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



C- 00556

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

1. File Number:

Person Filing

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)

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4
nership c. Corporation d. Other (Specify):
e): 7. Date entered into: 11 / 18 / 2005
Name of person(s) through whom made:
Name Anis Khan
Name Tony Oddo
Name
Name
Name
Signatures
pplicable penalties of law, that all of the information submitted in this report (including xamined by the signatory and is, to the best of the undersigned's knowledge and belief, ions.)
Treasurer (If other title, see
Title Other (Specify) instructions)
Executive Vice President
On 12/14/2015 313-914-2057
Date Telephone Number

		
Filer. Robert Carroll Permanent Solutions Labor Co	onsultants	File Number C- 00556
9. Check the appropriate how to indicate whether on chiral of the street		
9. Check the appropriate box to indicate whether an object of the activities ur	ndertaken, is directly or indirectly:	
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	e employees as to the manner of e	exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction wit	employees or a labor organizatio h an administrative or arbitral pro	n in connection with a labor dispute involving ceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreemen		
Hourly fee for consulting services during union of	ins must be attached.):	
J ==== anion c	ampaign with SEIO Hea.	Ithcare Michigan
, .		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instru	uctions):	
a. Nature of activity:		
Union awareness training for management and consu	lting services.	
11.b. Period during which performed:	11.c. Extent performed:	
December 2015	Complete	
1.d. Name and address through whom performed:	Additional Name and address	through whom performed, if any:
Name Robert Carroll	Name	anough whom performed, if any.
Organization Permanent Solutions Labor Consultants	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if	any
treet 23772 West Road	Street	
ity Brownstown	City	
tate Michigan ZIP Code + 4 48183	State	ZIP Code + 4
2.a. Identify subject groups of employees:	125 14. 17. 11. 11.	
	12.b. Identify subject labor org	anizations:
Union campaign management. Working with management and educating employees.		
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