

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. 1215-0188
Expires 11-30-2009

For Official Use Only

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- 00616 325249	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Brent W Yessin	Name
Title President	Title
Organization Employee Advocates	Organization
P.O. Box, Bldg., Room No., if any Post Office Box 8814	P.O. Box, Bldg., Room No., if any
Street	Street
City Longboat Key	City
State Florida ZIP Code + 4 34228	State ZIP Code + 4
Date fiscal year ends: 5. Type of person:	<u> </u>
Dec / 31 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):	7. Date entered into: 9/1/06
Name	8. Name of person(s) through whom made:
Organization Bindi North America, Inc.	Name
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	Name
Street 507-519 Main Street	Name
City Belleville	Name
State New Jersey ZIP Code + 4 07109	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
Title President / Instructions)	Title Treasurer instructions)
on 4/1, 2006	
On 1/4,2006 Date Telephone Number	On Date Telephone Number

Filer: Brent Yessin Employee Advocates	File Number C- 00616	
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.):		
Employee Advocates will have various consultants working at \$100.00 per hour, for training and		
eduction of the workforce by various consultants, as needed and requested by client.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To educate Bindi North America, Inc., about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively orengage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhanse the business literacy of the workforce and encourage employees to be informed and to vote.		
11.b. Period during which performed:	11.c. Extent performed:	
9/1/06	10/15/06	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	

Name

Street

City

State

Organization

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

12.b. Identify subject labor organizations:

ZIP Code + 4

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Name

Street

City

Jose

Longboat Key

12.a. Identify subject groups of employees:

State Florida

Organization Employee Advocates, Inc.

P.O. Box, Bldg., Room No., if any Post Office Box 8814

Food Preparation/Processing/Kitchen Staff

Salgado

ZIP Code + 4 34228