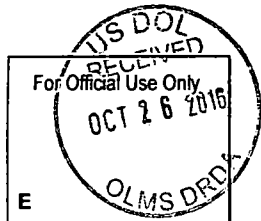


FORM LMI-20
AGREEMENT AND ACTIVITIES REPORT



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.

629088

1. File Number: C- 00662

Person Filing

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

Name Kenneth E Cannon

Title Owner

Organization Cannon Labor Relations, LLC

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

Street 2207 Ballantrae Dr

City Colleyville

State Texas ZIP Code + 4 76034

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 / 30

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 Michael Corporon

Organization Ventura Foods

Trade Name, if any

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

Street 1100 Defiel Road

City Saginaw

State Texas ZIP Code + 4 76179

7. Date entered into:

09 / 26 / 2016

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

Name Peter Fisher

Name Michael Corporon

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 *Kenneth E. Cannon*

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title d

On 10/20/2016 972-670-6159

Date

Telephone Number

On

Date

Telephone Number

19

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.):

Train management staff members on TIPS.

Meet with all employees and train them on what their rights are under the ACT, when and where they can talk to employees for or against the union and when and where employees can distribute pro-union literature and anti union literature.

Specific Activities to be Performed

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

a. Nature of activity:

Took all managers through ACT training that included TIPS and what they can and cannot say or do during a union organizing campaign.

Presented in PPT format a presentation to employees that covered the several things union have done in the past that benefited employees and where unions get their capital to operate their business. Also, covered with the employees when and where they may talk to each other and when and where they may distribute literature.

11.b. Period during which performed:

09/26/2016 continuing as no petition filed

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Michael Corporon

Organization Ventura Foods

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

Street 1100 Defiel Road

City Saginaw

State ZIP Code + 4 76179

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:

All hourly employees working out of the Company's plant located at 1100 Defiel Rd, Saginaw, Texas.

12.b. Identify subject labor organizations:

International Association of Machinist Union
District Lodge 776

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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09/26/2016 continuing as no petition filed

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Michael Corporon

Organization Ventura Foods

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

Street 1100 Defiel Road

City Saginaw

State ZIP Code + 4 76179

Additional Name and address through whom performed, if any:

Name

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