Spawn List ... VU.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Font

Form approved Office of Management and Budget No. 1245-0003

Renumber Pages



Expires 08-31-2016



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) 675777

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 68122	
1. File Number. Complexity	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Cesar Alarcon	Name
Title	Title
Organization Stay Union Free; Corp	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 614 Springdale Circle	Street
City Palm Springs	City
State Florida ZIP Code + 4 (33461	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):	7. Date entered into: 5 / 27 / 2015
Name	Manager Manage . Lambridge of Manager
Organization Krystal Car Wash	8. Name of person(s) through whom made:
Trade Name, if any	Name Wilson Ahn
P.O. Box, Bldg., Room No., if any	Name
Street 4340 Erdman Ave	Name
City Baltimore	Name
State Maryland ZIP Code + 4 21213	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.)	
SSCH HERE	SIGN HERE)
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
amp / /	
elete On 6/10/15 305 4902747	On
Date Telephone Number	Date Telephone Number

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly. 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly. 9. If a purpose in the proposed interesting or persuade employees as to the manner of operation in connection with a labor dispute involving the control of the co			
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