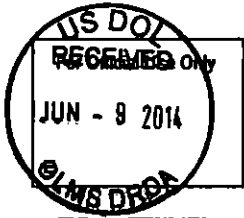


# FORM LM-20

## 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. 85-257, 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.

557287

1. File Number: C-685

### Person Filing

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

Name MICHAEL ROSADO

Title President

Organization MROSADO CONSULTANTS, LLC

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

Street 96 LINWOOD PLAZA, Suite 103

City FORT LEE

State NJ

ZIP Code + 4 07024

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 5 QUAIL CT

City ENGLEWOOD

State NJ

ZIP Code + 4 07631

4. Date fiscal year ends:

8 / 2014

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 THE BOYD LAW GROUP

Organization PAT WILLIAM BOYD

Trade Name, if any

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

Street 370 LEXINGTON AVE

City NYC

State NY

ZIP Code + 4 10017

7. Date entered into:

4 / 20 / 2012

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

Name

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

Title President

President  
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see instructions)

On

4/15/2014

Date

Telephone Number 201-655-9725

On

Date

Telephone Number

Filer: <b>MRMC, LLC</b>	File Number C-
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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.):

**Verbal Agreement to provide consultation + speeches to employees about their rights in exercising organizing + collective bargaining**

**TERMS \$187.50 per hr / 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 about their rights to organize + bargain collectively**

11.b. Period during which performed: **4/27/2012**

11.c. Extent performed: **Fully**

11.d. Name and address through whom performed:

Name: **LRI**

Organization:

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

Street: **7850 South Elm St**

City: **Broken Arrow**

State: **OK** ZIP Code + 4: **74011**

Additional Name and address through whom performed, if any:

Name:

Organization:

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

Street:

City:

State:

ZIP Code + 4:

12.a. Identify subject groups of employees:

**Bagel Shop employees**

**20**

12.b. Identify subject labor organizations:

**UFCW**