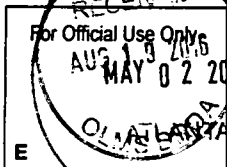


FORM LM-20  
**AGREEMENT AND ACTIVITIES REPORT**



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)

625588

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 65717

**Person Filing**

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

Name Nekeya Nunn  
Title  
Organization Gideon Group Consulting  
P.O. Box, Bldg., Room No., if any  
Street 390 N. Orange Ave Ste 2300  
City Orlando  
State Florida ZIP Code + 4 32801

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 / 13

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 Patricia Lecoures  
Organization Chefs Warehouse  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 7477 Candlewood Road  
City Hanover  
State Maryland ZIP Code + 4 21076

7. Date entered into:

9 / 1 / 2013

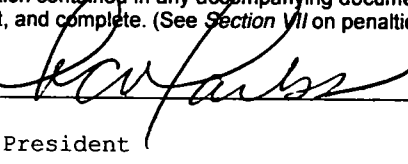
8. Name of person(s) through whom made:

Name  
Name  
Name  
Name  
Name

**Signatures**

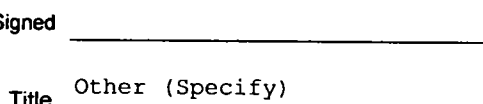
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

  
Title President

President  
(If other title, see  
instructions)

14. Signed

  
Title Other (Specify)

Treasurer  
(If other title, see  
instructions)

On 4/25/16 4074606316  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

651

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.):

Gideon Group consulting will have a consultant at the location being paid on a per/hr basis per an oral agreement thru PC.

#### Specific Activities to be Performed

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

a. Nature of activity:

To educate employees concerning their Section 7 rights under the National Labor Relations Act. To form, join or assist labor organizations to bargain collectively or engage in other activities for their mutual aid or protection and the right to refrain from doing so.

11.b. Period during which performed:

9/1/2013

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Nekeya

Nunn

Organization Gideon Group Consulting

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

Street 390 N. Orange Avenue

City orlando

State Florida

ZIP Code + 4 32801

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 Full time and part time employees who may be eligible to be a part of a bargaining unit.

12.b. Identify subject labor organizations: