U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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)

Person Filing 2. Name and mailing address (include ZIP Code):  Name Title  Organization Quest Consulting P.O. Box, Bldg, Room No., if any 31549  Street  Cityss Vegas  State Nevada  5. Type of person:  Dec	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
2. Name and mailing address (include ZIP Code):  Name  Title  Organization Quest Consulting  P.O. Box, Bldg., Room No., if any \$\frac{1}{3}\$1549  Street  City Las Vegas.  State Nevada  \$\frac{1}{3}\$2IP Code + 4 \$\frac{1}{3}\$173  State State ZIP Code + 4 \$\frac{1}{3}\$1	1. File Number: C- 1,875	77271
2. Name and mailing address (include ZIP Code):  Name  Title  Organization Quest Consulting  P.O. Box, Bldg., Room No., if any \$\frac{1}{2}\$ 1549  Street  City Las Vegas  State   Name		
Name Title  Organization Quest Consulting  P.O. Box, Bidg., Room No., if any \$1549  Street  City Las Vegas.  State Nevada  Date fiscal year ends:  Dec 1 31	Person Filing	
Title  Organization Quest Consulting  P.O. Box, Bldg., Room No., if any 31549  Street  City	2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Organization Quest Consulting  P.O. Box, Bldg., Room No., if any 31549  Street  City Las Vegas  State Vevada  ZIP Code + 4 89173  State ZIP Code + 4 2173  Nature of Agreement or Arrangement  5. Full name and address of employer with whom made (include ZIP Code):  Name Robert  Organization FI Industries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street ZIP Code + 4 2019  8. Name of person(s) through whom made:  Name Street 15710 San Antonio  City Chino  State California  ZIP Code + 4 91708  Signatures  Each of the undersigned declares; under penalty of perjury and other applicable penalties of faw, 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)  Treasurer (If other title, see instructions)	Name Same Same Same Same Same Same Same S	Name
P.O. Box, Bldg., Room No., if any 31549  P.O. Box, Bldg., Room No., if any Street  City Las Vegas  State Vevada  State Vevada  State ZIP Code + 4 89173  State ZIP Code + 4 89	Title	Title
Street City Las Vegas City Las Vegas City Las Vegas State Nevada State Nevada State Nevada State Nevada State State Nevada State Sta	Organization Quest Consulting	Organization
City Las Vegas  State Nevada	P.O. Box, Bldg., Room No., if any 31549	P.O. Box, Bldg., Room No., if any
State Nevada  State Nevada  State St	Street	Street
4. Date fiscal year ends:  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):   Name   Robert   Madden     Organization   NFI   INdustries   Chino     Trade Name, if any   Name   Name   Name     P.O. Box, Bldg., Room No., if any   Name   Name   Name   Name     Street   157.10   San   Antonio   Name   N	City Las Vegas	City
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name Robert  Organization NFI INdustries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 15710 San Antonio  City Chino  State California  ZIP Code. + 4 91708  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.)	State Nevada ZIP Code + 4 89173	State ZIP Code + 4
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name Robert Madden  Organization NFI INdustries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 157.10 San Antonio  City Chino  State California IP Code + 4 91708  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 Private (Specially)  Propagatory  Treasurer (if other title, see instructions)	4. Date fiscal year ends: 5. Type of person:	
6. Full name and address of employer with whom made (include ZIP Code):  Name Robert Madden.  Organization NFI INdustries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 157.10 San Antonio  City Chino  State California IP Code+4 91708  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.)  Treasurer  (If other title, see instructions)	Dec 31 a Individual b Partnership	c. Corporation d. Other (Specify):
6. Full name and address of employer with whom made (include ZIP Code):  Name Robert Madden.  Organization NFI INdustries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 157.10 San Antonio  City Chino  State California IP Code+4 91708  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.)  Treasurer  (If other title, see instructions)		
Name Robert Madden  Organization NFI INdustries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 15710 San Antonio  City Chino  State California ZIP Code + 4 91708  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)	Nature of Agreement or Arrangement	
Organization NFI INdustries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 157.10 San Antonio  City Chino  State California  ZIP Code. + 4 91708  Name		7. Date entered into: 11 / 4 / 2019
Organization NFI INdustries Chino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 157.10 San Antonio  City Chino  State California  ZIP Code + 4 91708  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.)  President (If other title, see instructions)  Treasurer (If other title, see instructions)	Traine	8 Name of person(s) through whom made:
P.O. Box, Bldg., Room No., if any  Street 157.10 San Antonio  City Chino  State California  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)  Treasurer (If other title, see instructions)	Organization NFI INdustries Chino	
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(If other title, see instructions) (If other title, see instructions)	the information contained in any accompanying documents) has been examined	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,
	(If other title, see	(If other title, see
	Title Uther (Specify)	Illrascurar I
CEO .		
On 12-10-19 702-844-3121 On Date Telephone Number		

Filer: Quest Consulting	File Number C-
Check the appropriate box to indicate whether an object of the activities undertained.	ıken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade employees collectively through representatives of their own choosing.	ployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employer such employer, except information for use solely in conjunction with an	loyees or a labor organization in connection with a labor dispute involving administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements methourly rate plus expenses.	nust be attached.):
noutly late plus expenses.	
	•
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction	ons):
a. Nature of activity:	
Held meetings with employees to inform them of their NLRB Documents.	section 7 Rights and to answer questions using
	1
	<u> </u>
11.b. Period during which performed:	11.c. Extent performed:
Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name Jaime Brambilla
Organization Quest Consulting	Organization EPC Consulting
P.O. Box, Bidg., Room No., if any 89173	P.O. Box, Bldg., Room No., if any
Street	Street 3620 Lomacitas Lane
	City Bonita
City Las Vegas	
State Nevada ZIP Code + 4 89173	State California ZIP Code + 4 91902
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Truckers	Teamsters
, [	

Filer:	File Number C-
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of emsuch employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving nadministrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct	ions):
a. Nature of activity:	
11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Alai Olivarria	Name Arlene Burgueno
Organization EPC Consulting	Organization RJA Labor Relations Services
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3620 Lomacitas Lane	Street 644 Sandyhook Ave
City Bonita	City La Puente
State California ZIP Code + 4 91902	State California ZIP Code + 4 91744
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
·	

<ul> <li>9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:</li> <li>aTo 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.</li> <li>bTo 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.</li> </ul>
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
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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):
Consider Anti-Mine As he Desfermed
Specific Activities to be Performed  11. For each activity, separately list in detail the information required (See instructions):
a. Nature of activity:
11.b. Period during which performed:  11.c. Extent performed:
11.d. Name and address through whom performed:  Additional Name and address through whom performed, if any:
Name Eduardo Padilla Name
Organization EPC Consulting Organization
P.O. Box, Bldg., Room No., if any
Street 3620 Lomacitas Lane Street
City Bonitas City
- Chata   G = 1 ° C = 2
State California ZIP Code + 4 91902 State ZIP Code + 4
12.a. Identify subject groups of employees:  12.b. Identify subject labor organizations: