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 10-31-2013



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: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Lupe Juan Cruz Cruz Title CEO Title CEO Organization Reconnect Labor Relations Consultants Organization Cruz and Associates Labor Consultants P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 1831 Street 28715 Mark Road Street City Moreno Valley City Upland State California ZIP Code ∓ 4 92555 State California ZIP Code # 4 91785 5. Type of person: 4. Date fiscal year ends: a. X 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): 7. Date entered into: / 1 / 2013 Name Mark Myronowicz 8. Name of person(s) through whom made: Organization Harbor Rail Services Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 2406 N. Lake Avenue Name City Altadena Name ZIP Code + 4 91001 State California 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 14. Signed Treasurer (If other title, see (If other title, see instructions) Instructions) Sole Proprietor Other (Specify) On

Telephone Number

Telephone Number

Filer.	File Number C-
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 judical proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	
No written agreement.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity:	
To inform employees regarding: The Basic Guide to National Labor Realtions Act, under section 7 that	
they have the right to chose if they want to be represented by a labor organization or not.	
11.b. Period during which performed:	144 - 5-4-4
7/1/2013	11.c. Extent performed: 7/2/13
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name
5242	realing
Organization Cruz and Associates Labor Relations	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street P O Box 1831	Street
City Upland	City
State California	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full time employees	Sheet Metal International Association
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