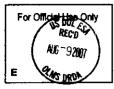
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



C- 00556

1. File Number:

Person Filing

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.

332943

Name and mailing address (include ZIP Code);		Any other address where records necessary to verify this report are kept:		
Name Jaiver	Roj <b>as</b>	Name		
Title Treasury		Title		
Organization Permanent Solutions Labor Consultants		Organization		
P.O. Box, Bldg., Room No., if any #104		P.O. Box, Bldg., Room No., if any		
Street 19186 Fort Street		Street		
Chy RIVERVIEW		City		
State Michigan	ZIP Code + 4 48192	State	ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:				
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):				
Nature of Agreement or Arrangement				
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 5 / 11 / 2007		
Name Jim Carey		Name of person(s) through whom made:		
Organization Praxair				
Trade Name, if any		Name Jim Carey		
P.O. Box, Bidg., Room No., if any		Name		
Street 5705 E. Airport Drive		Name		
City Ontario		Name		
State California	ZIP Code + 4	Name		
Signatures				
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all o' 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  14. Signed				
President	(If other title, see instructions)	Treasurer	(If other title, see instructions)	
Title		Title 11easure:		
On 7/20/2007 313	3-218-0371	On 7/20/2007	313-218-0371	

Filer Jaiver Rojas Permanent Solutions Labor Consu	Itants File Number C- 00556			
Check the appropriate box to indicate whether an object of the activities under	rtaken, 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 cirtified 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 groups of 10 to 15. Union facts and Q & A.				
<ol><li>Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.</li></ol>				
11.b. Period during which performed:	11.c. Extent performed:			
4/13/2007 to 6/1/2007	Compleated			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Richard L Torres	Name			
Organization Permanent Solutions	Organization			
P.O. Box, Bldg., Room No., if any #104	P.O. Box, Bldg., Room No., if any			
Street 19186 Fort Street	Street			
City RIVERVIEW	City			
State Michigan ZIP Code + 4 48192	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject lapor organizations:			
Full and Part time production tecnicians and cryogenic, Instrument and electrical tecnicians, maiuntance tecnicians.	N/A			