

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only

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- 00483 Person Filing 2. Name and mailing address (include ZiP Code): 3. Any other address where records necessary to verify this report are kept: Name Lupe Cruz Title Title CEO Organization Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 10201 Trademark Street, #C City Rancho Cucamonga State California ZIP Code + 4 91730 State ZIP Code + 4 4. Date fiscal year ends: 5, Type of person: Partnership c. X Corporation Other (Specify): Individual b. d. SATISFACTOR BY 35; ... 1376 A COUNTY Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 22 / 2009 Name Fred Guzman 8. Name of person(s) through whom made: Organization Guzman's Garden Corporation Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 939 223rd Street City Torrance Name State California ZIP Code + 4 90507 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, implete. (See Section on penalties in the instructions.) 14. Signed President 13. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Treasurer Title: Title

On

Date

Form LM-20 (2003)

CEO

7/21/2009

Date

909-980-8736

Telephone Number

Telephone Number

| Filer: | Lupe Cruz | Cruz & Associates, | Inc. | File Number C- | 00483 |
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| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: |
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| 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. |
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| 10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): |

Hold employee meetings to inform their section (7) rights and to answer questions pertaining to the union using NLRB documents for questions and answers.

| Chasifia | Activities | to be | Dorformed |
|----------|------------|-------|-----------|
| Specific | ACLIVILIES | to be | Performed |

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

Held employee meetings in small groups to inform them on unions

| 11.b. Period during which performed: | 11.c. Extent performed: | | |
|--|---|--|--|
| On going | Held meetings with employees Additional Name and address through whom performed, if any: | | |
| 11.d. Name and address through whom performed: | | | |
| Name Bill Leopardi | Name Carlos Ortiz | | |
| Organization Cruz & Associates, Inc. | Organization Cruz & Associates, Inc. | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | |
| Street 10201 Trademark Street, #C | Street 10201 Trademark Street, #C | | |
| City Rancho Cucamonga | City Rancho Cucamonga | | |
| State California ZIP Code + 4 91730 | State California ZIP Code + 4 91730 | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | |
| Employees in potential bargaining unit | IBEW Local 47 | | |
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Specific Activities to be Performed (Continuation Page)

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

Held employee meetings in small groups to inform them on unions

| 11.b. Period during which performed: | | 11.c. Extent performed: | 11.c. Extent performed: | | |
|---|-------------------------|-----------------------------|---|--|--|
| On going | | Held meetings | Held meetings with employees Additional Name and address through whom performed, if any: | | |
| 11.d. Name and address | through whom performed: | Additional Name and add | | | |
| Name Juan | Cruz | Name | | | |
| Organization Cruz & 2 | Associates, Inc. | Organization | | | |
| P.O. Box, Bldg., Room N | o., if any | P.O. Box, Bldg., Room No | P.O. Box, Bldg., Room No., if any | | |
| Street 10201 Tradema | ark Street, #C | Street | Street | | |
| City Rancho Cucamo | onga | City | | | |
| State California | ZIP Code + 4 91730 | State | ZIP Code + 4 | | |
| Additional Name and address through whom performed, if any: | | Additional Name and add | Additional Name and address through whom performed, if any: | | |
| Name | | Name | Name | | |
| Organization P.O. Box, Bldg., Room No., if any | | Organization | Organization P.O. Box, Bldg., Room No., if any | | |
| | | P.O. Box, Bldg., Room No | | | |
| Street | | Street | | | |
| City | | City | | | |
| State | ZIP Code + 4 | State | ZIP Code + 4 | | |
| 12.a. Identify subject groups of employees: | | 12.b. Identify subject labo | or organizations: | | |
| Employees in potential bargaining unit | | IBEW Local 47 | | | |
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