U.S. Department of Labor Office of Labor-Management 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

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FEB - 8 2016	
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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)

1-11/1/10

FEB - 8 2016) 007765				
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
W 5080				
1. File Number: C- 600				
Person Filing				
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:			
Name Michael Rosado	Name			
Title President	Title			
Organization ROSAdo Mgmut Consultants	Organization			
P.O. Box, Bldg., Room No., if any Street 96 LINWOOD PLAZA #103	P.O. Box, Bldg., Room No., if any			
	Street 5 Quail Ct			
city Fort Lee	Street 5 Quail Ct City Englowed NJ			
State NT ZIP Code + 4 07 624	State ZIP Code + 4 ^O 763/			
Date fiscal year ends: 5. Type of person:				
7 2016 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 ERIC 6 REENBERGER	7. Date entered into:			
Organization PRESIDENT	8. Name of person(s) through whom made:			
Trade Name, if any PUTNAM Ridge	Name			
P.O. Box Bldg. Room No. if any	Name			
street 46 MT EVO RD	Name			
CHY Brewster	Name			
State ZIP Code +4/1050S	Name			
Signatures				
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,			
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see			
Title President instructions)	Title Treasurer instructions)			
on 1 78 246	On			
Date Telephone Number	Date Telephone Number			

FIET MROSADO CONSULGANTS		File Number C-		
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
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.				
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10. Terms and conditions (Explain in detail; see instructions, Written agreements must be attached.): Verboal Agronnent to privile Consultation to exployees about their rights to organize + bargain collectively				
\$187.50 per hr				
Consider Annual Name of the Professional				
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instructions):				
Provide info to employees about their rights to organize of bargain collectively				
11.b. Period during which performed:	11.c. Extent performed:	-coll		
11.d. Name and address through whom performed:	Additional Name and addre	ss through wiftim performed, if any:		
Name	Name			
Organization LRI	Organization.			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No.	if arry		
Street 9850 South Elen PC	Street			
Street 9850 South Elen PC City Brolan Arrow	City			
State ZIP Code + 4 7 40 13	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:		
Healthcare worders	Sei	EU		
Watcher 5	ι(99		