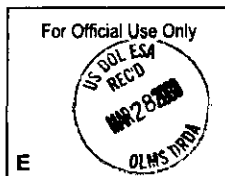


FORM LM-21

RECEIPTS AND DISBURSEMENT'S 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

360499

1. File Number C- 376	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 01/01/2007 Through: Month/Day/Year (mm/dd/yyyy) 12/31/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Kelvin C Berens
Title	President
Organization	Berens & Tate, PC, LLO
P.O. Box, Building and Room Number, if any	
Street	10050 Regency Circle, Suite 400
City	Omaha
State	Nebraska ZIP Code + 4 68114
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed <u>Kelvin C. Berens</u> President (If other title, see instructions)	18. Signed _____ Treasurer (If other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>3/27/08</u> Date <u>402/591-1991</u> Telephone Number	On _____ Date _____ Telephone Number

Name of Person Filing: Kelvin Berens

File Number C- 376

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer L.S.I.

Trade Name

Street

210 N. 1st Street

Attention To

Karl

Paepke

City

Laurens

Title

Manager

State

Iowa

ZIP Code + 4

50554

5.b. Termination Date 04/30/2007

5.c. Amount 5,560

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,720

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

Kelvin	C	Berens	5,400	415	5,815	9. Office and Administrative Expenses	
Chad	P	Richter	8,808	1,232	10,040	10. Publicity	
Thomas	C	Anschutz	7,438	876	8,314	11. Fees for Professional Services	
Michael	T	Mortensen	12,246	604	12,850	12. Loans Made	
Joseph	S	Dreesen	3,540	161	3,701	13. Other Disbursements	
8. Total disbursements to officers and employees:					40,720	14. Total Disbursements (Sum of Items 8-13)	40,720

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Kelvin Berens		File Number C- 376	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Americold Logistics, Rochelle		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 10 Glenlake Pkwy., S. Tower #800	
Attention To: Mike Nelson		City Atlanta	
Title Manager		State Georgia ZIP Code + 4 30328	
5.b. Termination Date June 30, 2007		5.c. Amount 2,237	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer PM Beef		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2850 Hwy 10 East	
Attention To: Steve Armstrong		City Windom	
Title Manager		State Minnesota ZIP Code + 4 56101	
5.b. Termination Date June 30, 2007		5.c. Amount 7,059	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer DMI Industries, Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 420 Main Avenue E	
Attention To: Lauris Molbert		City West Fargo	
Title Vice Chairman		State North Dakota ZIP Code + 4 58078	
5.b. Termination Date May 31, 2007		5.c. Amount 1,950	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Americold Logistics, York, Pennsylvania		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 10 Glenlake Pkwy., S. Tower #800	
Attention To: Michael C Nelson		City Atlanta	
Title Vice President of Labor Relations		State Georgia ZIP Code + 4 30328	
5.b. Termination Date December 31, 2007		5.c. Amount 13,301	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Americold Nebraska Leasing, LLC		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 10 Glenlake Pkwy., S. Tower, #800	
Attention To: Michael C Nelson		City Atlanta	
Title Vice President of Labor Relations		State Georgia ZIP Code + 4 30328	
5.b. Termination Date December 31, 2007		5.c. Amount 10,613	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	