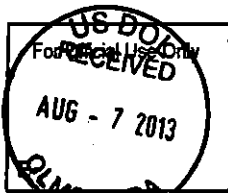


# FORM LM-20

## 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.

1. File Number:

C-681

### Person Filing

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

Name Juan Cruz  
Title CEO  
Organization Reconnect Labor Relations Consultants  
P.O. Box, Bldg., Room No., if any  
Street 28715 Mark Road  
City Moreno Valley  
State California ZIP Code + 4 92555

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

Name Lupe Cruz  
Title CEO  
Organization  
P.O. Box, Bldg., Room No., if any 1831  
Street  
City Upland  
State California ZIP Code + 4 91785

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 David Cho  
Organization Kiss Products Inc  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 57 Seaview Blvd  
City Port Washington  
State New York ZIP Code + 4

7. Date entered into:

7 / 22 / 2013

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

Title Sole Proprietor

President  
(If other title, see  
instructions)

14. Signed

Title Other (Specify)

Treasurer  
(If other title, see  
instructions)

On 7/31/13  
Date

951-413-4402  
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.):

No written agreement.

#### Specific Activities to be Performed

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

a. Nature of activity:

Inform all employees regarding the Basic Guide to the National Labor Relations Act, under section 7.  
"Employees have the right to chose if they want to be represented by a union or not"

11.b. Period during which performed:

7/22/13

11.c. Extent performed:

7/24/13

11.d. Name and address through whom performed:

Name Lupe Cruz  
Organization Cruz and Associates Labor Consultant  
P.O. Box, Bldg., Room No., if any 1831  
Street  
City Upland  
State  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:

all regular full time employees.

12.b. Identify subject labor organizations:

International Brotherhood of Trade Unions Health and Welfare Fund