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 07-31-2019



This report is mandatory under P.L. 86-257, as amended. Feiture to comply may result in criminal prosecution, tines, 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.

649271

Person Filing							
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are key					
Name		Name N/A					
Title Organization Cruz & Associates P.O. Box, Bidg., Room No., if any 1831		Title Organization P.O. Box, Bidg., Room No., if any					
					Street		Street
					City Upland		City
State California	ZIP Code + 4 91785	State ZiP Code + 4					
. Date fiscal year ends:	5. Type of person:	·.					
Dec 🔽 / 31	a. Individual b. Partnership	c. X Corporation d. Other (Specify):					
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Nature of Agreement or Arrange	ment	· · · · · · · · · · · · · · · · · · ·					
6. Full name and address of employer with whom made (include ZIP Code):							
3. Full name and address of employ		7. Date entered into:					
	er with whom made (include ZIP Code):	7. Date entered into: 2 / 6 / 2017					
Name Kenny	er with whom made (include ZIP Code): Moyles						
Name Kenny Organization Magnolia Healt	er with whom made (include ZIP Code): Moyles th Corporation	2 / 6 / 2017					
Name Kenny Organization Magnolia Healt Trade Name, Hany Merrit Man	er with whom made (include ZIP Code): Moyles th Corporation	2 / 6 / 2017 B. Name of person(s) through whom made:					
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Name Kenny Organization Magnolia Healt Trade Name, Hany Merrit Mar P.O. Box, Bidg., Room No., Hany Street 604 East Merritt Av	er with whom made (include ZIP Code): Moyles The Corporation The Corporation	2 6 2017 B. Name of person(s) through whom made: Name Name					
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organization Magnolia Health rade Name, if any Merrit Mark 1.O. Box, Bldg., Room No., if any treet 604 East Merritt And the Tulare table California ach of the undersigned declares, se information contained in any excuse, correct, and complete (Sea 6). 3. Signed Other (Specify)	President (If other title, see instructions)	8. Name of person(s) through whom made: Name Name Name Name Name Name Name Name 14. Signed Trassurer (if other title, sinstructions)					

Filer:	Cruz & Associates	· i	File Number C-	00483

- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
- a. X 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.

Terms and conditions (Explain in detail; see Instructions	. Written agreements must be attached.):
Hourly rate plus	reimbursed expenses.	

Specific Activities to be Performed

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

Held employee meetings to inform employees of their Section 7 rights and answer questions using NLRB documents

11.b. Period during which performed: ongoing	11.c. Extent performed:			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Neme Ignacio Frasan	Name Emigdio Arias			
Organization LKLS Consulting	Organization KNA Industrial Relations			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any 14804			
Street 1975 Alderbrook Ave	Street			
City San Diego	City Long Beach			
State California ZIP Code + 4 91913	State California ZIP Code + 4 90853			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Non-technical unit	SEIU Local 2015			
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Form LM-20 (2003)