Ü.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



1. File Number:

Person Filing

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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.

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2. Name and mailing address (include ZI	P Code):	3. Any othe	r address where records	necessary to verify this	report are kept:
Name Dexter	Greene	Name			>
Title Individual		Title			
Organization		Organization	n		
P.O. Box, Bldg., Room No., if any		P.O. Box, E	Bldg., Room No., if any		
Street 155 Eaglesfield Way		Street			
City Fairport		City			
State New York	<b>ZIP Code + 4</b> 14450-4410	State		ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:	<u>L</u>			
Dec / 31	a. Individual b. Partnership	c. Corpo	ration d. Other (Sp	ecify):	
	And the second s	g gggggg, a that have det him to — the state of the constant	orania in circulationale con la company de la company		
Nature of Agreement or Arrangement	t	<u></u>			
6. Full name and address of employer w	ith whom made (include ZIP Code):	7. Date ent		/ 28 / 201	2
Name Michael Ste	epanik		3	· · · · · · · · · · · · · · · · · · ·	
Organization Servi-Sel Inc		8. Name of	person(s) through whom	made:	
Trade Name, if any		Name Mid	chael	Stepanik	
P.O. Box, Bldg., Room No., if any P.O.	). Box 155	Name			
Street 3210 Industrial Blvd		Name			No. No. 10.10
City Bethel Park		Name			
State Pennsylvania	<b>ZIP Code + 4</b> 15102-2542	Name			
	Signa	tures			
Each of the undersigned declares, under the information contained in any accommendation, correct, and complete. (See Section	er penalty of perjury and other applicable panying documents) has been examined in VII on penalties in the instructions.)	penalties of laby the signat	aw, that all of the informations and is, to the best of	ation submitted in this re the undersigned's know	port (including rledge and belief,
13. Signed Wester Gree	(If other title, see	14. Signed			Treasurer (If other title, see
Title Other (Specify)	instructions)	Title	Treasurer		instructions)
Individual					
on 4-19-12 585	5-388-9863	On			
Date	Telephone Number		Date	Telephone Number	<del>"</del>
Form I M-20 (2003)	······································				M 4 - 4 - 4

Filer: Dexter Greene	File Number C-
<ol><li>Check the appropriate box to indicate whether an object of the activities under the activities under the activities of the activities.</li></ol>	dertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction with	employees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreemer	its must be attached.):
No written agreements between Servi-Sel and Dexte	r Greene exist
en e	•••
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instru	41
The second of the second secon	ictions):
a. Nature of activity:  Train management on what they may and may not do organizing campaign commences. Meet with employe	in order to not violate employee rights once a union es in group sessions to explain what their rights are
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