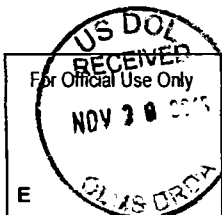


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

601334

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00556

Person Filing

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

Name Robert J Carroll

Title Executive Vice President

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Road

City Brownstown

State Michigan

ZIP Code + 4 48183

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 Eric Krepps

Organization Constellium Automotive

Trade Name, if any

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

Street 6331 Schooner Dr

City Van Buren

State Michigan

ZIP Code + 4 48111

7. Date entered into:

9 / 3 / 2015

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

Name Eric Krepps

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 Other (Specify)

Executive Vice President

On 11/16/2015

Date

313-914-2057

Telephone Number

On 11/16/2015

Date

313-914-2057

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.):

Hourly fee for consulting services

Specific Activities to be Performed

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

a. Nature of activity:

Union awareness training for management & employees and consulting services with no petition filed with the NLRB.

11.b. Period during which performed:

December 2015

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Bob Carroll
Organization Permanent Solutions Labor Consultants
P.O. Box, Bldg., Room No., if any #374
Street 23772 West Road
City Brownstown
State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Doug Grima
Organization Permanent Solutions Labor Consultants
P.O. Box, Bldg., Room No., if any #374
Street 23772 West Road #374
City Brownstown
State Michigan ZIP Code + 4 48183

12.a. Identify subject groups of employees:

All full and part-time management and rank and file employees

12.b. Identify subject labor organizations:

UAW - No Local Identified

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Union awareness training for management & employees and consulting services with no petition filed with the NLRB.

11.b. Period during which performed:

December 2015

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Ken

Davis

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Rd.

City Brownstown

State Michigan

ZIP Code + 4 48183

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

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

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 management and rank and file employees

12.b. Identify subject labor organizations:

UAW - No Local Identified