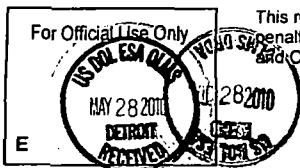


# FORM LM-20

## 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)

43187

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c-682

### Person Filing

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

Name John T. HERMANN III

Title PRESIDENT

Organization THE HERMANN GROUP LTD.

P.O. Box, Bldg., Room No., if any #101

Street 37524 JEFFERSON AVE.

City HARRISON TWP.

State Michigan

ZIP Code + 4 48045-2684

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12-31 / 08

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 Cintas CORPORATION

Organization CINTAS CORPORATION

Trade Name, if any

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

Street 6800 CINTAS BLVD.

City MASON

State Ohio

ZIP Code + 4 58624-5737

7. Date entered into:

06/28 / 2008

8. Name of person(s) through whom made:

Name John Milligan

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

President  
(If other title, see instructions)

Title President

14. Signed

Treasurer  
(If other title, see instructions)

Title Treasurer

On

5-27-10 586-909-8133

Date

Telephone Number

On

5-27-10 586-909-8133

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.):

ORAL AGREEMENT

#### Specific Activities to be Performed

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

a. Nature of activity:

PERSUADE the employees to vote NO ON A REPRESENTATION ELECTION.

11.b. Period during which performed:

MARCH 2008 - MAY 2008

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name John HERRMAN

Organization The HERRMAN Group.

P.O. Box, Bldg., Room No., if any #101

Street 37524 JEFFERSON AVE.

City HARRISON Twp.

State Michigan ZIP Code + 4 48045-2864

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:

Sales, Service, Representatives

12.b. Identify subject labor organizations:

UNITED BROTHERHOOD OF TEAMSTERS.