Department of Labor 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

For Official Use Child

RECEIVED.

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as grovided 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)

E DRUTREAD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number: C- LUC 5	
Person Filing	
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Keith Perains	Name .
Title CEO	Title
Organization Creative Solutions & Visions LLC	Organization
P.O. Box, Bldg., Room No., if any PO Box 4228/2	P.O. Box, Bldg., Room No., if any
Street ÷7	Street
city Kissimmee	City
State 6 ZIP Code + 4 34742	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
12 / 2015 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: 0'7/08/20(5
Name MIKE Palazzolo (DO	•
Organization WISCOII FOODS	8. Name of person(s) through whom made: Name Mike PalazzolD, Coo
Trade Name, if any	
P.O. Box, Bldg., Room No., if any Street 174 beloware Aue	Name Name
Street 17 1 Decorate 17 1	Name
City Clitton, NJ	Name :
State ZIP Code + 4 8 7014	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	14. Signed Treasurer (If other title, see
Prosident instructions)	Treasurer instructions)
Title.	Title
1 / 1 1120	
on 10/16/15/732-589-1439	On
Date Telephone Number	Date Telephone Number