

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number

Person Filing

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

Name MICHAEL ROSADO
Title PRESIDENT
Organization M ROSADO CONSULTANTS, LLC
P.O. Box, Bldg., Room No., if any
Street 96 LINWOOD PLAZA, Ste 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:

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 PAUL CARR
Organization A.T.M.1 PRECAST
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 960 RIDGEWAY AVE
City AURORA
State IL ZIP Code + 4 60506

7. Date entered into:

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: M. Rosado Consultants | File Number C- |
|-------------------------------------|----------------|

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 to provide consultation and give speeches to employees about exercising their right to organize and bargain collectively.

Terms \$187.50 per hour, plus expenses

| Specific Activities to be Performed | |
|--|---|
| 11. For each activity, separately list in detail the information required (See instructions): | |
| a. Nature of activity: | |
| To provide consultation and give speeches regarding rights to organize + bargain collectively. | |
| 11.b. Period during which performed: | 11.c. Extent performed: |
| Various days 1/25/2012 | 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 South Elm Pl | Street |
| City Broken Arrow | City |
| State Oklahoma ZIP Code + 4 074011 | State ZIP Code + 4 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
| production & warehouse | L.I.U. N.A LABORERS |