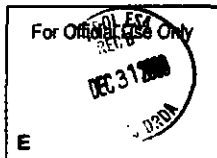


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011



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- NONE Communicated 0550

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>ROY GILDERSLEEVE</u> Title <u>SELF EMPLOYED</u> Organization <u>NONE</u> P.O. Box, Bldg., Room No., if any Street <u>23901 JAMESTOWN CT #304</u> City <u>FARMINGTON</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>48335-2970</u>	3. Any other address where records necessary to verify this report are kept: Name Title Organization <u>BLUE WATER PARTNERS</u> P.O. Box, Bldg., Room No., if any Street <u>201 MONROE AVE NW, SUITE 700</u> City <u>GRAND RAPIDS</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>49503-2212</u>
4. Date fiscal year ends: <u>12/31 /2006</u>	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>BLUE WATER PARTNERS</u> Organization Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>201 MONROE AVE NW, SUITE 700</u> City <u>GRAND RAPIDS</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>49503-2212</u>	7. Date entered into: <u>2 /20 /2006</u> 8. Name of person(s) through whom made: Name <u>Russ RICHARDSON</u> 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 N/A President  
(If other title, see instructions)  
Title President N/A

Roy Gildersleeve  
On 12/22/08 248-478-2272  
Date Telephone Number

14. Signed N/A Treasurer  
(If other title, see instructions)  
Title Treasurer N/A

On N/A N/A  
Date Telephone Number

Filer: <b>ROY GILDERSLEEVE</b>	File Number C- <b>NONE COMMUNICATED</b>
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☐ **N/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. ☐ **N/A** 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.): **NO WRITTEN AGREEMENT.**

**I WAS BROUGHT IN BY BLUE WATER PARTNERS TO ASSIST THEM IN IMPROVING THE MANUFACTURING OPERATION. MAINTENANCE, QUALITY AND PRODUCTION DEPARTMENTS WERE SUPPOSE TO REPORT TO ME.**

**Specific Activities to be Performed**

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

a. Nature of activity:

**MY ACTIVITIES INVOLVED IMPROVING MACHINERY UPTIME AND MAINTENANCE, PRODUCT QUALITY AND CONSISTENCY AND PARTS DELIVERY.**

11.b. Period during which performed:

**FEBRUARY 20, 2006 - MAY 5, 2006**

11.c. Extent performed:

**ONGOING**

11.d. Name and address through whom performed:

Name

Organization **BLUE WATER PARTNERS**

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

Street **201 MONROE AVE NW, SUITE 700**

City **GRAND RAPIDS**

State **MICHIGAN** ZIP Code + 4 **49503-2212**

Additional Name and address through whom performed, if any:

Name

Organization **N/A**

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

**I WORKED WITH MAINTENANCE, QUALITY AND PRODUCTION DEPARTMENT EMPLOYEES REGARDING PARTS PRODUCTION NOT UNION ACTIVITIES.**

12.b. Identify subject labor organizations:

**N/A.**