U.S. Department of Labor Office of Labor-Management

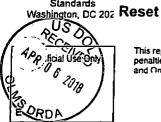
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AGREEMENT AND ACTIVITIES REPORT

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Form approved Office of Manageme and Budget No. 1245-0003 Expires 03-31-201



Standards

This report is mandatory under P.L. 88-257, 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 Omanizations. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1859, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C 685			
Person Filing			
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Michael Rosado	Name		
Title President	Title		
Organization Mrosadoconsultant	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 5 Quail Ct	Street		
City Englewood	City		
State New Jersey ZIP Code + 4 07631	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Aug / 16 a. Individual b. Partnership	c. X Corporation d. Other (Specify):		
Nature of Agreement or Arrangement			
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:		
Name Rosey Pottinger	2 / 25/296		
Organization Putnam Ridge	Name of person(s) through whom made:		
Trade Name, if any	Name .		
P.O. Box, Bldg., Room No., if any	Name		
Street 46 Mt Ebo Rd	Name		
City Brewster	Name .		
State New York ZIP Code + 4 10509	Name		
Signati	ıres		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined thrue, copied Not Ready To sign 13. Signed President (If other title, see instructions)	enalties 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. Not Ready To Sign 14. Signed Treasurer (If other title, see instructions)		
lete On 8112017 201-655-9725 Telephone Number	On Date Telephone Number		

Filer.		File Numbe

- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - 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.
 - 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 to provide consultation and information to employees about their rights to organize and bargain collectively

Specific Activities to be Performed

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

TEST PG CNT

provide consultation and speeches to employees on their rights to organize and bargain collectively

11.b. Period during which performed:	11.c. Extent performed:			
2/25/2016	fully			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name Organization P.O. Box, Bldg., Room No., if any Street City			
Organization LRI				
P.O. Box, Bldg., Room No., if any				
Street 7850 S Elm Place				
City Broken Arrow				
State Oklahoma ZIP Code + 4 07411	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
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Filer:				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:
 - 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 to provide employees with consultation on their rights to organize and bargain collectively

Specific Activities to be Performed

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

TEST PG CNT

Provide consultation to employees and give speeches to employees about their rights to organize and bargain collectively

11.b. Period during which performed:	11.c. Extent performed:			
11/15/2015	fully			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization LRI	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 7850 S Elm Place	Street			
City Broken Arrow	City			
State Oklahoma ZFP Code + 4 74011	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
177 employees LPNs and CNAs F.T. and P.T.	Local 1199 SEIU			
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