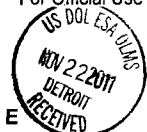


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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.

476287



1. File Number: C- 00556

Person Filing

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

Name Robert J. Carroll

Title Executive Vice President

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Road

City Brownstown Twp

State Michigan ZIP Code + 4 48183

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:

Dec / 31

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 Linda Wyatt

Organization EDW. C. Levy Company, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any 540

Street 900 George Nelson Dr.

City Portage

State Indiana ZIP Code + 4 46368

7. Date entered into:

10 / 16 / 2006

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

Name Linda Wyatt

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 Other (Specify)

EXECUTIVE VICE PRESIDENT

On 11/21/2011 313.218.0371

Date

Telephone Number

On 11/21/2011 734.536.7829

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.):

Conduct regular informational meetings with employees.

Specific Activities to be Performed

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

a. Nature of activity:

Meet employees at shift change meetings to discuss election and answer questions.

11.b. Period during which performed:

1/14/2010 to 2/26/2010

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Richard Knapp

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Rd

City Brownstown Twp

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Richard Torres

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Rd

City Brownstown Twp

State Michigan ZIP Code + 4 48183

12.a. Identify subject groups of employees:

All production and maintenance employees, employed by the employer.

12.b. Identify subject labor organizations:

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.

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11.b. Period during which performed:
1/14/2010 to 2/26/2010

11.c. Extent performed:
Completed

11.d. Name and address through whom performed:

Name Martin Dreiss

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Rd

City Brownstown Twp

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Keith Peraino

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Rd

City Brownstown Twp

State Michigan ZIP Code + 4 48183

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