



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- 1085

Person Filing

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

Name Michael Rosado

Title President

Organization M Rosado Mgmt Consultants

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

Street 96 Linwood Plaza #103

City Fort Lee

State NJ

ZIP Code + 4 07024

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 5 Quail Ct

City Englewood

State NJ

ZIP Code + 4 07631

4. Date fiscal year ends:

8 / 2016

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 Lauren Dudley

Organization Direct SAT

Trade Name, if any

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

Street 1777 Seartry Pkwy West

City Gwynedd Hall Suite 302

State Blue Bell PA ZIP Code + 4 19422

7. Date entered into:

4 / 21 / 2015

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

President
(If other title, see instructions)

Title

On

4/28/16
Date

Telephone Number

14. Signed

Treasurer
(If other title, see instructions)

Title

On

Date Telephone Number

File: M ROSADO CONSULTANTS	File Number C-
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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 Agreements
to provide consultation to employees about
their rights to self organize & bargain collectively
Terms \$ 187.50

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: provide info to employees about their rights to organize & bargain collectively.	
11.b. Period during which performed: Various days 4/21/2015	11.c. Extent performed: Fully
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI	Organization.
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm PL	Street
City Broken Arrow	City
State OK ZIP Code + 4 74013	State ZIP Code + 4
12.a. Identify subject groups of employees: Field Technicians	12.b. Identify subject labor organizations: IBEW

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