

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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.

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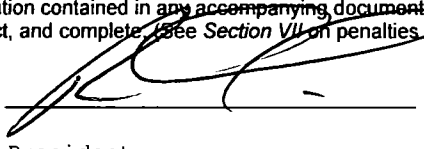
1. File Number: C- 00556


Person Filing	
2. Name and mailing address (include ZIP Code): Name Robert J Carroll Title Exective Vise President Organization Permanent Solotions Labor Consultants P.O. Box, Bldg., Room No., if any 374 Street 23772 West Road City Brownstown State Michigan ZIP Code + 4 48183	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 Todd A Lajoy Organization LaJoy Group Trade Name, if any P.O. Box, Bldg., Room No., if any Street 42185 E. Ann Arbor Road City Plymouth State Michigan ZIP Code + 4 48170	7. Date entered into: 5 / 21 / 2014 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 9-1-14 313-914-2057  
Date Telephone Number

On 9-1-14 313-914-2057  
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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

consult on a per hour basis, fee schedule based on a per hour fee. conduct small group training.

#### Specific Activities to be Performed

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

a. Nature of activity:

conduct small group training sessions on the employers labor relation climate.

11.b. Period during which performed:

5/21/2014 till 6/22/2014

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Ken Davis  
Organization Permanent Solotions Labor Consultants  
P.O. Box, Bldg., Room No., if any #374  
Street 23772 West Road  
City Brownstown  
State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Sal Castillo  
Organization Permanent Solotions Labor Consultants  
P.O. Box, Bldg., Room No., if any #374  
Street 23772 West Road  
City Brownstown  
State Michigan ZIP Code + 4 48183

12.a. Identify subject groups of employees:

All non management employees

12.b. Identify subject labor organizations:

UAW

## Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

conduct small group training sessions on the employers labor relation climate.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization Permanent Solotions Labor Consultants

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Road

City Brownstown

State Michigan

ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name

Organization Permanent Solotions Labor Consultants

P.O. Box, Bldg., Room No., if any #374

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