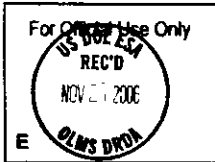


FORM LM-20

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- 530

302538

Person Filing

2. Name and mailing address (include ZIP Code)

Name John L. Sullivan

Title Owner

Organization Sullivan & Associates

P.O. Box, Bldg., Room No., if any

Street 2701 Trelawny Drive

City Clarksville

State TN

ZIP Code + 4 37043

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

Name N/A

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12-31-2006

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

Organization Nestle Purina PetCare Co.

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 431 Dunluce Road

City King William

State VA

ZIP Code + 4 23086

7. Date entered into:

10/9/2006

8. Name of person(s) through whom made:

Name Mr. Taras Waszkurak

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

[Signature]

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title

On

11/10/2006

Date

931-358-0443

Telephone Number

On

Date

Telephone Number

Filer:

File Number C- 530

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.):

Two consultants for (26) working days.
Hourly rate of \$50⁰⁰ per hour, per consultant

Specific Activities to be Performed

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

a. Nature of activity:

- 1) Conduct captive audience meetings.
2) Circulate with employees for one-on-one questions and answers.

11.b. Period during which performed:

10/9/2006 - 11/6/2006

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Charles K. Smith

Organization

P.O. Box, Bldg., Room No., if any

Street

City Same as #1

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name Kerri F

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

- a) Nestle Purina Pet Care Employees

12.b. Identify subject labor organizations:

- b) Machinists