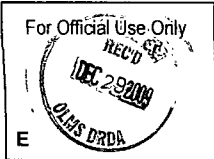


FORM LM-20

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

410198

Person Filing

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

Name Richard L Torres

Title President

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any #104

Street 19186 Fort Street

City Riverview

State Michigan

ZIP Code + 4 48193

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 Kevin Ashton

Organization Crash Rescue

Trade Name, if any

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

Street 3912 West Illinois Avenue

City Dallas

State Texas

ZIP Code + 4 75211-8451

7. Date entered into:

8 / 4 / 2009

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

Name Kevin Ashton

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 President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 8/6/2009

Date

313-218-0371

Telephone Number

On 8/6/2009

Date

313-218-0371

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.):

1. Consult and advise management of ~~management~~ *CRASH ROSEUC* 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:

- Teach management ACT (NLRB) how to conduct themselves on what they can and cannot say to employees.
- Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A.
- Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.

11.b. Period during which performed:

8/6/09 to 8/14/09

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Amed Santana
 Organization Permanent Solutions Labor Consultants
 P.O. Box, Bldg., Room No., if any #104
 Street 19186 fort street #104
 City Riverview
 State Michigan ZIP Code + 4 48193

Additional Name and address through whom performed, if any:

Name Johan Pena
 Organization Permanent Solutions Labor Consultants
 P.O. Box, Bldg., Room No., if any #104
 Street 19186 fort street #104
 City Riverview
 State Michigan ZIP Code + 4 48193

12.a. Identify subject groups of employees:

All Regular part time and regular full time employees.

12.b. Identify subject labor organizations:

None