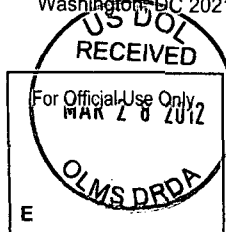


FORM LM-20

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.

1. File Number:

c-587

440518

Person Filing

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

Name **NEALY R. GLENN**

Title **PRESIDENT**

Organization **GLENN ASSOCIATES INC.**

P.O. Box, Bldg., Room No., if any **705 PAVEY DR**

Street

City **MT VERNON**

State **IL**

☒ ZIP Code + 4 **62864**

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

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 **MARK DAVIS**

Organization **TASTE OF DENMARK INC.**

Trade Name, if any

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

Street **3401 TELEGRAPH AVENUE**

City **OAKLAND**

State **CA**

☒ ZIP Code + 4 **94609**

7. Date entered into:

1/1/2012

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

Name **MARK DAVIS**

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

14. Signed

Treasurer
(If other title, see instructions)

Title

SEC. TREAS

On

3-15-2012

Date

618-244-6410

Telephone Number

On

3-15-2012

Date

244-6410

Telephone Number

Filer: **GLENN ASSOCIATES INC. NEALY R GLENN**

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.):

**MONTHLY RETAINER TO PROVIDE INFORMATION REGARDING
NLRB PROCESSES & PROCEDURES AND WHAT IS ACCEPTABLE
AND APPROPRIATE EMPLOYER CONDUCT**

Specific Activities to be Performed

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

a. Nature of activity:

**SPOKE TO REGION (BOARD AGENT) ON BEHALF OF EMPLOYER
TO REACH STIPULATED ELECTION AGREEMENT
SPOKE TO MARK DAVIS TO ADVISE HIM WHAT HE NEEDED
TO DO TO FULLY COOPERATE WITH THE LABOR BOARD DURING THE ELECTION**

11.b. Period during which performed:

JANUARY 2, 2012 TO FEBRUARY 20, 2012

11.c. Extent performed:

**SEVERAL TELEPHONE CONVERSATIONS
EACH WEEK**

11.d. Name and address through whom performed:

Name **MARK DAVIS**
Organization **TASTE OF DENMARK**
P.O. Box, Bldg., Room No., if any
Street **3401 TELEGRAPH AVENUE**
City **OAKLAND**
State **CA** ☒ ZIP Code + 4 **94609**

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:

N/A

12.b. Identify subject labor organizations:

N/A