

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 11-30-2006



C- 00556

1. File Number.

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.

| Person Filing | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|--|--|--|
| Name and mailing address (include ZIP Code): | Any other address where records necessary to verify this report are kept: | | | | |
| Name Jaiver Rojas | Name | | | | |
| Title Treasure | Title | | | | |
| Organization Permanent Solutions | Organization (| | | | |
| P.O. Box, Bldg., Room No., if any #104 | P.O. Box, Bldg., Room No., if any | | | | |
| Street 19186 Fort Street | Street | | | | |
| City Riverview | City | | | | |
| State Michigan ZIP Code + 4 48146 | State ZIP Code + 4 | | | | |
| Date fiscal year ends: 5. Type of person: | | | | | |
| 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: | | | | |
| Name Kelly Oneill | 5 / 20 / 2006 | | | | |
| Organization Millard Refriration Services | 8. Name of person(s) through whom made: | | | | |
| Trade Name, if any | Name Kelly Oneill | | | | |
| P.O. Box, Bldg., Room No., if any | Name | | | | |
| Street 4715 South 132nd street | Name | | | | |
| City Omaha | Name | | | | |
| State Nebraska ZIP Code + 4 68137 | 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 14. Signed Treasurer (If other title, see | | | | | |
| Title President instructions) | Title | | | | |
| On 6/09/2006 313-218-0371 | On 6/09/2006 734-915-4570 | | | | |
| Date Telephone Number | Date Telephone Number | | | | |
| | | | | | |

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|--------|--------------|---------------------|---------------------------------------|----------------------|--|
| Filer: | Jaiver Rojas | Permanent Solutions | | File Number C- 00556 | |
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| 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.):
- 1.Consult and advise management of Millard Refrigration Services regarding strategy for conducting a certified election.
- 2. Conduct regular informational meetings with employees.
- 3. prepare appropriate informational material and responses to employee questions.

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:
 - 1. Teach management ACT (NLRB) how to conduct themselfs on what they can and cannot say to employees.
 - 2. Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A.
- 3. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.

| 11.b. Period during which performed; | 11.c. Extent performed: | | |
|-----------------------------------------------------------------|-------------------------------------------------------------|--|--|
| 5/23/06 to 6/09/06 | compleated | | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | | |
| Name Jaiver Rojas | Name | | |
| Organization Permanent Solutions | Organization | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | |
| Street 19186 Fort Street | Street | | |
| City Riverview | City | | |
| State Michigan ZIP Code + 4 49192 | State ZIP Code + 4 | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | |
| All regular full time and regular part time warehouse employees | None | | |
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