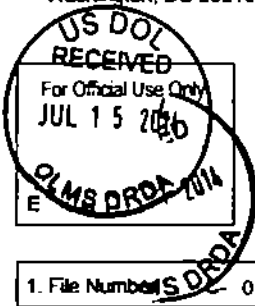


FORM LM-20

AGREEMENT AND ACTIVITIES 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, 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.

559 309

1. File Number 00527

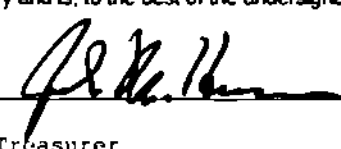
Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	JOHN M HERMANN
Title	PRESIDENT & CEO
Organization	LABOR RELATIONS SERVICES, INC.
P.O. Box, Bldg., Room No., if any	SUITE 190
Street	24 CORPORATE PLAZA
City	NEWPORT BEACH
State	California
ZIP Code + 4	92660
3. Any other address where 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:	5. Type of person:
Dec / 31	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	TIM HAUSBECK
Organization	HAUSBECK PICKLE CO.
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	1626 HESS STREET
City	SAGINAW
State	Michigan
ZIP Code + 4	48601
7. Date entered into:	
6 / 12 / 2014	
8. Name of person(s) through whom made:	
Name	TIM HAUSBECK
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
Treasurer (If other title, see instructions)

On 7/10/2014 949-719-1962
Date Telephone Number

On 7/10/2014 949-719-1962
Date 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.):

All services described in Section 11a. below shall be performed on a daily fee basis. Expenses 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 this period.

11.b. Period during which performed:

JUNE 17, 2014

11.c. Extent performed:

ON-GOING

11.d. Name and address through whom performed:

Name TERREN BECKER
 Organization LABOR RELATIONS SERVICES, INC.
 P.O. Box, Bldg., Room No., if any SUITE 190
 Street 24 CORPORATE PLAZA
 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

12.a. Identify subject groups of employees:

ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED TO BETWEEN THE PARTIES.

12.b. Identify subject labor organizations:

RETAIL WHOLESALE AND DEPARTMENT STORE LOCAL 386