U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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: C- 00556 334746				
Person Filing 2. Name and mailing address (include ZIP Code):	2 Any other address was a second as a second to see the second to second to see the second to			
,	Any other address where records necessary to verify this report are kept:			
Name Jaiver Rojas	Name			
Title Treasury	Title			
Organization Permanent Solutions Labor Consultants	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 48192	State ZIP Code + 4			
Date fiscal year ends: 5. Type of person:				
Dec / 31 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):	7. Date entered into:			
Name Roger Smith	7 / 18 / 2007			
Organization Bridgestone/Firestone	8. Name of person(s) through whom made:			
Trade Name, if any	Name Roger Smith			
P.O. Box, Bldg., Room No., if any #104	Name			
Street 535 Marriott Drive	Name			
City Nashville	Name			
State Tennessee ZIP Code + 4 37214	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 14. Signed				
Title President (If other title, see instructions)	Title Treasurer (If other title, see instructions)			
On 8^{-10-07} 313-218-0371	On 8/10/07313-218-0371			
Date Telephone Number	Date Telephone Number			

Filer	Jaiver Rojas	Permanent Solutions Labor Consultants	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 Praxair regarding strategy for conducting a cirtified election.
- 2. Conduct Informational meetings with employees.

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:
 - 1. Meeting times and location were posted, met in groups of 10 to 15. Union facts and Q & A.
 - 2. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.

11.b. Period during which performed:	11.c. Extent performed:		
7/18/2007 till 8/11/2007	Compleated		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Richard Torres	Name Luisa Perez		
Organization Permanent Solutions	Organization Permanent Solutions		
P.O. Box, Bidg., Room No., if any #104	P.O. Box, Bidg., Room No., if any #104		
Street 19186 Fort Street	Street 19186 Fort Street		
City RIVERVIEW	City RIVERVIEW		
State Michigan ZIP Code + 4 48192	State Michigan ZIP Code + 4 48192		
12.a. Identify subject groups of employees	12.b. Identify subject labor organizations:		
All full time production maintance employees.	N/A		