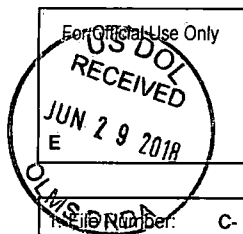


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

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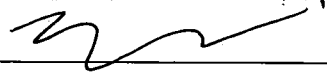
File Number: C- 66912

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):	
Name	Mahlah Hansen
Title	Office Manager
Organization	HMD Consulting Services Inc
P.O. Box, Bldg., Room No., if any	
Street	18530 Mack Avenue, Suite 253
City	Grosse Pointe Farms
State	Michigan ZIP Code + 4 48236
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:	5. Type of person:
Dec / 31	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</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Anne Gaeta
Organization	Bio-Medical Applications of MN and WI
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	920 Winter Street
City	Waltham
State	Massachusetts ZIP Code + 4 02451
7. Date entered into: 1 / 12 / 2018	
8. Name of person(s) through whom made:	
Name	Anne Gaeta
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   
Title Other (Specify)  
OFFICE MANAGER

On 2/9/18 4036814382  
Date Telephone Number

14. Signed \_\_\_\_\_  
Title d  
Treasurer (If other title, see instructions)

On \_\_\_\_\_  
Date Telephone Number

Filer:

File Number C-

66912

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.):

The company was employed on a per hour basis pursuant to an oral contract.

**Specific Activities to be Performed**

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

a. Nature of activity:

To conduct meetings with employees for the purpose of discussing their rights to organize; right to refrain from organizing; and the right to bargain collectively.

11.b. Period during which performed:

1/15/18 - ongoing

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Carina Hunt

Organization HMD Consulting Services

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

Street 18530 Mack Avenue, Suite 253

City Grosse Pointe Farms

State Michigan ZIP Code + 4 48236

Additional Name and address through whom performed, if any:

Name Marla Bardi

Organization HMD Consulting Services

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

Street 18530 Mack Avenue, Suite 253

City Grosse Pointe Farms

State Michigan ZIP Code + 4 48236

12.a. Identify subject groups of employees:

Case: 18-RD-212695

12.b. Identify subject labor organizations:

AFSCME Council 5 and AFSCME Council 65