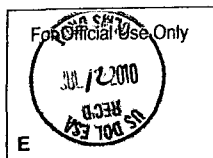


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

432024

1. File Number: c685

Person Filing

2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name		Name	
Title		Title	
Organization	M. Rosado Consultants, LLC	Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street	5 Quail Court	Street	
City	Englewood	City	
State	New Hampshire <i>Jersey</i>	State	
ZIP Code + 4	07631	ZIP Code + 4	
4. Date fiscal year ends: 8/16 / 2010		5. Type of person: a. Individual b. Partnership c. <u>Corporation</u> 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: 10 / 15 / 2009	
Name		8. Name of person(s) through whom made:	
Organization	St Nicholas Health Care	Name	Howard Russo
Trade Name, if any		Name	
P.O. Box, Bldg., Room No., if any		Name	
Street	96 Ovington Avenue	Name	
City	Brooklyn	Name	
State	New Mexico <i>York</i>	Name	
ZIP Code + 4	11209		

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 VI on penalties in the instructions.)

13. Signed <i>[Signature]</i> Title _____ On <i>7/6/2010</i> Date <i>201-655-9725</i> Telephone Number	14. Signed _____ Title _____ On _____ Date _____ Telephone Number	Treasurer (If other title, see instructions)
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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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.

Specific Activities to be Performed

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

- a. Nature of activity:
To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 10/16/09

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc.

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

Street 7850 S Elm Place, Suite E

City Broken Arrow

State Ohio

ZIP Code + 4 74011

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:

Maintenance, Housekeeping and Kitchen Staff

12.b. Identify subject labor organizations:

Retail, Wholesale and Department Store