

# Agreement and Activities Report

## U.S. Department of Labor

Employment Standards Administration  
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188  
Expires 07-31-2004

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).

File No. C. 556

### A. Person Filing

1. Name and mailing address (include ZIP code): PERMANENT SOLUTIONS (AMGO SANTANA) LABOR CONSULTANTS INC 19186 Fort St #104 Riverview, MI 48192		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12/31/03	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Long Beach Memorial Medical Center		6. Date entered into: 2/28/03
7. Names of persons through whom made: Byron Schwigant		
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.		

### 9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

GROUP MEETINGS + ONE ON ONE MEETINGS, WORKERS had the right TO ATTEND OR NOT TO ATTEND MEETINGS TO ASK QUESTIONS about UNIONS AND/OR THEIR RIGHTS

### C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: WORKERS had the right TO EXPRESS support FOR company OR UNION AND ASK ANY QUESTIONS they wanted		
b. Period during which performed: 2/28/03 till 3/14/03	c. Extent performed:	
d. Names and addresses of persons through whom performed: Richard TORRES 19186 Fort St #104 Riverview, Michigan 48192 AMGO SANTANA 19186 Fort St #104 Riverview, Michigan 48192		



### 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Licensed Technical Employees  
Other non professional employees  
Skilled Maintenance Employees  
HEALTH CARE Alliance / ~~CHCA~~  
UNITED STEELWORKERS OF America

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> President			Signed: <i>[Signature]</i> Vice-President		
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)		
City	State	Date	City	State	Date
at: Riverview,	Michigan	on: 3-12-03	at: Riverview,	Michigan	on: 3-17-03