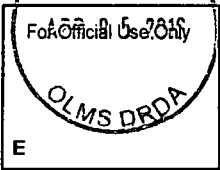


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

619887

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00272

Person Filing

2. Name and mailing address (include ZIP Code):

Name Philip Craft

Title President

Organization CBC Consulting, LTD

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

Street 3001 W. Big Beaver Road

City Troy

State Michigan

ZIP Code + 4 48048-3105

3. Any other address where records necessary to verify this report are kept:

Name Debbie O'Kelley

Title Administrative Assistant

Organization CBC Consulting, LTD

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

Street 17235 Lechlade Lane

City Dallas

State Texas

ZIP Code + 4 75252

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. Individual b. Partnership c. ☒ Corporation d. Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Shane Keith

Organization Jilbert Dairy

Trade Name, if any Dean Foods

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

Street 200 Meeske Ave

City Marquette

State Michigan

ZIP Code + 4 49855

7. Date entered into:

7 / 7 / 2015

8. Name of person(s) through whom made:

Name Shane Keith

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. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

On 7/7/2015

Date

248-760-4558

Telephone Number

On 7/7/2015

Date

248-922-0141

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.):

Oral agreement for services rendered during the union campaign.

Specific Activities to be Performed

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

a. Nature of activity:

To answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union. Included would be group meetings with employees.

11.b. Period during which performed:
7/7/2015-8/7/2015

11.c. Extent performed:
complete

11.d. Name and address through whom performed:

Name

Organization CBC Consulting, LTD

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

Street 3001 W. Big Beaver Road

City Troy

State Michigan ZIP Code + 4 48048-3105

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:
Dairy Distribution Drivers

12.b. Identify subject labor organizations:
Teamsters Local 406