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. 1245-0003 Expires 08-31-2016

For C	Affigrationse Only	This re penaltic and On
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eport is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil ies as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals rganizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA

JUN 0 2 2016 (LMRDA)					
READ THE INSTRUCTIONS CAREFU	JLLY BEFORE PREPARING THIS REPORT.				
1. File Number: C- 00681					
3. 00081					
Person Filing					
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:				
Name Juan M Cruz	Name Alex Casillas				
Title CEO	Title CEO				
Organization Reconnect Labor Relations Consultants	Organization Action Resources Labor Relations				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 29450 Highland Blvd	Street 5616 Circle View Drive				
City Moreno Valley	City Bonsall				
State California ZIP Code + 4 92555	State California ZIP Code + 4 92003				
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 Lou Pena	7. Date entered into: 4 / 19 / 2016				
Organization Mission Foods Montain Top, Pa	8. Name of person(s) through whom made:				
Trade Name, if any Gruma Corporation	Name				
P.O. Box, Bldg., Room No., if any	Name				
Street 15 Elmwood Drive	Name				
City Mountain Top	Name				
State Pennsylvania ZIP Code + 4 18707	Name				
Signatures					
Each of the undersigned declares, under penalty of perjury and other applicable penalty the information contained in any accompanying documents) has been examined between correct, and complete. (See Section VII on penalties in the instructions.)					
13. Signed President (If other title, see	14. Signed Treasurer				
Title Other (Specify) instructions)	Title Treasurer (If other title, see instructions)				
CEO					
On 5/19/2016 951-413-4402	On				
Date Telephone Number	Date Telephone Number				
m I M 20 (2002)					

Form LM-20 (2003)

dadi cruz keconnect Labor Relations Consulta	ants	File Number C- 00681		
0.00				
9. Check the appropriate box to indicate whether an object of the activities und	ertaken, 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 agreement	s must be attached):			
No written Contract or Agreement.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruc	ctions):			
a. Nature of activity:				
Inform all employees about the NLRA of 1935 under represented by a labor organization of their own or	section 7, that they	have the right to choose to be		
, and a state out of	noted of not.			
11.b. Period during which performed:	144.5			
April 19, 2016	11.c. Extent performed: May 14, 2016			
11.d. Name and address through whom performed:	 	through whom performed, if any:		
Name Alex Casillas	Name	arrough whom performed, if any.		
Organization Action Resources Labor Relations	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 5616 Circle View Drive	Street			
City Bonsall	City			
State California ZIP Code + 4 92003	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor org	anizations:		
All full time and Part time Employees.	United Food Commercial Workers Local 1776			
-	w managed & br	warness makes 1110		
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