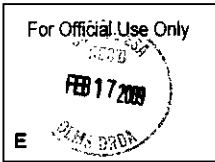


FORM LM-20

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- 644 377 0607

Person Filing	
2. Name and mailing address (include ZIP Code): Name Lloyd Peterson Title Consultant Organization Employers Association Inc. P.O. Box, Bldg., Room No., if any Street 9805 45th Avenue North City Plymouth State Minnesota ZIP Code + 4 55442	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 Organization Trudeau Distributing Company Trade Name, if any P.O. Box, Bldg., Room No., if any Street 25 West Cliff Road City Burnsville State Minnesota ZIP Code + 4 55337	7. Date entered into: 8 / 15 / 2008 8. Name of person(s) through whom made: Name Mike Reineck 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 Thomas A. Ebert President
(If other title, see instructions)
Title President

14. Signed Geri Erickson Treasurer
(If other title, see instructions)
Title Treasurer

On 12/31/08 763-253-9100
Date Telephone Number

On 12-31-08 763-253-9100
Date Telephone Number

Filer: Lloyd Peterson Employers Association Inc.

File Number C-

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.):

Represent employer during union organizing attempt

Specific Activities to be Performed

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

a. Nature of activity:

Talk to employees and advise the employees of their rights involving labor unions.

11.b. Period during which performed:

September and October of 2008

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Lloyd Peterson
Organization Employers Association, Inc.
P.O. Box, Bldg., Room No., if any
Street 9805 45th Avenue North
City Plymouth
State Minnesota ZIP Code + 4 55442

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 and Warehouse Employees

12.b. Identify subject labor organizations:

Teamsters Union