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 03-31-2019

For Official Use Only

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)

| 3. Any other address where records necessary to verify this report are kept: |
|--|
| Name NA |
| Title Title |
| Organization |
| P.O. Box, Bldg., Room No., if any |
| Street |
| City |
| State ZIP Code + 4 |
| 7. Date entered into: 10 / 31 8. Name of person(s) through whom made: Name NA Name Name Name |
| Name |
| Bignatures |
| cable penalties of law, that all of the information submitted in this report (including nined by the signatory and is, to the best of the undersigned's knowledge and beliefs.) 14. Signed Title Other (Specify) Treasurer (If other title, so instructions) |
| NA |
| 3 |

| 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 organical collectively through representatives of their own choosing. | nize and bargain |
| b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil | dispute involving I judicial proceeding. |

| ourly | rate plus | expenses | | | | |
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| For each activity, separately list in detail the information required (See instruction a. Nature of activity: Held employee meetings to inform employees on their NLRB documents. | | | |
|--|---|--|--|
| Held employee meetings to inform employees on their | Section 7 Rights and answer questions using the | | |
| | Section / Rights and answer questions using the | | |
| | | | |
| 11.b. Period during which performed: | 11.c. Extent performed: | | |
| Ongoing | NA | | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | | |
| Name Dan Block | Name Jaime Brambilla | | |
| Organization Cruz & Assocaites. | Organization EPC Consulting | | |
| Organization CT 42 4 10000412001 | Organization | | |
| P.O. Box, Bldg., Room No., if any 1831 | P.O. Box, Bldg., Room No., if any | | |
| Street | Street 3620 Lomacitas Lane | | |
| City Upland | City Bonita | | |
| State California ZIP Code + 4 91785 | State California ZIP Code + 4 91902 | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | |
| Production and Maintenance | UNITE Auto Workers | | |

| Filer: | File Number C- 00483 |
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| Check the appropriate box to indicate whether an object of | of the activities undertaken, is directly or indirectly: |
| a. To persuade employees to exercise or not to exercollectively through representatives of their own of | ercise, or persuade employees as to the manner of exercising, the right to organize and bargain choosing. |
| b. To supply an employer with information concerning such employer, except information for use solely | ng the activities of employees or a labor organization in connection with a labor dispute involving in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding |
| The state of the s | |
| 10. Terms and conditions (Explain in detail; see instructions. | . Written agreements must be attached.): |

| ecific Activities to be Performed | |
|---|---|
| For each activity, separately list in detail the information required (See instance) a. Nature of activity: | tructions): |
| | |
| | |
| 1.b. Period during which performed: | 11.c. Extent performed: |
| 1.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
| ame Terren Becker | Name Wildine Pierre |
| Organization Employer Consulting Serv. | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 1235 Riverview Drive | Street 6400 Lost Tree Ct |
| ity Fallbrook | City Orlando |
| tate California ZIP Code + 4 92028 | State Florida ZIP Code + 4 32818 |
| 2.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
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Form LM-20 (2003) Page 2 of 2

| Filer: | File Number C- | 00483 |
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| riier. | |
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| Check the appropriate box to indicate whether an object of the activities un | ndertaken, is directly or indirectly: |
| collectively through representatives of their own choosing. | e employees as to the manner of exercising, the right to organize and bargain f employees or a labor organization in connection with a labor dispute involving |
| such employer, except information for use solely in conjunction with | th an 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.): |
| | |
| Specific Activities to be Performed | |
| For each activity, separately list in detail the information required (See inst a. Nature of activity: | tructions): |
| 11.b. Period during which performed: | 11,c. Extent performed: |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
| Name Walt Fitzhenry | Name Rich Waters |
| Organization | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 1563 Shore Club Dr. | Street Street |
| City St Clair Shores | City Mountain Center |
| State Michigan ZIP Code + 4 48080 | State California ZIP Code + 4 92561 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
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Form LM-20 (2003) Page 2 of 2