

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. 438 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.

640548

1. File Number: C 655

Person Filing	
2. Name and mailing address (include ZIP Code): Name Michael Rosado Title President Organization M. Rosado Consultants P.O. Box, Bldg., Room No., if any Street 5 Quail Ct City Englewood NJ State N.J ZIP Code + 4 07631	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: 8 / 17	5. Type of person: a <input type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input checked="" type="checkbox"/> Corporation d <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Joe Needham Organization Needham Excavating Trade Name, if any President P.O. Box, Bldg., Room No., if any Street 17470 70th Ave City Walcott State IOWA ZIP Code + 4 52773	7. Date entered into: 4 / 19 / 2017 8. Name of person(s) through whom made: Name 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 <u>[Signature]</u> Title President	President (if other title, see instructions)	14. Signed _____ Title Treasurer	Treasurer (if other title, see instructions)
On 8/1/2017 Date	Telephone Number	On _____ Date	Telephone Number

Filer:

File Number C-

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.):

VERBAL Agreement to provide information to employees about their rights to organize and bargain collectively

Specific Activities to be Performed

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

a. Nature of activity:

provided consultation & speeches to employees about their right to organize & bargain collectively

11.b. Period during which performed:

4/7/2017 - 4/19/2017

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

LRI

Organization

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

Street

7850 S ELM PLACE

City

BROKEN ARROW

State

OKLAHOMA ZIP Code + 4 07411

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:

8 employees

12.b. Identify subject labor organizations:

Local 150
operators