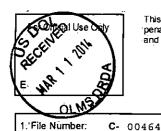
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016

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



Person Filing

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

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.

Title Office Manager Organization Labor Information Services, Inc. P.O. Box, Bidg., Room No., If any P.O. Box, Bidg., Room No., If any Street Street City State California ZiP Code + 4 90264 State ZiP Code + 4 4. Date facet year ends: Dec 14 a individual b Partnership c CCorporation d Cther (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZiP Code): Name KEVIN DALY Organization BOZZUTO'S INC. Trade Name, if any P.O. Box, Bidg., Room No., if any-275 SCHOOLHOUSE ROAD Name CAP CHESHIRE State Connecticut ZIP Code + 4 06410 Name Signatures Each of the undersigned decisions, under pensity of politicy sign of other applicable penalties of law, that all of the information submitted in this report (including time, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President Title President Title President Title President Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number	Name Marta	De los Rios	Name		
P.O. Box, Bidg., Room No., if any PO Box 6063 P.O. Box, Bidg., Room No., if any Street Street	Title Office Manager		Title		
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City Malibu State Cnlifornia ZIPCode +4 90264 State ZIPCode +4 4. Date fiscal year ends: Dec	P.O. Box, Bldg., Room No., if any PO Box 6063		P.O. Box, Bldg., Room No., if any		
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Filer: Marta De los Rios	Labor Information Services, Inc.	File Number C+ 00464

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

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

Staring 12/12/13 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum number of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billing amount.

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity;

To inform employees in the voting bargaining unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

1.b. Period during which performed:	11.c. Extent performed: On-going Additional Name and address through whom performed, if any:	
12/12/13 until end of assignment		
1.d. Name and address through whom performed:		
dame JOSE AGRAZ	Name	
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.	
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any PO Box 6063	
Street	Street	
Dity Malibu	City Malibu	
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264	
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All voting employees in the bargaining unit.	All voting employees in the bargaining unit.	

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