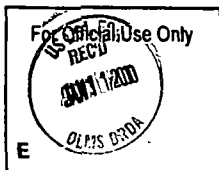


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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- 663

410392

Person Filing

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

Name Terren Becker
Title Consultant
Organization American consulting Group
P.O. Box, Bldg., Room No., if any
Street 23361 Madero Ste 220
City Mission Viejo
State CA ZIP Code + 4 92691

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:

/

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 Fernando Martins
Organization Silva Sausage
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1266 E. Julian St.
City San Jose
State CA ZIP Code + 4 95116

7. Date entered into:

12 / 15 / 09

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

President
(If other title, see
instructions)

Title President CEO

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

1/4/10
Date

949 452-1840
Telephone Number

On

1/4/10
Date

949-452-1840
Telephone Number

Filer:	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.):

Specific Activities to be Performed

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

a. Nature of activity:

Meet with employees & educate regarding
Unions & NLRB Process

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name Terren Becker
 Organization American Consulting Group
 P.O. Box, Bldg., Room No., if any
 Street 23361 Madero Ste #220
 City Mission Viejo
 State CA ZIP Code + 4 92691

Name
 Organization
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

12.a. Identify subject groups of employees:

Production employees

12.b. Identify subject labor organizations:

UFCW Local 5