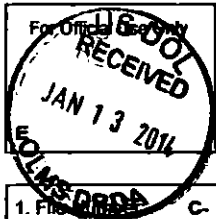


FORM LM-20

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.

539228

1. File # 6085

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Michael Rosado</u> Title <u>President</u> Organization <u>M Rosado Consultants, LLC</u> P.O. Box, Bldg., Room No., if any Street <u>96 LINWOOD PLAZA, Suite 103</u> City <u>Fort Lee</u> State <u>NJ</u> ZIP Code + 4 <u>07024</u>	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 <u>5 Quail Ct</u> City <u>Eaglewood</u> State <u>NJ</u> ZIP Code + 4 <u>07063</u>
4. Date fiscal year ends: <u>2014</u> <u>8 / 2014</u>	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 <u>TH Foods</u> Organization <u>Robert Anderson</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>2154 HARLEM RD.</u> City <u>LOVES PARK</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>61111</u>	7. Date entered into: <u>9 / 10 / 2013</u> 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 <u>[Signature]</u> Title <u>President</u>	14. Signed _____ Title <u>Treasurer</u>
On <u>1/4/2014</u> Date <u>201-655-9725</u> Telephone Number	On _____ Date _____ Telephone Number

Filer: **M Rosado Consultants**

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 Agreement to provide consultation and speeches to employees about exercising their rights to organize and bargain collectively.

TERMS \$187.50 per hr / 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 to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

Various days 9/10/13 - 9/18/2013

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

L.I.R.I

Organization

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

Street 7850 South Elm Place

City Broken Arrow

State

OK

ZIP Code + 4

74011

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

production workers
300 Fulltime & Temps

12.b. Identify subject labor organizations:

L.I.U.N.A.