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. 1. File Number: c-(051)9 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: े के प्रश्निकारण के जेन्द्र र विकास कार्य Name Hrmando Talancon is dier Name Consultant Title Organization AESZ, LLC: Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 142 Northgate Koad Street Riverside City City ZIP Code + 4 60546 State State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: c. Corporation d Other (Specify): Individual b Partnership Nature of Agreement or Arrangement. 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 8. Name of person(s) through whom made Organization Add 5 McKigley Communi Name Trade Name, if any _ Name P.O. Box, Bldg., Room No., if any Name City Name State ZIP Code + 4 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, -911 complete (See Section VII on penalties in the instructions.) 13. Signed President 14. Signed Treasurer

(If other title, see

instructions)

602-618-7783 Telephone Number (If other title, see

instructions)

Filer Armanda Talancon AESZ, Lo	LC.	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.		
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.): Written agreement to provide Consulting Jervices for \$1,500. & per deal plus reasonable travel expenses.		
per any pros		
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11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Cagaign to Communicate to Employees regarding exercising their rights to organize and baddin collectives.		
11.b. Period during which performed: Various days beginning 04/19/12	11.c. Extent performed:	Fully Performed
Name CRI Consulting Services, Inc. Organization	Additional Name and address Name Organization	ss the gugh whom performed, if any:
P.O. Box, Bldg., Room No., if any Street 7850 South Elm Mare Suite E	P.O. Box, Bldg., Room No.,	if any
city Broken Arrow State Ollshoma - ZIP Code + 4 740-11-	City - State	ZIP Code + 4 ~
12.a. Identify subject groups of employees: Education Production Wakers Teachers	12.b. Identify subject labor of $SEIU$	organizations: