U.S. Department of Lebor Office of Lebor-Management Standards Washington, DC 202 Reset AGREEMENT AND A	LM-20 Form approved Office of Management and Budget	
For Official Use Only FEB - 8 2011 This report is mandatory under P.L. 88:257-es emended. Felt penalties as provided by 29 U.S.C. 439 or 440. Required of penalties as penalties as provided by 29 U.S.C. 439 or 440. Required of penalties as penalties a	Font No. 1215-0188: Expires 09-30-2011 ure to comply may result in orthinal prosecution, times, or challenges, including Labor Relations Consultants and Other Individuals errent Reporting and Disclosure Act of 1959, as emended. (LMRDA) LY BEFORE PREPARING THIS REPORT.	
1. File Number: c- 66772		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to varify this report are kept:	
Name MELISSA Acosta	Name	
Title CONSULTANT	Title	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 6805 OLD OAK BLVD	Street	
City PEARLAND	City	
State Texas ZIP Code + 4 77584	State ZiP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec 🖸 / 31 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: 6 / 29 / 2015	
Name	8. Name of person(s) through whom made:	
Organization PACIFIC NURSERIES	Name DON BALDOCCHI	
Trade Name, if any		
P.O. Box, Bidg., Room No., if any	Name	
Street 2499 HILLSIDE BLVD	Name	
City COLMA	Name	
State California	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct Not Ready To Sign	te penalties of law, that all of the information submitted in this report (including and by the signatory and is, to the best of the undersigned's knowledge and belief, Not Ready To Sign	
13. Signed	14. Signed Treasurer (If other title, see	
Title Other (Specify) Instructions)	Title Other (Specify) instructions)	
MELISSA ACOSTA		
On 1/14/2016 915/929-5200	On	
Date Telephone Number Clear Signatures	Date Telephone Number	
Form LM-20 (2003) Sign/Print Report	Page 1 of	

Filer.	File Number C 66772
9. Check the appropriate box to indicate whether an object of the activities u	ndartaken, is directly or indirectly:
To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	e employees as to the manner of exercising, the right to organize and bargain
To supply an employer with Information concerning the activities of such employer, except information for use solely in conjunction with the such employer, except information for use solely in conjunction with the such employer.	femployees or a labor organization in connection with a labor dispute involving then administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreeme	ents must be attached.):
Verbal agreement to provide consultation and to give speeches to collectively according to the Guide to the Labor Relations Act of 19	employees about exercising their right to organize and bargain 935. Terms of billing are: \$160/HOUR.
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See Inst	
a. Nature of activity:	TEST PG CNT
	to the National Labor Relations Act to employees regarding their rights
to organize and bargain collectively.	
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11.b. Period during which performed:	11.c. Extent performed:
6/29/2015 TO 8/7/2015	ACTIVITY WAS COMPLETED
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name DAVID ACOSTA	Name RUSS BROWN
Organization REDSTONE ENTERPRISES, INC	Organization RUSS BROWN CONSULTANTS
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 5415 E. WILLOWICK CIRCLE	Street 5753 G SANTA ANA CANYON RD
City ANAHEIM HILLS	City ANAHEIM HILLS
State California ZIP Code + 4 92807	State California
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
DRIVERS AND PRODUCTION EMPLOYEES	SEIU, LOCAL 265

Not