

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

528423

1. File Number: C- 00676

Person Filling

2. Name and mailing address (include ZIP Code):

Name Carlos Ortiz
Title President
Organization Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any
Street 7426 Cherry Ave Suite 210-106
City Fontana
State California ZIP Code + 4 92336

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 312 N Belmont Ave
City Los Angeles
State California ZIP Code + 4 90026

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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 Erin Martino
Organization TruBlu
Trade Name, if any Fresenius Medical Care North America
P.O. Box, Bldg., Room No., if any
Street 920 Winter Street
City Waltham
State Massachusetts ZIP Code + 4 02451-1547

7. Date entered into:

3 / 20 / 2013

8. Name of person(s) through whom made:

Name Julio Pablos
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

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 3/20/2013

Date

909-910-5575

Telephone Number

On

Date

Telephone Number

Filer:

CARLOS ORTIZ

File Number C-

00676

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. No written contract was executed.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Julio Pablos

Organization Arena Communications

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

Street 279 Shadow Mountain

City El Paso

State Texas ZIP Code + 4 02451-1547

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:

Shipping and Receiving employees at their Distribution Center located in Coppell, TX.

12.b. Identify subject labor organizations:

Worker's Unite