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

a. Nature of activity:

*Meeting employee informational meetings  
Persuading*

11.b. Period during which performed:

*7/11/2014 to 8/2/2014*

11.c. Extent performed:

11.d. Name and address through whom performed:

Name *William Herrera*

Organization

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

Street *9427 Reston Grove Ln*

City *Houston*

State *TX* ZIP Code + 4 *77095*

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:

*Drivers*

12.b. Identify subject labor organizations: