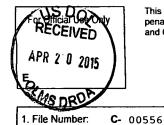
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

591083

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

_ - - .

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Robert J Carroll	Name
Title Exective Vise President	Title
Organization Permanent Solotions Labor Consultants	Organization
P.O. Box, Bldg., Room No., if any 374	P.O. Box, Bldg., Room No., if any
Street 23772 West Road	Street
City Brownstown	City
State Michigan ZIP Code + 4 48183	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec 31 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: 12 / 12 / 2014
Name Arlene Atikian	
Organization ATCO Industries Inc.	8. Name of person(s) through whom made:
Trade Name, if any	Name Ariene Atikian
P.O. Box, Bldg., Room No., if any 7300 FIFTEEN MI RD	Name
Street 42185 G-ARL Actor Road	Name
City Sterling Heights	Name
State Michigan ZIP Code + 4 48312	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VIII on penalties in the instructions.) 13. Signed President (If other title, see instructions) On 1-22-15 Date Telephone Number	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions) On Date Telephone Number
Form LM-20 (2003) Page 1 of 3	

Robert Carroll Permanent Solotions Labor Con	sultants File Number C- 00556	
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 instruct	ions):	
a. Nature of activity:		
conduct small group training sessions on the employ	vers labor relation climate.	
11.b. Period during which performed:	11.c. Extent performed:	
12/13/2014 till 1/13/2015	Additional Name and address through whom performed, if any:	
11.d. Name and address through whom performed: Name Robert Carroll	Name Sal Castillo	
	Organization Permanent Solotions Labor Consultants	
Organization Permanent Solotions Labor Consultants		
P.O. Box, Bldg., Room No., if any #374	P.O. Box, Bldg., Room No., if any #374	
Street 23772 West Road	Street 23772 West Road	
City Brownstown	City Brownstown	
State Michigan ZIP Code + 4 48183	State Michigan ZIP Code + 4 48183	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All non management employees	UAW	
	1	