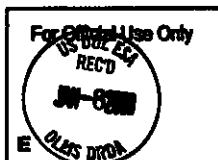


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 88-257, 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.

1. File Number: C- 00556

374946

Person Filing	
2. Name and mailing address (include ZIP Code): Name Javier Rojas Title President Organization Permanent Solutions P.O. Box, Bldg., Room No., if any #104 Street 19186 Fort Street City Riverview State Michigan ZIP Code + 4 48192	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 City State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Nick Dayan Organization Millard Refrigeration Services Trade Name, if any P.O. Box, Bldg., Room No., if any Street 4715 South 132nd street City Omaha State Nebraska ZIP Code + 4 68137	7. Date entered into: 8 / 5 / 2008 8. Name of person(s) through whom made: Name Nick Dayan 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 Title President On 12-1-08 Date 313-218-0371 Telephone Number	14. Signed Title Treasurer On 12-1-08 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.):

1. Consult and advise management for conducting a certified election.
2. Conduct regular informational meetings with employees.
3. prepare appropriate informational material and responses to employee questions.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
<ol style="list-style-type: none"> 1. Teach management ACT (NLRB) how to conduct themselves on what they can and cannot say to employees. 2. Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A. 3. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution. 	
11.b. Period during which performed: 8/08/08 to 9/12/08	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name Richard L Torres Organization Permanent Solutions P.O. Box, Bldg., Room No., if any #104 Street 19186 Fort St City Riverview State Michigan ZIP Code + 4 48146	Additional Name and address through whom performed, if any: Name Luisa Perez Organization Permanent Solutions P.O. Box, Bldg., Room No., if any #104 Street 19186 Fort St. City Riverview State Michigan ZIP Code + 4 48146
12.a. Identify subject groups of employees: All full-time and regular part-time warehouse employees, warehouse clerical employees, and maintenance employees, including: forklift operators; order pickers; inventory control; auditor/checkers; customer services representatives; transportation customer services representatives; traffic clerk/schedulers; maintenance; maintenance mechanics; and custodial employees	12.b. Identify subject labor organizations: N/A

11. For each activity, separately list in detail the information required (See instructions):

1. Teach management ACT (NLRB) how to conduct themselves on what they can and cannot say to employees.

2. Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A.

8/08/08 to 9/12/08

Completed

ZIP Code + 4 48192

ZIP Code + 4 48192

ZIP Code + 4**ZIP Code + 4**

12.b. Identify subject labor organizations: