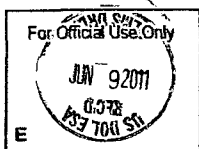


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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.

1. File Number: C- 735 460642

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Dana Tran  Title Consultant  Organization  P.O. Box, Bldg., Room No., if any  Street 117 Bernal Road, #70-175  City San Jose  State California ZIP Code + 4 95119	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 / 10	5. Type of person:  a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name Sharon Z Ginchansky  Organization Country Villa Health Srvs/Watsonville E  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 5120 West Goldleaf Circle, Ste 400  City Los Angeles  State California ZIP Code + 4 90056	7. Date entered into: 6 / 25 / 2010  8. Name of person(s) through whom made:  Name Lupe Cruz  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 <u>Dana Tran</u>  Title Sole Proprietor	President (If other title, see instructions)	14. Signed _____  Title Treasurer	Treasurer (If other title, see instructions)
On 5/12/2011 Date	(408) 504-9896 Telephone Number	On _____ Date	_____ Telephone Number

Filer: Dana Tran

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. Expenses reimbursed.

**Specific Activities to be Performed**

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

a. Nature of activity:

Provide information on employees and what they feel are the aspects of their employment situation that can be improved by holding small group meetings with employees to determine issues of concern or displeasure among the employees related to their particular facility, management, working conditions, and the employer generally.

11.b. Period during which performed:

July 7 to present

11.c. Extent performed:

Held meetings in small groups

11.d. Name and address through whom performed:

Name Lupe Cruz  
Organization Cruz & Associates, Inc.  
P.O. Box, Bldg., Room No., if any P.O. Box 1831  
Street  
City Upland  
State California ZIP Code + 4 91785

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:

All employees in the facility

12.b. Identify subject labor organizations: