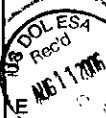


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only



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-618

### Person Filing

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

Name Josephine Zamora  
Title President  
Organization Employee Solutions, Inc.  
P.O. Box, Bldg., Room No., if any P.O. Box 67166  
Street  
City Albuquerque  
State New Mexico ZIP Code + 4 87193

#### 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 Gary Bonnell  
Organization Skyway Precision, Inc.  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 41225 Plymouth Road  
City Plymouth  
State Michigan ZIP Code + 4 48170

#### 7. Date entered into:

3 / 6 / 2006

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

Name Gary Bonnell  
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

*Josephine Zamora*

President  
(If other title, see instructions)

Title President

14. Signed

*Josephine Zamora*

Treasurer  
(If other title, see instructions)

Title Other (Specify)

President

On

7/26/06  
Date

505-296-1600

Telephone Number

On

7/26/06  
Date

505-296-1600

Telephone Number

Filer: Josephine Zamora      Employee Solutions, Inc.	File Number C-
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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.):

Company was employed on a per hour basis with no formal written agreement.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Conduct training for employees on their rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, company position on union, company benefits, policies and procedures.	
11.b. Period during which performed: Calendar year 2006	11.c. Extent performed: On-going
11.d. Name and address through whom performed: Name      See                      Attachment A  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:  All full-time and part-time production and maintenance workers.	12.b. Identify subject labor organizations:  International Union, UAW

**Attachment A – LM-20 – Employee Solutions, Inc.**

**11.d. Name and address through who performed**

Permanent Solutions Labor Consultants  
19186 Fort Street  
Riverview, Mi 48192