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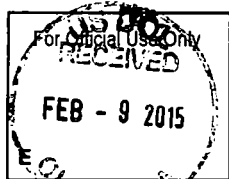Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

FEB - 9 2015

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)

576681

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66018

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Charles R Stephenson	Name
Title Member	Title
Organization CRS Labor Relations Solutions	Organization
P.O. Box, Bldg., Room No., if any Suite M	P.O. Box, Bldg., Room No., if any
Street 1500 E. Katella Ave.	Street
City Orange	City
State California ZIP Code + 4 92867	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: 10 / 15 / 2012
Name Brady Stewart	**8. Name of person(s) through whom made:**
Organization	Name
Trade Name, if any Pine Ridge Farms	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1801 Maury St.	Name
City Des Moines	Name
State Iowa ZIP Code + 4 50317	

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 *Charles Stephenson*	President (If other title, see instructions)	14. Signed	Treasurer (If other title, see instructions)
Title Other (Specify) Member		Title Treasurer	
On 1-26-15 951-316-1032		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 conditions (Explain in detail; see instructions. Written agreements must be attached.):

Daily Rate

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 10/15/12

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: