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 07-31-2019



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.

	696780
1. File Number: C- 00556	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Robert Carroll	Name N/A
Title Vice President	Title
Organization Permanent SolutionsLabor 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 / 21 / 2016
Name Anis Kahn	Amerinasional Institution, the Natural Institution of
Organization Ciena Healthcare Management	8. Name of person(s) through whom made:
Trade Name, if any The Laurels of Mount Pleasent	Name Anis Khan
P.O. Box, Bldg., Room No., if any #700	Name Toni Oddo
Street 4000 Town Center	Name
City Southfield	Name
State Michigan ZIP Code + 4 48075	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined	e penalties of law, that all of the information submitted in this report (including of by the signatory and is, to the best of the undersigned's knowledge and belief,
true, correct, and complete true Section VII on penalties in the instructions.)	0 - 0
13. Signed President (If other title, see	14. Signed Caller Treasurer (If other title, see
Title President instructions)	Title Other (Specify) instructions)
	Vice President
On 1/8/2017 313-914-2017	On 1/8/2017 313-214-2017
Date Telephone Number	Date Telephone Number

Filer Robert Carroll Permanent SolutionsLabor Co	onsultants File Number C-
Check the appropriate box to indicate whether an object of the activities ur	ndertaken, is directly or indirectly:
To portuade employees to everrise or not to everrise or netsuada	employees as to the manner of exercising, the right to organize and bargain
collectively through representatives of their own choosing.	e employees as to the manner of exercising, the right to organize and bargain
To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction wi	f employees or a labor organization in connection with a labor dispute involving than administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreeme	ents must be attached.):
Hourly fee for consulting service during union co	
	and the state of t
77.5	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See inst	tructions):
a. Nature of activity:	
Union Awareness training and consulting services	The state of the s
The state of the s	
· ·	
11.b. Period during which performed:	11.c. Extent performed:
12/21/2016 to 1/11/2017	and the second s
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Robert Carroll	Name Sally Lollie
Organization Prmanent Solutions Labor Consultants	Organization Permanent Solutions 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:
Union campaign Management, working with	( IBT #406
management and educating employees.	
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