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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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. 1. File Number: Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Title Title Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 19 Hermon La Street City ZIP Code + 4 / 90 √ √ ZIP Code + 4 State State 5. Type of person: 4. Date fiscal year ends: a. 1 Individual b. Partnership Corporation Other (Specify): **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): 8. Name of person(s) through whom made:

Name ANNette REGANS Name Organization DAIRY FARMENS OF AMERICA Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 10220 N. AMBASSADOR DR. KANSAS CITY

NATA DIP Code +4 64153 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.) President 13. Signed 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) 0 0 Title

Date

Telephone Number

Filer: Scott Michel	File Number C-
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	
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.): Vertacl agreement to provide consultation of to give speeches to employees about efficising their right to organize + bargain sollectively. Terms are \$187.50 per hr. + effenses.	
Collethery terms we F.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
To provide consultation of to give specieles to employees regarding their right to organize of bargain authenticely.	
<u> </u>	44.5
11.b. Period during which performed: VA14005 DAVS 5/5 THRU 5/11/2010	11.c. Extent performed: Kully PenronmeD
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI CONSULTING SERVICE'S INC.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. ELM PLACE SUITE E	Street
City BrokEN ARROW	City
State	State
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
MAINTENANCE MECHANICS, ENGINEERS	TEAMSTERS