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. 1245-0003 Expires 10-31-2013



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. c 65/18 1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Armando Talancon Name Consultant Title Title AESZ, LLC Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 142 Northgate Rd Street Street Riverside City City 711 nois ZIP Code + 4 LOS 46 State ZIP Code + 4 State, 4. Date fiscal year ends: 5. Type of person: DEC / 31 Individual b Partnership c Corporation Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 8 /20 / 2013 Name 8. Name of person(s) through whom made: TCT Stainless Steel , Inc Organization Name Andrea Mazzariai Trade Name, if any Name P.O. Box, Bldg., Room No., if any 6300 Ninetern Mile Rood Name Street Sterling Heights
Michigan ZIP Code + 4 City Name

Signa	itures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VII on penalties in the instructions.) 13. Signed Title Title Title	the signatory and is, to the best of the undersigned's knowledge at the signatory and is, to the best of the undersigned's knowledge at the signatory and is, to the best of the undersigned's knowledge at the signatory and is, to the best of the undersigned's knowledge at the signatory and is, to the best of the undersigned's knowledge at the signatory and is, to the best of the undersigned's knowledge at the undersigned is the signatory and is, to the best of the undersigned is knowledge at the signatory and is, to the best of the undersigned is knowledge at the signatory and is, to the best of the undersigned is knowledge at the signatory and is, to the best of the undersigned is the signatory and is, to the best of the undersigned is the signatory and is the signatory and is the signatory at	nd belief trer er title, se
On 10/5/13 602-6/8-7783 Telephone Number	On 10/5/13 3/2-5/5-223	1

Name

Filer. AESZ, LLC	File Number C- 65/18	
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.):		
\$ 2,500 per day plus reasonable travel expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
engaged to communicate to employees, importing exercising their rights to organize and bargain collectively.		
11.b. Period during which performed: Various days beginning 8/20/13 11.d. Name and address through whom performed:	11.c. Extent performed: Fully Performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Armando Talarcon	Name	
Organization AEST, LLC	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 142 Northande Road	Street	
city KIVERSIAE.	City	
State 2/1, NO15 ZIP Code + 4 60546	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Stainless Steel Operators	Teamsters	
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