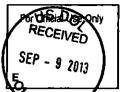
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 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 Lupe Name Juan Cruz Cruz Title Title CEO CEO Organization Reconnect Labor Relations Consultants Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 1831 Street Street 28715 Mark Road City Moreno Valley City upland State California ZIP Code + 4 92555 ZIP Code + 4 91785 State California 5. Type of person: 4. Date fiscal year ends: Dec a. Individual b. Partnership c. Corporation d. Other (Specify): 31 Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (Include ZIP Code); 7. Date entered into: / 26 / 2013 Name Kathey LeVee 8. Name of person(s) through whom made: Organization Marquis Companies Name Trade Name, if any Hope Village Convalescent Home Name P.O. Box, Bldg., Room No., if any Street 4560 SE INTERNATIONAL WAY SHITE 100 Name City Milwaukie Name State Oregon ZIP Code + 4 97222 Name

## Signatures

the informa		companying documents	) has been examined		aw, that all of the informa cory and is, to the best of		
13. Signed			President (If other title, see	14. Signed			Treasurer (If other title, see instructions)
Title	Other (Specify)	C. 5.0.0	instructions)	Title	Other (Specify)	0	
On	8/31/13			On			
	Date	Telephone Number			Date	Telephone Number	

Filer.	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.):  No written agreement.							
	-						
Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:  To inform all employee regarding the National Labor Relations Act, that they have the right to be represented by a Labor Organization if they wish or not.							
11.b. Period during which performed:	11.c. Extent performed:						
8/26/13	on Going						
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:						
Name Lupe Cruz	Name						
Organization Cruz and Associates Lobor Consultant	Organization						
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any						
Street	Street						
City Upland	City						
State California ZIP Code + 4 91785	State ZIP Code + 4						
12.a. Identify subject groups of employees:  all regular full time employees.	12.b. Identify subject labor organizations:  Service Employees International Union Local 503 and Or Northwest Treeplanters and Farmworkers United						