U.S. Department of Labor Office of Labor-Management Skindards Washington, DC 20210

FORM LM-20 SAGREEMENT 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 For Official Use Only penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals RECE VE) and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA) 3 0 2012 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. E US DROP 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 TOSE SALGADO Name Title PRESIPEUT Title Organization JOSE SALBADO JR. INC. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 2232 EAST LIPSON STROOT Street City TAMPA ZIP Code +4 33605 State State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership 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: 1/2/2006 JOSEPHINE ZAMORA Name 8. Name of person(s) through whom made: Organization EMPloyee Solutions, Inc. (FOR E-ONE) Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street P.O. Box 67166 Name ALBUQUERQUE City Name ZIP Code+4 87193 State New Mexico 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) President Treasurer Title Title On 06/07/2012 239-823-5/03 Telephone Number On Date Telephone Number

Filer: Jose Salgado Jose Salgado	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 judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction)	tions):
a. Nature of activity:	
TO EDUCATE EMPLOYEES ABOUT THEIR PIGHTS UNDER THE NATIONAL LARGE RELATIONS ACT TO FORM	
JOIN OF ASSIST LABOR ORGANIZATIONS, TO BARGAIN CONTECTIVELY OR ENGAGE IN OTHER ACTIVITY FOR THEIR MUTUAL AID AND PROTECTION, AND THE RIGHT TO REFRAIN FROM DOING SO. TO ENTANCE	
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THE BUSINESS LITERACY OF THE WORKFORCE AND EN	COURAGE EMPloyees to Be informed And vote.
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11.b. Period during which performed: 1.d. Name and address through whom performed:	11.c. Extent performed: (OMPIETED) Additional Name and address through whom performed, if any:
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