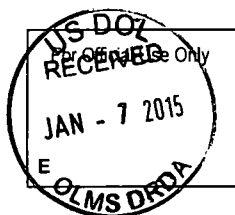


FORM LM-20

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)

54828

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.


1. File Number: C- 65880

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Amed D Santana	3. Any other address where records necessary to verify this report are kept:
Title President & CEO	Name Phillip Wilson
Organization Santana International Inc.	Title President
P.O. Box, Bldg., Room No., if any	Organization Labor Relations Institute
Street 1810 George Dieter #103	P.O. Box, Bldg., Room No., if any
City El Paso	Street 7850 South Elm Place
State Texas	City Broken Arrow
ZIP Code + 4 79936	State Oklahoma
	ZIP Code + 4 74011
4. Date fiscal year ends:	
Dec / 31	5. Type of person:
	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Brad Anthony	7. Date entered into: 10 / 8 / 2014
Organization Treasure Island Hotel & Casino	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 3300 South Las Vegas Boulevard	Name
City Las Vegas	Name
State Nevada	Name
ZIP Code + 4 89109	

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)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 12/29/2014	915-215-3725	On _____	_____
Date	Telephone Number	Date	Telephone Number

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.):

To provide direct employee education regarding employee's section 7 rights under the NLRA

Specific Activities to be Performed

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

a. Nature of activity:

Education of employees regarding their section 7 rights under the NLRA

11.b. Period during which performed:

various days beginning 10/8/2014

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phillip Wilson
Organization LRI Consulting Services, Inc.
P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place
City Broken Arrow
State Oklahoma ZIP Code + 4 74011

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:

various employees

12.b. Identify subject labor organizations:

International Union of Operating Engineers