, Standards Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

and Budget No. 1245-0003 Expires 08-31-2016

3. Any other address where records necessary to verify this report are kept:

Simon

1. File Number:

Person Filing

Name

C- 776

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

Jara

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.

Name

573008

| Title | ritle | | | | | |
|---|---|--|--|--|--|--|
| Organization Pinnacle Labor Solutions | Organization | | | | | |
| P.O. Box, Bldg., Room No., if any PD_ Box 710158 | P.O. Box, Bldg., Room No., if any | | | | | |
| Street | Street | | | | | |
| city SANtee | City | | | | | |
| State California ZIP Code + 4 920 H | State ZIP Code + 4 | | | | | |
| 4. Date fiscal year ends: 5. Type of person: | | | | | | |
| Dec / 31 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): | 7. Date entered into: 5 / 23 / 2011 | | | | | |
| Name | 8. Name of person(s) through whom made: | | | | | |
| Organization Bay Area Beverage Company | | | | | | |
| Trade Name, if any | Name T J Louderback | | | | | |
| P.O. Box, Bldg., Room No., if any | Name | | | | | |
| Street 700 National Court | Name | | | | | |
| City Richmond | Name | | | | | |
| State California ZIP Code + 4 94804 | Name | | | | | |
| Signa | ntures | | | | | |
| Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) | penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, | | | | | |
| 13. Signed President (If other title, see | 14. Signed Treasurer (If other title, see | | | | | |
| Title President instructions) | Title Treasurer instructions) — | | | | | |
| on 10.28.14 610.589,6941 | On | | | | | |
| Date Telephone Number | Date Telephone Number | | | | | |
| | | | | | | |

- 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 con | | | | | | | | | |
|-------------------|----------|----|--------|-----|-----|------|------------|--------|----------|
| Consulting | provided | at | \$3000 | per | day | plus | reasonable | travel | expenses |

Specific Activities to be Performed

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

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

| 11.b. Period during which performed: various days beginning 5/23/11 | 11.c. Extent performed: Fully Performed | | | | |
|---|---|--|--|--|--|
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | | | | |
| Name Simon Jara | Name | | | | |
| Organization Pinnacle Labor Solutions | Organization | | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | | | |
| Street | Street | | | | |
| City | City | | | | |
| State California ZIP Code + 4 | State ZIP Code + 4 | | | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | | | |
| various employees | pre-petition | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |