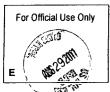
U. Department of Labor

frice of Labor-Management

Standards Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



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-645		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name	Name	
Title	Title	
Organization mrosado consultants,LLC	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 96 Linwood Plaza, suite 103	Street	
City fort lee	City	
State New Jersey ZIP Code + 4 07024	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Aug / 11 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: June / 18 / 2010	
Name Paul Pizzano		
Organization Fisher Foods	8. Name of person(s) through whom made:	
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street 200 Brenner Rd	Name	
City Congers	Name	
State New York ZIP Code + 4 10920	Name	
Signatures		
Each of the undersigned declares, under benalty 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)	14. Signed Treasurer (If other title, see instructions)	
Title President	Title Treasurer	
2 5 Shelany		
X CHILDII	On	
Date Telephone Number	Date Telephone Number	

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 ba collectively through representatives of their own choosing.	gain
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute invoced employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial procedure.	olving oceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal agreement to provide consultation to give speeches to employees about excercising their rights to organize and bargain collectively. Terms \$187.50 per hour plus expenses

Specific Activities to be Performed

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

To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:	11.c. Extent performed:
various days beginning 7/1/2010	fully
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S Elm Place	Street
City broken arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Drivers and warehouse, helpers	Teamsters