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. Disclosure Act of 1959, as amended (LMRDA). 3. Any other address where records necessary to verify this report are kept (Specify) d. Other PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 8. Name of person(s) through whom made: 02/23/2021 P.O. Box, Bldg., Room No., If any: X c. Corporation Name: Kent Allen Amended Report AGREEMENT & ACTIVITIES REPORT 7. Date entered into: Organization Name : Street: FORM LM-20 Tile: 5 b. Partnership ZIP: 48183 48446 a. Individual 5: Type of persor ZIP State: MI Ξ 6. Full name and address of employer with whom made (include ZIP Code): State Permanent Solutions Labor Consultants Human Resources McLaren-Lapeer Region Hospital Dec / 31 Sulte 374 Kent Allen 2.Name and mailing address(include ZIP code): Nature of Agreement or Arrangement 1375 North Main Street Office of Labor-Management Standards Washington, DC 20210 P.O. Box, Bldg., room No., If any: P.O. Box, Bldg., Room No., if any: Ricardo Torres 23772 West Rd. U.S. Department of Labor Brownstown Twp President Name (first, middle, last): 4. Date fiscal year ends: 1. a. File Number: C- 69601 Trade Name, if any: Lapeer Organization Organization: For Official Use Only Street Street Name: Š ð Tige.

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State

Form Approved Office of Management and Budget

No: 1246-0003 Expiren: 09/30/2021

313-914-201. 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 dignerary and is, to the penalties of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.) (if other title, see instructions) Telephone Number: 202 N 14. SIGNED: Date: 313-914-2017 Charles. (if other title, see instructions) Telephone Number: 701 13. SIGNED: 9

Signature and Verification

- Additional names at the end of the report