

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

NOV - 7 2005
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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- 606

Person Filing

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

Name Christopher T Borruso

Title Member

Organization Axiomatix, LLC

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

Street 323 Mariners Way

City Copiague

State New York

ZIP Code + 4 11726

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): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name William Jacoby

Organization Hope Community, Inc.

Trade Name, if any

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

Street 174 East 104th Street

City New York

State New York

ZIP Code + 4 10029

7. Date entered into:

10 / 3 / 2005

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

Name William Jacoby

Name

Name

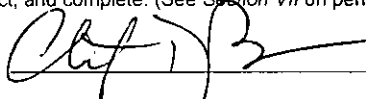
Name

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 Other (Specify)

Member

On

10-31-05

Date

Telephone Number

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

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.):

Oral Agreement to bill for services rendered upon completion of project.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct group meetings with employees and answer questions regarding section 7 rights, collective bargaining process and voting procedures.

11.b. Period during which performed:

October 2005

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization SAME AS ABOVE

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:

Bargaining unit employees

12.b. Identify subject labor organizations:

AXIOMATIX, LLC

323 MARINERS WAY
COPIAGUE, NY 11726

October 31, 2005

BY FAX AND REGULAR MAIL

ATTN: MS. KAY BETHEA, ROOM N-5119
U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5608
Washington, DC 20210

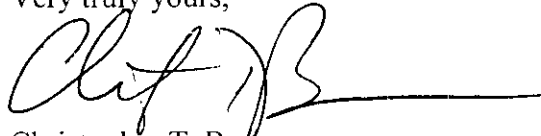
NC

Dear Ms. Bethea:

Enclosed for filing is a completed copy of Form LM-20. Pursuant to our telephone conversation earlier today, I have left the File No. blank. Please advise of the appropriate file number at your earliest convenience.

Thank you for your courtesies in this matter.

Very truly yours,



Christopher T. Borruso

Encl.