U.S. Department of Labor Office of Labor-Management . Standards . . .

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)

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. 509250 1. File Number: **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Michael Rosado Name President Title Title Organization M ROSALS CONSULTANTS, LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg:, Room No:, if any Street 96 Linwood PLAZA, Suite 103 Street Fort Lee City ZIP Code + 4 State State 4. Date fiscal year ends: 5. Type of person: a Individual b Partnership Corporation d. Other (Specify): 12017 **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: Name JULIANDE KELLY 8. Name of person(s) through whom made: Organization UTOPIA Home CARE Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 60 East Man Náme Name ZIP Code + 4 State Name 1175 **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 ction VII on penalties in the instructions.) 13. Signed. President 14. Signed Treasurer. (If other title, see (If other title, see instructions) President Treasurer Title

Date

Telephone Number

Filer M Rosodo Consultant	File Number C-
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 agreewent to provide consellation and speading	
to employees about excercesing their rights to	
organiza and Dargain collectively	
Terms \$ 187.50 per he plus exposes	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a Nature of activity: To provide consultation and sive speeches to employee Regarding their Rights to organize And	
BARgan Collectively	
11.b. Period during which performed: Various deup 3/15/20/2	11.c. Extent performed: Fuelly
11.dName and address through ∳hom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization L, R, I,	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 7850 South Elen PL	Street
street 7850 South Elen PL city Breken Arren	City
State ORLAhoma ZIP Code + 4 24011	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations: 1
Home health care Aides	Local 1199
	SE14