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

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

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

Washington, DC 20210

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)

E CLMS DE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number: c-086	
Person Filing	· · · · · · · · · · · · · · · · · · ·
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept
Name Michael ROSAdo	Name
TILLE PRESIDENT	Title
Organization M ROSADO CONSULTANTS	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 96 LINWOOD PLAZA #103	Street 5 Quail Ct
city Fort Lee	City Englessoci
State NJ ZIP Code + 4 07024	State NJ ZIP Code + 40763/
4. Date fiscal year ends: 5. Type of person:	
8 / 2016 a. Individual b. Partnership of 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:
Name MidLACL SOLUMAN	7/17/15
Organization Cimber Mfg,	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any Street 555 TAXHER Rd Ste 235	Name
Street 333 PARICE NO.	Name
city Elmford	Name
State NY ZIP Code + 4 / 0.523	Name
Signatures Signatures Signatures	
Each of the indersigned 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, conject, and complete. (See Section VII on penalties in the instructions.)	
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
on 1/28/2016	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 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 juricial proceeding.	
10. Terms and conditions (Explain in detail, see instructions. Written agreements must be attached): VERBAL AGREEMENT to: provide consultation to employees about their rights to organize to bargain collectively	
Terms \$ 18750	
Specific Activities to be Performed	
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: PROVICLE INFO TO EMPLOYEES About the Collectively Collectively	
11.c. Extent performed:	
Additional Name and address through whom performed, if any:	
Name	
Organization.	
P.O. Box, Bidg., Room No., if any	
Street	
Cây	
TID Code Ld	
State Zip Code + 4	
12.b. Identify subject labor organizations:	
INTL Brotherhood of Tende Unions.	