.ອັ. 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

Name Title

State

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. 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Title Organization M RUSA do CONSULTANTS Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Lipwood PL Street Lee City ZIP Code + 4 07024 ZIP Code + 4 State 5. Type of person: 4. Date fiscal year ends: a. Individual b. Partnership c. Corporation d. Other (Specify): 16/2012

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name CASHELLO TMPORTS	7. Date entered into: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Organization	8. Name of person(s) through whom made:
Trade Name, if any	Name John Roumbos
P.O. Box, Bldg., Room No., if any	Name
street 60 DAVIDS DR	Name
City HAUPPAUGE	Name
State ZIP Code + 4	Name
Signa	tures
Each of the undersigned declares, Inder penalty of perjuly and other applicable the information contained in any addompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed / President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
on 5/3/2012 201-655-9725	On
Date Telephone Number	Date Telephone Number
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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 approarant to provide consultation and  give speakles to enployees about excarasive,  their right to organize & bargain collectively.		
give speakes to employees about ofcerasing		
Their right to organize I bargain collectively		
0 0	\$ 187.50 per hour	
	# 18 120 P	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:		
a. Nature of activity: To provide consultation and give Speakes to exployees regarding their rights to organize and bargain collectively.		
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to exployees regarding their right to organize		
and bargain collectivers		
11b Daied during which a farmed	I de Estadordomento	
11.b. Period during which performed: $8/3/2011 - 8/30/2011$	11.c. Extent performed: Fully performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name LRI	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
street 7850 S ELM PL	Street	
City Broken Arrow	City	
State OKLAhoma ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Warehouse and	UFCW	
production workers.	ar es	