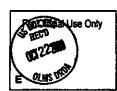
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010



1. File Number:

C-00483

This report is mandatory under P.L. 88-257, 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 Discipsure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

371243

Person Filling					
Name and mailing address (include Z	3. Any other address where records necessary to verify this report are kept:				
Name Live Cruz		Name			
Title C&o		Title			
Organization Cruz & Associates, Inc.		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
street 10201 Trademark St, Ac		Street	i ,		
city Rando Cucamony		City			
State OR	ZIP Code + 4 91130	State		ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:					
12 / 08	a. Individual b. Partnership	ridual b. Partnership c. Corporation d. Other (Specify):			
·	<u></u>		· I ·	 	
Nature of Agreement or Arrangement					
6. Full name and address of employer w	7. Date entered into:				
Name Scott Werkne		1/1/08			
Organization Blueskov Resort & Colf		8. Name of person(s) through whom made:			
Trade Name, if any Trilogy Rolf ONS of La Duinty		Name	1		
P.O. Box, Bldg., Room No., if any		Name			
Street Bloo H. Cainay Cater Drive, Suite 355		Name .			
City Southsdale		Name			
State AZ	ZIP Code + 4 85258	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	14. Signed			Treasurer	
Title President	Title	reasuker		(if other title, see instructions)	
on 10/14/08 90	980 8786	On			
Date	Telephone Number	_	Ditte	Telephone Number	

FROM Lypi Cruz & Associates Inc	File Number C-10413					
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 manher 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.): Hold construct meeting to inform their section (1) right and to answer questions pertaining to the winon using NLRS downsorts and union downsorts for questions and answers.						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instructions):						
a. Nature of activity:						
they subjects weaping you every death to prefer them an minus						
	6					
44 b Daded dudes which and and	11.c. Extent performed:					
11.b. Period during which performed:	tell made so with long bury					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Tues Cruz	Name					
Organization Cruz & Associatis Inc	Organization					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any					
street loss Traderox/c St, #C	Street					
City Jande Cycumanya	City					
State C ZIP Code + 4 9730	State ZIP Code + 4					
11170	211 000 1					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Employer in patential bargaining unit	Laborers Local 1184					