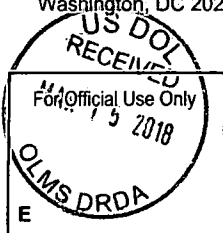


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

665318

1. File Number: C- 768

Person Filing

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

Name Edwards Radliff
Title Owner
Organization Bpr Consulting
P.O. Box, Bldg., Room No., if any
Street 364 Donk Ward Dr
City Donk
State California ZIP Code + 4 91902

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 Jim Cover
Organization Home wood Chicago
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

7. Date entered into:

9 / 10 / 2017

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

President
(If other title, see instructions)

Title

President

14. Signed

Treasurer
(If other title, see instructions)

Title

Treasurer

On

3-9-18

Date

614-584473

Telephone Number

On

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.):

Hourly Rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Hold employee meetings to inform their Sect 7 Rights and answer questions using the NLRB documents

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Lopez ☐ Cruz

Organization Cruz & Associates

P.O. Box, Bldg., Room No., if any 183

Street

City Orland

State California ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name June ☐ Branbali

Organization T.R.B. Consulting

P.O. Box, Bldg., Room No., if any 104-1506

Street 2364 Paseo de la America

City San Diego

State California ZIP Code + 4 92154

12.a. Identify subject groups of employees:

Hotel Workers

12.b. Identify subject labor organizations:

Unite