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

[Stamp: U.S. DOL RECEIVED SEP 15 2014 OLMS DRBA — For Official Use Only]

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.

572498

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

City

State   ZIP Code + 4

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 MATT Jenkins

Organization GSM

Trade Name, if any

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

Street 2310 Broening Hwy

City Baltimore

State MD   ZIP Code + 4

7. Date entered into: 3 / 8 / 2013

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 _[signature]_ President
(If other title, see instructions)

Title President

On 4/3/2014   Telephone Number 201-655-9725

14. Signed _____ Treasurer
(If other title, see instructions)

Title Treasurer

On _____ Date _____ Telephone Number _____

Form LM-20 (2003)

Filer: M Rosado Consultants	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. [X] 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.):

Verbal Agreement
Provide consultation to employees about
their rights to organize + collective bargaining
$150.00 per hour

Specific Activities to be Performed

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

a. Nature of activity:
Provide info to employees about their
rights to self organize + bargain collectively

11.b. Period during which performed: 3 8 2013	11.c. Extent performed: Fully
11.d. Name and address through whom performed: Name AIXOMATIX Organization CHRIS BORRUSSO P.O. Box, Bldg., Room No., if any Street City Long Island State NY. ZIP Code + 4	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: 40 Field employees Seasonal (25)	12.b. Identify subject labor organizations: Sheet Metal Workers Local 100