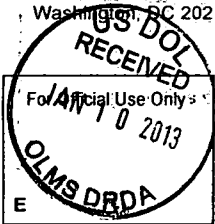


FORM LM-20

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.

509249

1. File Number: C-685

Person Filing

2. Name and mailing address (include ZIP Code):

Name

Title

Organization M ROSADO CONSULTANTS, LLC

P.O. Box, Bldg., Room No., if any

Street 96 LINWOOD PLAZA, SUITE 103

City Fort Lee

State NJ

ZIP Code + 4 07024

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:

8 / 2012

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name TED ENGLISH

Organization Bob's Discount Furniture

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 428 TOLLAND TPKE

City MANCHESTER

State CT

ZIP Code + 4 06040

7. Date entered into:

10 / 10 / 2012

8. Name of person(s) through whom made:

Name

Name

Name

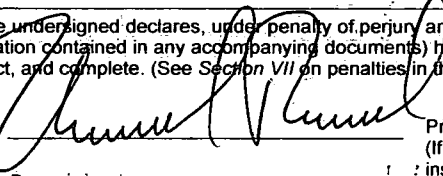
Name

Name

Signatures

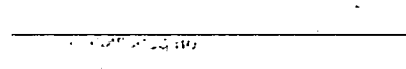
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed


President
(If other title, see instructions)

Title President

14. Signed


Treasurer
(If other title, see instructions)

Title Treasurer

On

12/31/12 201-655-9725
Date Telephone Number

On

Date

Telephone Number

Filer: M ROSADO CONSULTANTS, LLC	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 to provide CONSULTATION and give speeches to employees about exercising their rights to organize and bargain collectively

TERMS \$187.50 per hour, plus expenses.

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 give speeches regarding their rights to organize and bargain collectively	
11.b. Period during which performed:	11.c. Extent performed:
12/7/2012 various days	FULLY
11.d. Name and address through whom 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, Bldg., Room No., if any
Street 7850 South 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:
SALES PERSONEL	LOCAL 888
	UFCW