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 08-31-2016



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: **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Title Title AESZ, LLC Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any P.O. Box 21254 Street Street City City ZIP Code +4 85277 AZ ZIP Code + 4 State State 5. Type of person: 4. Date fiscal year ends: Dec/31 Other (Specify): Corporation d. Individual b. Partnership

Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 9 / 10 / 12				
Name					
amine Chaill Mark Solutions	8. Name of person(s) through whom made:				
Organization Cargill Meat Solutions	Name Brenda Pirkel				
Trade Name, if any	Name DEFENSIA TITALET				
P.O. Box, Bldg., Room No., if any					
Street 1529 23rd 5+	Name				
Street 1529 23rd 5+. City Columbus, Att	Name				
State NE ZIP Code + 4 68601	Name				

Signatures							
the informat true, correct	tion contained in any a	accompanying document Section VII on penalties	is) has been examine in the instructions.)  President	e penalties of la d by the signate 14. Signed	ory and is, to the best of	ation submitted in this re if the undersigned's know	Treasurer
Title	Senior	Partner	(If other title, see instructions)	Title	Partn	er	(If other title, see instructions)
On	11/2/13 Date	602 - 618 Telephone Number		On	11/2//3 Dale	312-515-22 Telephone Number	231

Specific Activities to be Performed

a. Nature of activity:

- 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.):

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

\$1,500 per dzy plus reasonable travel expenses.

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.						
collectively.						
11.b. Period during which performed:  Various days beginning 9/13/12	11.c. Extent performed: Fully Performed					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name	Name					
Organization	Organization					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any					
Street	Street					
City	City					
State ZIP Code + 4	State ZIP Code + 4					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Meat Solution Operators	Teamsters					