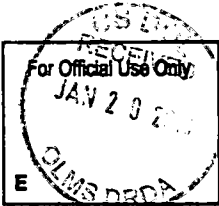


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 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)

602966

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c-602966-59

### Person Filing

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

Name KEITH PERAZZO  
Title CEO  
Organization Creative Solutions & Vision, LLC  
P.O. Box, Bldg., Room No., If any P.O. Box 422810  
Street \_\_\_\_\_  
City Kissimmee  
State FL ZIP Code + 4 34742

#### 3. Any other address where records necessary to verify this report are kept:

Name Juliane William  
Title Executive Director  
Organization GGNSC, Oneonta, LLC  
P.O. Box, Bldg., Room No., If any \_\_\_\_\_  
Street 1000 Fanna Way  
City Fort Smith  
State AR ZIP Code + 4 7294

#### 4. Date fiscal year ends:

12 / 2015

#### 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 Keith Tewel / Attorney  
Organization GGNSC, Oneonta, LLC  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., If any \_\_\_\_\_  
Street 215 Valley Road  
City Oneonta  
State AL ZIP Code + 4 35121

#### 7. Date entered into:

10 / 12 / 2015

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

Name Keith Tewel / Attorney  
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

Title President

President  
(If other title, see  
instructions)

#### 14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

12/30/15

Date

732-589-1439

Telephone Number

On

\_\_\_\_\_

Date

\_\_\_\_\_

Telephone Number

Filer:

File Number C-

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.):

Verbal Agreement with Keith Jewel, Attorney

Specific Activities to be Performed

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

a. Nature of activity:

Educating employees on their rights under the National Labor Relations Act.

11.b. Period during which performed:

10-16-15 thru 11-9-15

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Keith Jewel

Organization GENSC Oneonta, LLC

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

Street 215 Valley Road

City Oneonta

State Alabama ZIP Code + 4 35121

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 employees voting in election -

12.b. Identify subject labor organizations:

RWDSU