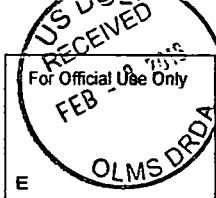


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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)

604467

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 6085

Person Filing

2. Name and mailing address (include ZIP Code):

Name Michael Rosado

Title President

Organization M ROSADO Mgmt CONSULTANTS

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

Street 96 LINWOOD PLAZA #103

City Fort Lee

State NJ

ZIP Code + 4 07024

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 5 Quail Ct

City Englewood

State NJ

ZIP Code + 4 07631

4. Date fiscal year ends:

8 / 2016

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):

Name GREGORY KAMMER

Organization H.R.

Trade Name, if any Ashley

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

Street ONE Ashley Way

City Arcadia WI

State ZIP Code + 4 54612

7. Date entered into:

9 / 11 / 2015

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer: <u>M ROSADO Mgmt Consultants</u>	File Number C-
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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.):

VERBAL Agreement
 provide consultation to employees about
 their rights to organize & collective bargaining
 \$187.50

Specific Activities to be Performed

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

a. Nature of activity:

provide info to employees about their
 rights to organize & bargain collectively

11.b. Period during which performed:

9/14/2015

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

LRI

Organization

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

Street

9850 South ELM PLACE

City

BROKEN ARROW

State

OK

ZIP Code + 4

74013

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Furniture Manufacturing
 Employees

12.b. Identify subject labor organizations:

Carpenters &
 Joiners

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