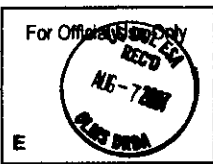


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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- 00556

332 745

Person Filing	
2. Name and mailing address (include ZIP Code): Name Jaiver Rojas Title Treasury Organization Permanent Solutions Labor Consultants P.O. Box, Bldg., Room No., if any #104 Street 19186 For4t Street City RIVERVIEW State Michigan ZIP Code + 4 48192	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: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Tim Sonnentag Organization Central Processing Corp. Trade Name, if any P.O. Box, Bldg., Room No., if any #100 Street 205 North Street City Marathon State Wisconsin ZIP Code + 4 54448-0100	7. Date entered into: 6 / 28 / 2007 8. Name of person(s) through whom made: Name Tim Sonnentag 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 On 7/25/2007 Date 313-218-0371 Telephone Number	14. Signed Title Treasurer On 7/25/2007 Date 313-218-0371 Telephone Number
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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.):

Gave 25th hour speech on my experance with the union.

Specific Activities to be Performed

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

a. Nature of activity:

25th hour speech/ last meeting before the vote.

11.b. Period during which performed:

July 13th 2007

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Richard Torres
Organization Permanent Solutions Labor Consultants
P.O. Box, Bldg., Room No., if any #104
Street 19186 Fort Street
City RIVERVIEW
State Michigan ZIP Code + 4 48192

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:

Drivers

12.b. Identify subject labor organizations: