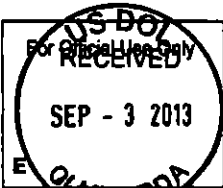


Reset

AGREEMENT AND ACTIVITIES REPORT

Font



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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

534019

1. File Number:

c 701

Person Filing

2. Name and mailing address (include ZIP Code):

Name DAVID C ACOSTA

Title PRESIDENT/TREASURES

Organization RESTONE ENTERPRISES

P.O. Box, Bldg., Room No., if any

Street 5415 E. WILLOWICK CIRCLE

City ANAHEIM

State California ZIP Code + 4 92807

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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

Organization FISHER PRINTING COMPANY

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 8640 S OKETO AVE.

City BRIDGEVIEW

State Illinois ZIP Code + 4 60455

7. Date entered into:

1 / 21 / 2013

8. Name of person(s) through whom made:

Name WILL FISCHER

Name

Name

Name

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 in accordance with the instructions in the instructions.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 2/19/2013 714-306-2229

Date Telephone Number

Clear Signatures

On 2/19/2013 714-306-2229

Date Telephone Number

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 judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal agreement to provide consultation, conduct an employee opinion survey, and provide the management with a written report with feedback from employees concerning their jobs and the company. Terms of billing with LRS were 50% of \$10,000 after expenses.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

TEST PG CNT

Verbal agreement to provide consultation, conduct an employee opinion survey, and provide the management with a written report with feedback from employees concerning their jobs and the company.

11.b. Period during which performed:

1/21/13 to 1/25/13

11.c. Extent performed:

Activity completed

11.d. Name and address through whom performed:

Name

Organization LRS

P.O. Box, Bldg., Room No., if any

Street 24 CORPORATE PLAZA, STE 100

City NEWPORT BEACH

State California ZIP Code + 4 92660

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Upper Management, Mid management, supervisors, hourly and salaried employees

12.b. Identify subject labor organizations:

None... No petitions filled at the time.