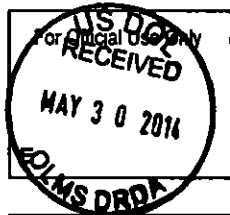


FORM LM-20

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.

557009

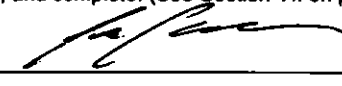
1. File Number: C- 00715

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Luis Camarena	3. Any other address where records necessary to verify this report are kept:
Title Consultant	Name
Organization LKLS Consulting	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 4630 Border Village Rd. #1120	P.O. Box, Bldg., Room No., if any
City San Diego	Street
State California <input checked="" type="checkbox"/> ZIP Code + 4 92173	City
	State <input checked="" type="checkbox"/> ZIP Code + 4
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 31	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Peter Lin	7. Date entered into: 6 / 10 / 2013
Organization Olivet Int, Inc	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 11015 Hupkins Sreet	Name
City Mira Loma	Name
State California <input checked="" type="checkbox"/> ZIP Code + 4 91752	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 ☒

On 05/22/2014 (619) 869-1910
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)

Title d ☒

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.):

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:

To inform employees of their section 7 rights and answer questions regarding collective bargaining

11.b. Period during which performed:

6/10/13

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz and Associates

P.O. Box, Bldg., Room No., if any 1931

Street

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:

Warehouse workers

12.b. Identify subject labor organizations:

Warehouse workers union