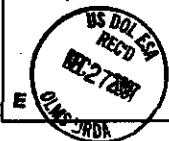


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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.

1. File Number: C- 00556

340841

### Person Filing

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

Name Jaiver Rojas

Title Treasury

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #104

Street 19186 Fort Street

City RIVERVIEW

State Michigan

ZIP Code + 4 48192

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 John Lillis

Organization Praxair

Trade Name, if any

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

Street 1900 loveridge Road

City Pittsburg

State California

ZIP Code + 4 94566

7. Date entered into:

11 / 13 / 2007

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

Name John Lillis

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 12/04/2007

Date

313-218-0371

Telephone Number

On 12/04/2007

Date

313-218-0371

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.):

1. Consult and advise management of Praxair regarding strategy for conducting a certified election.
2. Conduct 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:

1. Meeting times and location were posted, met in group. Union facts and Q & A.
2. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.

11.b. Period during which performed:

11/15/07 to 12/04/07

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Luisa M Perez

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #104

Street 19186 Fort Street

City RIVERVIEW

State Michigan ZIP Code + 4 48192

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:

All Full and part time truck drivers, Cylinder handlers, Cylinder Maintenance, Loaders and/or sorters and Cylinder Processers. employed at employers facilities.

12.b. Identify subject labor organizations: