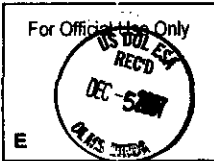


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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- 00527

338769

Person Filing	
2. Name and mailing address (include ZIP Code): Name JOHN M HERMANN Title PRESIDENT & CEO Organization LABOR RELATIONS SERVICES, INC. P.O. Box, Bldg., Room No., if any SUITE 100 Street 24 CORPORATE PLAZA, SUITE 100 City NEWPORT BEACH State California ZIP Code + 4 92660	3. Any other address where records necessary to verify this report are kept: Name NONE Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec: / 7	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 JOHN C BARNECUT Organization BASIC AMERICAN, INC. Trade Name, if any SAME AS ABOVE P.O. Box, Bldg., Room No., if any 28TH FLOOR Street 600 MONTGOMERY STREET City SAN FRANCISCO State California ZIP Code + 4 94111	7. Date entered into: 10 / 26 / 2007 8. Name of person(s) through whom made: Name 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. Signec Title President On 11/26/2007 949-719-1962 Date Telephone Number	14. Signed Title Treasurer On 11/26/2007 949-719-1962 Date Telephone Number
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Filer: JOHN HERMANN LABOR RELATIONS SERVICES, INC.	File Number C- 00527
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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.):

All services described in Section 11a., below shall be performed on an hourly fee basis at a rate of \$475.00 and \$250.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc., at actual cost.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Labor Relations Services, Inc., has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.	
11.b. Period during which performed:	11.c. Extent performed:
Pendency of N.L.R.B.	None as of this date.
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name JOHN M HERMANN	Name JASON RODRIGUEZ
Organization LABOR RELATIONS SERVICES, INC.	Organization LABOR RELATIONS SERVICES, INC.
P.O. Box, Bldg., Room No., if any SUITE 100	P.O. Box, Bldg., Room No., if any SUITE 100
Street 24 CORPORATE PLAZA, SUITE 100	Street 24 CORPORATE PLAZA, SUITE 100
City NEWPORT BEACH	City NEWPORT BEACH
State California ZIP Code + 4 92660	State California ZIP Code + 4 92660
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
ALL FULL-TIME AND REGULAR PART-TIME EMPLOYEES.	BAKERY, TOBACCO & GRAIN (AFL-CIO) LOCAL 364

Specific Activities to be Performed (Continuation Page)	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Labor Relations Services, Inc., has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.	
11.b. Period during which performed: Pendency of N.L.R.B.	11.c. Extent performed: None as of this date.
11.d. Name and address through whom performed: Name JACK BERMUNDEZ Organization LABOR RELATIONS SERVICES, INC. P.O. Box, Bldg., Room No., if any SUITE 100 Street 24 CORPORATE PLAZA, SUITE 100 City NEWPORT BEACH State California ZIP Code + 4 92660	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
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	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:	12.b. Identify subject labor organizations: