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 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)

READ THE INSTRUCTIONS CAREFUL	LI BEFORE PREFARING THIS ILL SKI.		
1. File Number: C- 00059			
Para Silva			
Person Filling  2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Ketth Peraulo	A		
Title CEO	Title Executive Director		
Organization Creature Solutions & Visions, LC	Organization GGNSC Peli City UC Buenty Enter Prises Alabana In		
P.O. Box, Bidg., Room No., if any Po Box 422817	P.O. Box, Bidg., Room No., if any		
Street	Street 1000 Flowna Wal		
CHY KISSIMMER	city Fort Smith		
State EL ZIP Code + 4 34742	State AP ZIP Code + 4 72 9 7		
Date fiscal year ends:     5. Type of person:			
/ Dal Sa. Individual b. Partnership c. Corporation d. Other (Specify):			
Nature of Agreement or Arrangement			
Full name and address of employer with whom made (include ZIP Code):  7. Date entered into:			
Name Kerth Jewel	8. Name of person(s) through whom made:		
Organization GGNSC Pell CHY, UC	A to the last of t		
Trade Name, If any Benery Enterphises Alabumy	Name Keell Jewel Hitovier		
P.O. Box, Bidg., Room No., if any	Name		
Street 510 WOLF CROK RON	Name		
City Rell City	Name		
State     ZIP Code + 4   35   25	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)	14. Signed Treasurer (If other title, see instructions)		
Title President	Title Treasurer		
	7 [		
On 132015 732-589-1439  Date Telephone Number	Date Telephone Number		

	<del></del>		
Filer:	File Number C-		
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.):  Verbal: Agreement with Keithelewel,  Attorney-			
		and the second s	
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:  Educating employees on their rights under  The Wattanal Labor Relations ACT			
11.b. Period during which performed:	11.c. Extent performed:		
11.d. Name and address through whom performed:	Additional Name and address through whom pe	rformed, if any:	
Name Keith Teuel	Name		
Organization GONSC DOLLCOND LOCAL DOLLCOND DOLLC	Organization  P.O. Box, Bldg., Room No., if any		
Street 5/0 Woff Crock Rd N	Street		
city Pell City	City		
State AU ZIP Code + 4 35125	State Z	IP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Allemplayees Voting	RWDSY		