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

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



C- 00556

1. File Number:

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.

Person Filing	Person Filing				
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:			
Name Jaiver F	Rojas	Name			
Title Treasure		Title			
Organization Permanent Solutions		Organization			
P.O. Box, Bldg., Room No., if any #104		P.O. Box, Bldg., Room No., if any			
Street 19186 Fort Street		Street			
City Riverview		City			
State Michigan	ZIP Code + 4 48146	State ZIP Code + 4			
4. Date fiscal year ends:	5. Type of person:				
Dec / 31					
Nature of Agreement or Arrangement	t				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:			
Name Nick Day	yan	7 / 8 / 2010			
Organization Millard Refrirat	ion Services	8. Name of person(s) through whom made:			
Trade Name, if any		Name Nick Dayan			
P.O. Box, Bldg., Room No., if any		Name			
Street 9300 Jefferson Street		Name			
City Streetsboro		Name			
State Ohio	ZIP Code + 4 44241	Name			
	Signa	atures			
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 14. Signed Treasurer					
Title President	(If other title, see instructions)	Title Treasurer (If other title, see instructions)			
On 9/09/2006 313	3-218-0371	On 9/09/2006			
Date	Telephone Number	Date Telephone Number			
Form LM-20 (2003) Page 1 of 2					

Filer Jaiver Rojas	Permanent Solutions	Fil	le Number C-	00556	

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.):

- 1.Consult and advise management of Millard Refrigration Services regarding strategy for conducting a certified election.
- 2. Conduct regular informational meetings with employees.
- 3. prepare appropriate informational material and responses to employee questions.

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:
 - 1. Teach management ACT (NLRB) how to conduct themselfs on what they can and cannot say to employees.
 - 2. Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A.
 - 3. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.

11.b. Period during which performed: 7/17/10 to 7/38/10	11.c. Extent performed:			
11.d. Name and address through whom performed:				
Name Jim Misercola	Name Rick Torres			
Organization Permanent Solutions	Organization Permanent Solutions			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 23772 West Rd	Street 23772 West Rd			
City Brownstown	City Brownstown			
State Michigan ZIP Code + 4 49183	State Michigan ZIP Code + 4 48183			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All regular full time and regular part time warehouse employees	None			

Filer Jaiver Rojas Permanent Solutions	File Number C- 00556					
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.):					
1.Consult and advise management of Millard Refrigration Services regarding strategy for conducting a certified election.						
2. Conduct regular informational meetings with empl	loyees.					
3. prepare appropriate informational material and r	esponses to employee questions.					
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instruct	úons):					
a. Nature of activity:						
1. Teach management ACT (NLRB) how to conduct thems	selfs on what they can and cannot say to employees.					
 Meeting times and locations were posted, met in & A. Worked with management on informational handout Constitution. 	groups of 10 to 15. ACT training, Union facts and Q s to be given to employees about union Bi-laws and					
11.b. Period during which performed:	11.c. Extent performed:					
71/17/10 to 7/21/10	compleated					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Amed Santana	Name Marty Dreiss					
Organization Permanent Solutions	Organization Permanent Solutions					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any					
Street 23772 West Rd	Street 23772 West Rd					
City Brownstown	City Brownstown					
State Michigan ZIP Code + 4 49183	State Michigan ZIP Code + 4 48183					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
All regular full time and regular part time warehouse employees	None					
	1					