knowledge and belief, true, correct, and complete.

U.S. Depart nt of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. OMB No. 1214-0001 12/31/86

Required of Persons, including Labor F Under Section 203(b) of the Labor-Mar					File No.	c ₃₇₆		
A. Person Filing						GRA HINE	_	
1. Name and mailing address (includ	e ZIP code):		2. Any other	er address where reco	rds necessary to	verify this report are kept:	_	
Berens & Tate, P.C.								
10050 Regency Circle,	Suite 400		n/a					
Omaha, NE 68114								
Date fiscal year ends:	4. Type of person:							
1/31/2001	a. 🗆 Individual	b. Partn	nership (Corporation	d. Other (Specify):		
B. Nature of Agreement or Arrang	ement		14-11-7					
5. Full name and address of employe		clude ZIP code):		6. Date entered into):			
Rose Concrete Products, Inc				On or about	October 3,	2000		
733 Rose Con Road				7. Names of persons	s through whom	ough whom made:		
Scott City, MO 63780				Larry Pay	/ne			
8. Check the appropriate box to indic	ate whether an objec	t of the activities	undertaken,	is directly or indirectly	:			
 a. XXTo persuade employees to collectively through representations. 			de employee	s as to the manner of e	exercising, the ri	ght to organize and bargain		
 To supply an employer with ing such employer, except ceeding. 	information concerning information for use so	ing the activities plely in conjunction	of employee on with an ad	s or a labor organization ministrative or arbitral	on in connection proceeding or a	with a labor dispute involv- criminal or civil judicial pro-		
9. Terms and conditions (Explain in de	etail: see Part B-9 of i	nstructions):					_	
When performing Tate was involve	g general legal d in activities	l services fo which may	or the er be cons	nployer, a mer idered persuad	nber of Be der activitie	rens & es.		
C. Specific Activities to be Perform	ned						_	
10. For each activity, separately list in		on required (See F	Part C-10 of in	nstructions):				
	employees we meetings. If of the emplo	Monitor em	informat ployer s	tion on unioniz peeches and a	ation durin answer que	g estions		
b. Period during which performed	1:	c. Extent perform	med:				_	
During organizing activi	tv	r	n/a		DI		_	
d. Names and addresses of person					10	S LO E U V E	n	
Joseph Dreesen ,10050			00, Oma	aha, NE 68114	4	NUA 5 8 5000		
 Identify (a) Subject employees, gr 	oups of employees, a	nd (b) labor orga	nizations:	9-21		USDOL/ESA	_	
Employees of Deep Co.	acroto Droduc	te Inc				OLMS/DOE/SRD		
Employees of Rose Cor	icrete Produc	is, IIIC.						

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his

Signed: Signed: President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) City State Date City State Date NE Omaha at: on:

Form LM-20 (Feb. 1986)

U.S. Depart nt of Labor

Office of Labor-Management Standards



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OMB No. 1214-0001 12/31/86

Required of Persons, including Labor Relations Consultants and Othe Under Section 203(b) of the Labor-Management Reporting and Discl	File No.	c. 376	
A. Person Filing			1995年7月1日
1 Name and mailing address (include 710 ands):	2 Any other address where records	nonconne to	worth, this report are least.

Under Section 203(b) of the Labo	or-Management Reporting and Disclos	sure Act of 1959, as	s amended (LMHDA).	570		
A. Person Filing				1967 1989		
Name and mailing address (include ZIP code):			2. Any other address where records necessary to verify this report are kept:			
Berens & Tate, P.C.						
10050 Regency Circle, Suite 400 Omaha, NE 68114						
Date fiscal year ends:	4. Type of person:		SELECT	54.75		
1/31/2001	a. 🗆 Individual b. 🗆	Partnership	c. 🛭 Corporation d	. Other (Specify):		
B. Nature of Agreement or A	rrangement					
5. Full name and address of em	ployer with whom made (include ZIF	P code):	6. Date entered into:			
Cannon Equipment			On or about S	eptember 19, 2000		
324 W. Washington, P.C	D. Box 397		7. Names of persons through whom made:			
Cannon Falls, MN 55009			Kelly Lee			
8. Check the appropriate box to	indicate whether an object of the ac	ctivities undertaker				
ing such employer, exceeding. 9. Terms and conditions (Explain When perform	r with information concerning the accept information for use solely in continuous solely in accivities which in activities which	ices for the	employer, a meml	ber of Berens &	le involv- licial pro-	
rate was inv		,			5	
C. Specific Activities to be Pe			And the second second second second	BANKS OF THE SECOND		
	y list in detail the information require	ed (See Part C-10 of	instructions):			
emp	vide employees with ge ployee meetings. Monito behalf of the employer.	eneral informore or employer	ation on unionization and an	tion during swer questions		
	actions of the comments	C. Strike	e firm of the free of the			
 b. Period during which perfo 	ormed: c. Exten	c. Extent performed:				
During organizing a		Tourse Fire				
 d. Names and addresses of 	persons through whom performed:					

Donna S. Colley ,10050 Regency Circle, Suite 400, Omaha, NE 68114

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Employees of Cannon Equipment.



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:	1/0 06)		Signed:		
36	Kelli C.D	lever	President			Treasurer
(If other	title, cross out and write in	correct title above.))	(If other title, cross out and write in	correct title above.)	
	City	State	Date	City	State	Date
at:	Omaha	NE	on:10/6/00	at:	COUNTY OF STREET	on:
at:	Omaha	NE	on: 10/6/00	at:		on:

Agreement and Activities Rep

Omaha

at:

NE

U.S. Department Labor

Office of Labor-Manageme, Jandards



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OMB No. 1214-0001

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, C. File No. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). 376 A. Person Filing 1. Name and mailing address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: Berens & Tate, P.C. n/a 10050 Regency Circle, Suite 400 Omaha, NE 68114 3. Date fiscal year ends: 4. Type of person: a.

Individual b.

Partnership c. M Corporation d.

Other (Specify): 1/31/2001 **B.** Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Dakota Premium Foods, LLC On or about June 12, 2000 425 South Concord 7. Names of persons through whom made: South St. Paul MN 55075 Steve Cortinas 8. 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. 9. Terms and conditions (Explain in detail; see Part B-9 of instructions): When performing general legal services for the employer, a member of Berens & Tate was involved in activities which may be considered persuader activities. C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Provide employees with general information on unionization during employee meetings. Monitor employer speeches and answer questions on behalf of the employer. b. Period during which performed: c. Extent performed: SEP 2 2 2000 During organizing activity n/a d. Names and addresses of persons through whom performed: USDOL/ESA OLMS/DOE/SRD Joseph Dreesen ,10050 Regency Circle, Suite 400, Omaha, NE 68114 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Dakota Premium Foods, LLC. D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete. Signed Signed: President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) City State Date City State Date

on: