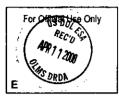
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMEN'S REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, are 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

366490

1 . File Numbe	r C- 376	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) [C1] / O1 / 2007	Month/Day/Year (mm/dd/yyyy) Through: 12 31 2007	
A. Person Fil					
		· [
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:			
Name	Kelvin C Berens	Name			
Title	President	Title	าร์ได้รับกรุ้นที่ครูที่กันเราร้าน		
Organization Berens & Tate, PC, LLO		Organization Control of the Control			
P.O. Box, B	uilding and Room Number, if any	P.O. Box, Building and Room Number, if any			
V. 19 1	Committee of the commit				
Street 100	050 Regency Circle, Suite 400	Street			
City Oma	ha	City			
State Nel	praska ZIP Code + 4 68114	State State		ZIP Code + 4 [3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	Sign	atures	1		
information co	dersigned declares, under penalty of perjury and other applicable pena ntained in any accompanying documents) has been examined by the omplete. (See the Section on penalties in the instructions).				
17. Signed	President (if other title, see instructions)	18. Signed	esirer	Treasurer (If other title, see instructions)	
On 3 /	22 / 08 402/59/-/59/ Date Telephone Number	On Da	A TANAMAN AND A SECTION AND ASSESSMENT OF THE PARTY OF TH	e Number	

Name of Person Filing: Kelvin Berens	File Number C- 376	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 L.S.I.	P.U. BOX, B	P.O. Box, Building and Room Number, if any						
Trade Name	MARKA WA							
Attention To Karl Paepkë	inner							
	20000A							
Title Manager	State 10	DWA IN 1985 I WAN IN A WAR AND A ZIP CODE) + 4 50554					
5.b. Termination Date 04/30/2007	5.c. Amoun	5.c. Amount \(\frac{1}{5}, \frac{1}{5} \frac{1}{6} \f						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,720								
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	e reporting organiza	ation in connection with labor relations advice	e or services rendered					
7. Disbursements to Officers and Employees:								
	es (d) Totals	T	Seat of Section 18 control 18 con					
Kelvin C Berens 5,400 41	7000	Office and Administrative Expenses	g v.v					
Chad P Richter 8,808 1,23		10. Publicity						
Thomas C Anschutz 7,438 8		11. Fees for Professional Services						
Michael T Mortensen 12,246 60	- v vong	12. Loans Made	American - of a stransfer for the stransfer of the strans					
Joseph S Dreesen 3,540 1	on owek	13. Other Disbursements						
Total disbursements to officers and employees:		14. Total Disbursements (Sum of Items 8-13)	40,720					
	40,720	14. Total Bisbard Monte (Saint of Rome S To)	1 40,720					
	40,720	14. Total Bisbarosition (Gain of Horido Vo)	40,720					
	chedule to report or	ly disburse nents made for the purposes de	1					
D. Schedule of Disbursements for Reportable Activity Use this So instructions 15.a. Employer Name:	chedule to report or s. 15.b. Trade		1					
D. Schedule of Disbursements for Reportable Activity Use this So instructions	chedule to report or s. 15.b. Trade	ly disburse nents made for the purposes de	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity Use this So instructions 15.a. Employer Name:	chedule to report or s. 15.b. Trade	ly disburse nents made for the purposes de Name, if ε ny:	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity Use this Scinstructions 15.a. Employer Name:	chedule to report or s. 15.b. Trade	lly disburse nents made for the purposes de	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity Use this So instructions 15.a. Employer Name: 15.c. To Whom Paid	15.d. Amou	ly disburse nents made for the purposes de	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity Use this Scinstructions 15.a. Employer Name: 15.c. To Whom Paid Name	15.d. Amou	lly disburse nents made for the purposes de	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.c. To Whom Paid Name Title Organization	15.b. Trade	lly disburse nents made for the purposes de	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity Use this Scinstructions 15.a. Employer Name: 15.c. To Whom Paid Name Title	15.b. Trade	ly disburse nents made for the purposes de Name, If ε ny:	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any	15.b. Trade	ly disburse nents made for the purposes de	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street	15.b. Trade	lly disburse nents made for the purposes de	scribed in Part D of the					
D. Schedule of Disbursements for Reportable Activity Use this So instructions 15.a. Employer Name: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any	15.b. Trade	ly disburse nents made for the purposes de Name, If ε ny:	scribed in Part D of the					

Form LM-21 (2003)

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	o., if any				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Superior and the superi	Pkwy., S. Tower #800				
Trade Name Attention To: Mike Nelson	City Atlanta	Frwy3.10WEL #800				
Title Manager	State Georgia	ZIP Code + 4 30328				
Market 1916 in the formal formation and accommodation and other acts of a shirt 1 the design of the property of the commodation	The second secon	AN AND AND AND AND AND AND AND AND AND A				
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 P.O. Box, Bldg., Room No					
Employer PM Beef						
Trade Name	Street 2850 Hwy 60	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 Aderess					
Employer DMI Industries, Inc.	P.O. Box, Bldg., Room No) if any				
Trade Name	Street 420 Main Ave	nue E				
Attention To: Lauris Molbert	City West Farcio					
Title Vice Chairman	particular de la company de la	ZIP Code + 4 68078				
5.b. Termination Date May 31, 2007	5.c. Amount 1,950	A contraction of the contraction				
		and the state of t				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address P.O. Box, Bidg., Room No	o., if any				
Employer Americold Logistics, York, Pennsylvania						
Trade Name	Street 10 Glenlake	Pkway, 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	- C				
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:						
Employer Americold Nebraska Leasing, LLC	P.O. Box, Bidg., Room No	o. If any				
2 CANADA CAN	Street 10 Glanlaka	Pkway, S. Tower, #800				
Trade Name 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					
A service which Difference A - 1 to the service with Angel Colonial Committee of	Santan Communication Communication	1 - set (2 - 10)				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address P.O. Box, Bldg., Room No					
Employer		The state of the s				
Trade Name	Street					
Attention To:	City	A CALAMAN AND A CALAMAC AND				
Title NASCON STREET, S	State	ZIP Code + 4				
5.b. Termination Date	5.c. Amount	TOTAL MARKET STATE OF THE STATE				