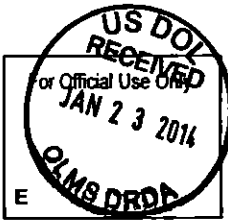


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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. 438 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.

539 704

1. File Number: C- 00556

### Person Filing

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

Name Robert J Carroll  
Title Vice President  
Organization Permanent Solutions Labor Consultants  
P.O. Box, Bldg., Room No., if any 374  
Street 23772 West Road  
City Brownstown  
State Michigan ZIP Code + 4 48183

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  
City  
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

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 Bill Lamar  
Organization Kenco Management Services  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 2001 Riverside Drive  
City Chattanooga  
State Tennessee ZIP Code + 4 37406

7. Date entered into:

12 / 5 / 2013

8. Name of person(s) through whom made:

Name Bill Lamar  
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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 12/30/2013 313-914-2057

Date Telephone Number

On 12/30/2013 313-914-2057

Date Telephone Number

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.):

flat fee for proactive union awareness training with management, no union activity known.

**Specific Activities to be Performed**

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

a. Nature of activity:

Union awareness training for management.

11.b. Period during which performed:

December 2013

11.c. Extent performed:

complete

11.d. Name and address through whom performed:

Name Robert J Carroll  
Organization Permanent Solutions Labor Consultants  
P.O. Box, Bldg., Room No., if any 374  
Street 23772 West Road  
City Brownstown  
State Michigan ZIP Code + 4 48183

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:

Proactive training for management, no employees involved.

12.b. Identify subject labor organizations:

No union activity, no labor organization involved.