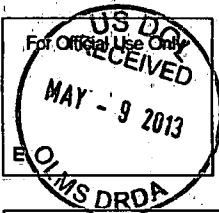


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

528968

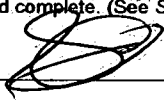
1. File Number: C-776

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name: Angel Cornejo Jr	3. Any other address where records necessary to verify this report are kept:
Title: CEO	Name:
Organization: Pinnacle Labor Relations	Title:
P.O. Box, Bldg., Room No., if any:	Organization:
Street: 1427 Dent St	P.O. Box, Bldg., Room No., if any:
City: Escalon	Street:
State: California	City:
ZIP Code + 4: 95320	State:
ZIP Code + 4:	ZIP Code + 4:
4. Date fiscal year ends:	5. Type of person:
Dec / 13	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: Brock Furlong	7. Date entered into: 8 / 26 / 2012
Organization: Stampeede Meat	8. Name of person(s) through whom made:
Trade Name, if any:	Name:
P.O. Box, Bldg., Room No., if any:	Name:
Street: 7351 S 78 Ave	Name:
City: Bridgview	Name:
State: Illinois	Name:
ZIP Code + 4: 60455	

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 5/1/2013 209-838-3714
Date Telephone Number

On _____
Date 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.):

Engaged to communicate to employees regarding excersisin their rights to organize and bargain collectively.

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Peter Quisp

Organization PLR

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

Street 502 S 15 st apt 102

City Boise

State Idaho

ZIP Code + 4 83702

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:

Various Employees

12.b. Identify subject labor organizations:

no union