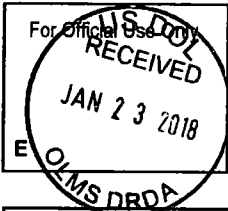


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

660172

1. File Number: c- 67821

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	HARRISON Blackmond
Title	Principal Consultant
Organization	Union Hill Consulting Group
P.O. Box, Bldg., Room No., if any	
Street	30365 Rock Creek Drive
City	Southfield
State	MI
ZIP Code + 4	48076
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:	5. Type of person:
Dec / 31	a. Individual b. Partnership c. <input checked="" type="checkbox"/> Corporation d. Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Dan Block
Organization	Labor Management Assoc
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	6506 Mount Batten Ct
City	Passport
State	KY
ZIP Code + 4	40059
7. Date entered into: 09/04/2016	
8. Name of person(s) through whom made:	
Name	Jeff Rizzo
Name	Dennis Drvenay
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 Principal Consultant

14. Signed _____ Treasurer
(If other title, see instructions)
Title d

On 12/14/18 248 229 4157
Date Telephone Number

On _____
Date Telephone Number

Filer: HARRISON BLACKMOND

File Number C-67821

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.):

Participated in meetings with employees of potential bargaining unit to discuss NLR election process, potential consequences of unionization and collective bargaining process. Worked under supervision of Labor Management Associates LLC

Specific Activities to be Performed

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

a. Nature of activity:

To inform potential unit employees of their rights as described by the NLRB.

11.b. Period during which performed:

9/14/2016 - 9/23/2016

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

~~Self~~ Self

Organization

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

Street

City

State

ZIP Code + 4

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:

Potential bargaining unit personnel as defined by the NLRB

12.b. Identify subject labor organizations: