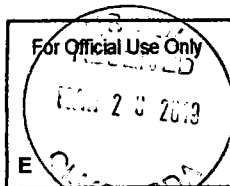


Reset

1m20 QA
FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Font

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

698599

1. File Number: C- 00272

Person Filing

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

Name Philip Craft

Title President

Organization CBC Consulting, LTD

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

Street 3001 W. Big Beaver Road

City Troy

State Michigan

ZIP Code + 4 48048-3105

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

Name Debbie O'Kelley

Title Administrative Assistant

Organization CBC Consulting, LTD

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

Street 17235 Lechlade Lane

City Dallas

State Texas

ZIP Code + 4 75252

4. Date fiscal year ends:

Dec / 31

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 Dan Dring

Organization Bay Valley Foods

Trade Name, if any

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

Street 1450 Pate Plaza Drive

City South Beloit

State Illinois

ZIP Code + 4 61080

7. Date entered into:

3 / 8 / 2018

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

Name Dan Dring

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 in the instructions.)

13. Signed

Title President

President
(If other title, see instructions)

14. Signed

Title COB (Chairman)

Treasurer
(If other title, see instructions)

Stamp

Date

On 5/15/2018

Date

248-760-4558

Telephone Number

Clear Signatures

On 5/15/2018

Date

248-922-0141

Telephone Number

Filer:

File Number C-

00272

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.):

Oral agreement for services rendered to answer questions from employees and management concerning the law so as to not violate the rights of the employees or the union.

Specific Activities to be Performed

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

TEST PG CNT

a. Nature of activity:

To answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union.

11.b. Period during which performed:

3/8/18-4/6/18

11.c. Extent performed:

complete

11.d. Name and address through whom performed:

Name

Organization CBC Consulting, LTD

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

Street 3001 W. Big Beaver Road

City Troy

State Michigan ZIP Code + 4 48048-3105

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:

Production, Maintenance, and QC

12.b. Identify subject labor organizations:

BCTGM Local 1