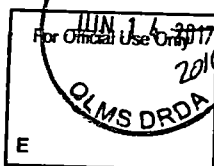


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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)

622430

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00681

Person Filing

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

Name Juan M Cruz

Title CEO

Organization Reconnect Labor Relations Consultants

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

Street 29450 Highland Blvd

City Moreno Valley

State California

ZIP Code + 4 92555

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

Name Alex Casillas

Title CEO

Organization Action Resources Labor Relations

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

Street 1374 South Mission Road

City Fallbrook

State California

ZIP Code + 4 92028

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 Shana Miclea

Organization United Pacific Waste

Trade Name, if any UPW

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

Street PO Box 908

City Pico Rivera

State California

ZIP Code + 4 90660

7. Date entered into:

5 / 16 / 2016

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

Name

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. (See Section VII on penalties in the instructions.)

13. Signed

Title Other (Specify)

CEO

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 6/6/2016

Date

951-413-4402

Telephone Number

On

Date

Telephone Number

570

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 Contract or Agreement.

Specific Activities to be Performed

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

a. Nature of activity:

Inform all employees about the NLRA of 1935 under section 7, that they have the right to choose to be represented by a labor organization of their own choice or not.

11.b. Period during which performed:
May 16, 2016

11.c. Extent performed:
May 20, 2016

11.d. Name and address through whom performed:

Name Alex Casillas
Organization Action Resources Labor Relations
P.O. Box, Bldg., Room No., if any
Street 1374 south Mission Road
City Fallbrook
State California ZIP Code + 4 92028

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:

All full time and Part time Employees.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters Local 396