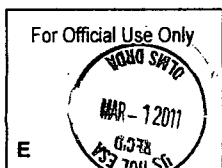


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

444559

1. File Number: c- 720

### Person Filing

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

Name SOMMERVILLE, DONALD P

Title INDIVIDUAL

Organization NONE

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

Street 1509 PIGEON POINT ROAD

City BEAUFORT

State SC

ZIP Code + 4 29902

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12/31 / 2008

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 CRV2 & ASSOCIATES, INC

Organization

Trade Name, if any

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

Street 10201 TRADEMARK STREET, SUITE C

City RANCHO CUCUMBERA, CA

State CA

ZIP Code + 4 91730

7. Date entered into:

8/15 / 2008

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

Name LURE CRV2

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



President  
(If other title, see  
instructions)

Title President INDIVIDUAL

14. Signed

\_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 2-20-2011

Date

843-521-0829

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
--------	----------------

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.):

I ENTERED INTO A VERBAL AGREEMENT WITH CRUZ & ASSOCIATES TO PROVIDE LABOR RELATIONS SERVICES TO PINNACLE FOODS GROUP, LLC UNDER THE DIRECT SUPERVISION OF CRUZ & ASSOCIATES

**Specific Activities to be Performed**

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

a. Nature of activity:

TO PERSUADE THE EMPLOYEES OF PINNACLE FOODS GROUP, LLC TO ~~NOT~~ LISTEN TO BOTH SIDES BEFORE MAKING A DECISION

11.b. Period during which performed:

8-5-2008 to 8-20-2008

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name DONALD P. SUMNER

Organization INDIVIDUAL

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

Street 1504 PEBBLE POINT ROAD

City BEHAVERT

State SC

ZIP Code + 4 29902-4027

Additional Name and address through whom performed, if any:

Name CRUZ & ASSOCIATES EMPLOYEES (VARIETY)

Organization

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

Street 10201 TANDENHAK STREET SUITE 400

City RANCHO CUCARAGON

State CA

ZIP Code + 4 91730

12.a. Identify subject groups of employees:

ALL EMPLOYEES WHO ATTEND GROUP MEETINGS

12.b. Identify subject labor organizations:

UNKNOWN