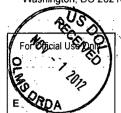
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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.E. 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.

1. File Number: C. 7 6 8 Person Filling 2. Name and malling address (include ZIP Code): Name Eduardo R. Padilla Title Owner Organization EPCConsulting P.O. Box, Bidg., Room No., if any Street 3620 Lomacitas Ln. City Bont 4 4. Date fiscal year ends: State California A Date fiscal year ends: Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Kenncaly Care Center Organization Hollywood Home Heefth Service, Inc. Trade Name, if any Sireet 1253 N. Vine St. Suite 20 City Los Angeles State CA ZIP Code + 4 900 38 Name Name Name Name Name Name Name Nam	506788		
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Street 1253 N. Vine St. Suite 20 City Los Angeles State CA TIP Code + 4 9/10 38	Name Markus Mettler		
City Los Angeles Name State CA ZIP Code + 4 9/10 38	Name		
State C A 7IP Code + 4 9/10 38	Name		
State C A 7IP Code + 4 9/10 38	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 believe, correct, and complete. (See Section VII on penalties in the instructions.)			
	see (If other title, see		
Title President instructions) Title Treasurer instructions)	Treasurer '		
On 10/22/2012 Lyf-518-1473 On Date Telephone Number Date Telephone Number	4.7.148		

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Filer:	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
To persuade ampleusee to exercise or not to exercise or persuade of	maley occurred the manner of every leing the right to every line and havening	
a. 10 persuade employees to exercise or not to exercise, or persuade e collectively through representatives of their own choosing.	mployees as to the manner of exercising, the right to organize and bargain	
b. To supply an employer with information concerning the activities of en such employer, except information for use solely in conjunction with	mployees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreement	s must be attached.):	
	to the second	
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruction) a. Nature of activity:	ctions):	
toform Employees of their right	to Under. Section 7 of the NLRA	
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 Lupe Cruz	Name	
Name Lupe Cruz Organization Cruz + Associates	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street	Street	
City	City	
State ZIP Code + 4	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
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