U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

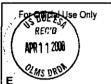
FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

Month/Day/Year

(mm/dd/yyyy)

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



1 . File Number C- 376

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

Month/Day/Year (mm/dd/yyyy)

1. File Number C- (2.7 to 3. ho. ho. ho.	By This Report (mm/dd/yyyy) (mm/dd/yyyy) From: 01 / 01 / 2007 Through: 12 / 31 / 2007				
	In supple homomy I integrated in the control integrated in the control integrated in the control integrated in the control in				
A. Person Filing					
3. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Kelvin C Berens	Name Chilipses Lib St Cares Ages Chil				
Title President	Title [] Tit				
Organization Berens & Tate, PC, LLO	Organization				
P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any					
Street 10050 Regency Circle, Suite 400 Street					
City Omaha	City (City)				
State Nebraska ZIP Code + 4 68114	State ZIP Code + 4				
Sign	Signatures				
Each of the undersigned declares, under penalty of perjury and other applicable penalties of <i>law</i> , 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 liest of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).					
17. Signed Security President	18. Signed Treasurer				
Title President (if other title, see instructions)	Title Treasurer (If other title, see instructions)				
on 3/27/08 402/591-1991	On Annual Management of the Control				
Date Telephone Number	Date Telephone Number				

			
Name of Person Filing: Kelvin Berens		File Number C- 376	
	<u> </u>		
B. Statement of Receipts Report all receipts from employers in connection with a or services.	abor relations advice or	services regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre		
Employer L.S.I			To the second se
Trade Name		PStreet 4-13	
Attention To Karl Paepke	City Laurens		
Title Manager	State Towa	ZIP Code	+4 50554
5.b. Termination Date 04/30/2007	5.c. Amount 5, 560	128 Carpa Marian Marian Carpa	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,720			
			<u></u>
C. Statement of Disbursements Report all disbursements made by the report	ting organization in conn	ection with labor relations advice	or services rendered
to the employers listed in Part B.			
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	otals		
Kelvin C Berens 5,400 415	5,815 9. Office a	and Administrative Expenses	
Chad PRichter 8,808 1,232	10,040 10. Publicit	ty	
Thomas C Anschutz 7,438 876	8,314 11. Fees to	or Professional Services	
Michael T Mortensen 12,246 604	12,850 12. Loans	Vlade	
Joseph S Dreesen 3,540 161	3,701 13. Other	Disbursements	mention representation of the sign of the
Total disbursements to officers and employees:	40,720 14. Total Ci	sbursements (Sum of Items 8-13)	40,720
			
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.			
15.a. Employer Name:	15.b. Trade Name, If a		
	9 - 92-5-1 (1995) (1995		
15.c. To Whom Paid	15.d. Amount	Company of the Compan	.,
Name Englished to the first Line (Line 1) (Line	15.e. Purpose		
Title (2003) Title			A CONTRACTOR
Organization			
Same result for many or a more and company, we confirm agreed in an improved in the control of t			
P.O. Box, Building and Room Number, if any	■ Description of the property of the prop	ka garana anaman na ka	
F.O. Box, Duiting and Room Number, if any		Sancing property of the state o	
Street			
Street:			

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State Washington

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Kelvin Berens	File Number C- 376		
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Americold Logistics, Rochelle	P.O. Box, Bldg., Room No., if any		
49,24	Stood 3 to 3 did the Title To 3 did to		
Territorian Territoria de Companya de Comp	Street 10 Glenlike Pkwy., S. Tower #800		
Attention To: Mike Nelson	City Atlanta State Geografia		
Title Manager	State Georgia ZIP Code + 4 30328		
5.b. Termination Date June 30, 2007	5.c. Amount 2,237		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Adcress: P.O. Box, Bldg., Room No., if any		
Employer PM Beef			
Trade Name	Street 2850 Hwy 50 East		
Attention To: Steve Armstrong	City Windom		
Title Manager	State Minnegota ZIP Code + 4 56101		
5.b. Termination Date June 30, 2007	5.c. Amount 7, 059		
5.b. Termination Date Durie 30, 2007	5.c. Amount 17,059		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Roo n No., if any		
Employer DMI Industries, Inc.	F.O. BOS. DIOU. TOO I NO. II AUY		
Trade Name	Street 420 Main Avenue E		
Attention To: Lauris Molbert	City West Fare 3		
Title Vice Chairman	State North Dakota ZIP Code + 4 68078		
	Terramental contraction and the contraction of the		
5.b. Termination Date May: 31-, 2007	5.c. Amount 1,950		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Americold Logistics, York, Pennsylvania	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 10 Glenlake Pkway, S. Tower #800		
Attention To: Michael C Nelson	City Atlanta		
Transfer of the state of the st			
Title Vice President of Labor Relations	State Georgia ZIP Code + 4 30328		
5.b. Termination Date December 31, 2007	5.c. Amount 13, 301		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Americold Nebraska Leasing, LLC	P.O. Box. Bidg., Roo n No., if any		
	Street 10 Glenla ce Pkway, S. Tower, #800		
Trade Name Attention To: Michael C Nelson	City Atlanta		
Title Vice President of Labor Relations	State Georgia ZIP Code + 4 30328		
Source of the second se	Extraction to the desired control of the control of		
5.b. Termination Date December 31, 2007	5.c. Amount 10,613		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any		
Employer			
Trade Name	Street		
Attention To:	City City Annual Control of the Annual Contr		
Title State Company of the Company o	State ZIP Code + 4		
5.b. Termination Date	5.c. Amount		