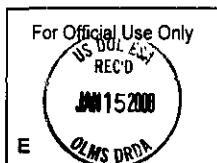


FORM LM-20

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00459

340907

Person Filing

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

Name Joseph M Peters

Title Secretary and Treasurer

Organization Farm Employers Labor Service

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

Street 2300 River Plaza Drive

City Sacramento

State California

ZIP Code + 4 95833-3293

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 / 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 Rosa H Barcelo

Organization Barcelo Enterprises, Inc.

Trade Name, if any

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

Street 303 Espinoza Road

City Salinas

State California

ZIP Code + 4 93097

7. Date entered into:

11 / 1 / 2007

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

Name Elizabeth M Almaguer

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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

Date

916-561-5670

Telephone Number

On

Date

916-561-5670

Telephone Number

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.):

Agreed to pay feds \$185 per hour for services rendered by each FEIS Labor Management Consultant (LMC), plus travel costs (\$0.49 per mile, \$45 per hour for travel time, and actual out-of-pocket costs).

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees of Barcelo Enterprises, Inc. of the advantages of voting for no union.

11.b. Period during which performed:

November 1, 2007 - December 5, 2007

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Elizabeth M Almaguer

Organization Farm Employers Labor Service

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

Street 2300 River Plaza Drive

City Sacramento

State California

ZIP Code + 4 95833-3293

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:

Employees of Barcelo Enterprises, Inc.

12.b. Identify subject labor organizations:

Teamsters