

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.

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1. File Number: c-05203

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Mark Lema	3. Any other address where records necessary to verify this report are kept:
Title Founder/CEO	Name
Organization Lema & Associates, Inc	Title
P.O. Box, Bldg., Room No., if any P.O. 129	Organization
Street	P.O. Box, Bldg., Room No., if any
City Burlington	Street
State New Jersey	City
ZIP Code + 4 08016-5145	State
	ZIP Code + 4
4. Date fiscal year ends: Dec 31	5. Type of person: <input type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input checked="" type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 8 / 1 / 2012
Organization Putnam Ridge	8. Name of person(s) through whom made:
Trade Name, if any	Name Eric Greenberger
P.O. Box, Bldg., Room No., if any	Name
Street 46 Mount Ebo Road North	Name
City Brewster	Name
State New York	Name
ZIP Code + 4 10509	

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)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 01/06/2013	609-386-0944	On _____	_____
Date	Telephone Number	Date	Telephone Number

Filer: Lema & Associates, Inc	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 Agreement with LRI Consulting Services of \$1500.00/day plus reasonable expenses

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed: engaged 8/1/12	11.c. Extent performed: various days beginning 8/2/12
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City	City
State	State
ZIP Code + 4	ZIP Code + 4
12.a. Identify subject groups of employees: Various employees	12.b. Identify subject labor organizations: Pre-petition.