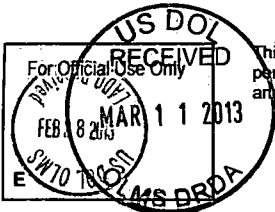


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

514474

1. File Number: C- 00715

Person Filing

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

Name Luis Camarena

Title Consultant

Organization LKLS Consulting

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

Street 1975 Alderbrook Pl.

City Chula Vista

State California

☒ ZIP Code + 4 91913

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

Name

Title

Organization

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

Street

City

State

☒ ZIP Code + 4

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 Shandon Hills

Organization Sun Healthcare Group

Trade Name, if any

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

Street 4164 North 4th Ave

City San Bernadino

State California

☒ ZIP Code + 4 92407

7. Date entered into:

10 / 15 / 2012

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

Name Lupe Cruz

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

President
(If other title, see
instructions)

Title Sole Proprietor

☒

14. Signed

Treasurer
(If other title, see
instructions)

Title d

☒

On 2/24/2013

Date

619 869 1910

Telephone Number

On

Date

Telephone Number

Filer: Luis Camarena LKLS Consulting

File Number C- 00715

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.):

Paid Hourly. Expenses Reimbursed

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings to inform them of their (7) section rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.

11.b. Period during which performed:
ongoing

11.c. Extent performed:
Held meetings with employees

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz & Associates, Inc.

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

Street P.O. Box 1831

City Upland

State California ☐ ZIP Code + 4 91785

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:

Employees in potential bargaining unit

12.b. Identify subject labor organizations: