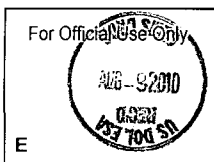


FORM LM-20

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.

433633

1. File Number:

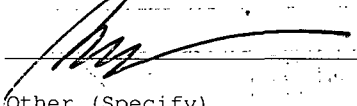
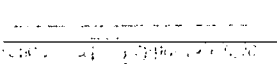
c-705

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Raymond J Ingrassia
Title	
Organization (individual)	
P.O. Box, Bldg., Room No., if any	
Street	4916 Kensington Pk. Blvd.
City	Orlando
State	Florida
ZIP Code + 4	32819-3137
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:	5. Type of person:
Dec / 31	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Scott Carter
Organization	NATDCP
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	150 Depot St.
City	Bellingham
State	Massachusetts
ZIP Code + 4	02019
7. Date entered into:	
6 / 23 / 2010	
8. Name of person(s) through whom made:	
Name	Scott Carter
Name	Tom Jensen
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)	14. Signed 	Treasurer (If other title, see instructions)
Title Other (Specify)		Title Treasurer	
Individual			
On _____	On _____	On _____	On _____
Date	Telephone Number	Date	Telephone Number

Filer: Raymond Ingrassia (individual)

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 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.):

Verbal agreement for educational services

Specific Activities to be Performed

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

a. Nature of activity:

Employee educational meeting to discuss company's position on unions and employee's rights to join or not join a union. No known union activity or petition amongst employee groups participating in the educational sessions.

11.b. Period during which performed:

June 30, 2010 to current

11.c. Extent performed:

near completion (3 facilities)

11.d. Name and address through whom performed:

Name

Organization MWDGP

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

Street 9000 West 192nd St.

City Mokena

State Illinois

ZIP Code + 4 60448

Additional Name and address through whom performed, if any:

Name

Organization SEDCP

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

Street 20100 Independence Blvd.

City Groveland

State Florida

ZIP Code + 4 34736

12.a. Identify subject groups of employees:

Hourly drivers, helpers & warehousemen

12.b. Identify subject labor organizations: