U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



1. File Number:

768

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| Person Filing | |
|---|---|
| 2. Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: |
| Name Eduardo R PADILLA | Name . |
| Title OWNER | Title |
| Organization EPC CONSUTLTING | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 3620 LOMACITAS LN | Street |
| City BONITA | City |
| State California ZIP Code + 4 91902 | State ZIP Code + 4 |
| 4. Date fiscal year ends: 5. Type of person: | |
| 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 CIC B - Martin | 7. Date entered into: 3 / 25 / 2013 |
| | Name of person(s) through whom made: |
| Organization JELD-WEN Thomas Lumber | Name Lyc CNZ |
| Trade Name, if any | Name |
| P.O. Box, Bldg., Room No., if any Street 3250 Lakeput Blud | Name |
| city Elamata Falls, | Name |
| State OR ZIP Code + 4 97601 | Name |
| | atures |
| Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) | penalties of law, that all of the information submitted in this report (Including |
| 13. Signed President (If other title, see | 14. Signed Treasurer (If other title, see |
| Title Sole Proprietor instructions) | Title Treasurer instructions) |
| On <u>5-16-18</u> <u>614-519-1473</u> Date Telephone Number | On Date Telephone Number |

| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or Indirectly: a. So persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain concerning the activities of employees or a labor organization in connection with a labor dispute implying such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil justical proceeding. 10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): HOURLY RATE PLUS RETHRURSED EXPENSES Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: HOLD EMPLOYBE MEETINGS TO INFORM OF THEIR SECTION 7 RIGHTS 11.b. Period during which performed: ONDO ING 11.d. Extent performed: ONDO ING 11.d. Extent performed: Organization CRUZEASSOCIATES P.O. Box, Blog., Room No., If any 18.31 Street City UPLINTO State California ZIP Code + 4 91785 State ZIP Code + 4 12.b. identify subject groups of employees: 12.b. identify subject groups of employees: 12.b. identify subject groups of employees: | Filer. Eduardo PADILLA EPC CONSUTLTING | File Number C- | |
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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 existral proceeding or a criminal or civil judicial proceeding. 10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): HOURLY RATE PLUS REIMBURSED EXPENSES Specific Activities to be Performed 11.F. or each activity, separately list in detail the information required (See instructions): a. Nature of activity: HOLD EMPLOYES MESTINGS TO INFORM OF THEIR SECTION 7 RIGHTS 11.b. Period during which performed: CNOCING 11.d. Extent performed: CNOCING 11.d. Extent performed: Organization CRUZ-KASSOCIATES Organization CRUZ-KASSOCIATES Organization CRUZ-KASSOCIATES Organization P.O. Box. Bidg., Room No., if any 1831 P.O. Box. Bidg., Room No., if any 1831 Street City UPLAND State California ZIP Code + 4 91785 State 12.b. Identify subject labor organizations: | | I to the standard described | |
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