# FORM LM-20
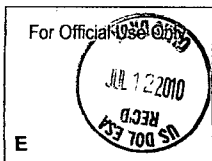# AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only

JUL 12 2010

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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.**

432008

**1. File Number:** c-685

## Person Filing

| 2. Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: |
|---|---|
| Name | Name |
| Title | Title |
| Organization M Rosado Management 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 |
| City Fort Lee | City |
| State ~~New Hampshire~~ New Jersey   ZIP Code + 4 07024 | State          ZIP Code + 4 |

| 4. Date fiscal year ends: 8/16 / 2010 | 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): | 7. Date entered into: 6 / 18 / 2008 |
|---|---|
| Name | |
| Organization Gemeni Manufacturing LLC | **8. Name of person(s) through whom made:** |
| Trade Name, if any Jetline | Name Eric          Levin |
| P.O. Box, Bldg., Room No., if any | Name |
| Street 30 Warren Place | Name |
| City Mount Vernon | Name |
| State New ~~Mexico~~ York   ZIP Code + 4 10550 | 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) | 14. Signed _____ Treasurer (If other title, see instructions) |
|---|---|
| Title _____ | Title _____ |
| On 7/6/2010  201-655-9725 | On _____ |
| Date    Telephone Number | Date    Telephone Number |

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.

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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):
Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain colletively. Terms are $187.50 per hour plus expenses.

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**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 to give speeches to employees regarding their rights to organize and bargain collectively.

| 11.b. Period during which performed: | 11.c. Extent performed: |
|---|---|
|     various days beginning 6/18/08 |     Fully Performed |

| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
|---|---|
| Name | Name |
| Organization LRI Consulting Services, Inc. | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 7850 S Elm Place, Suite E | Street |
| City    Broken Arrow | City |
| State Ohio       ZIP Code + 4   74011 | State       ZIP Code + 4 |

| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
|---|---|
| Data Entry, Customer Service Representatives, Art Department Employees | Novelty & Production Workers |

Form LM-20 (2003)