

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



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)

	LY BEFORE PREPARING THIS REPORT.	
1. File Number: C- 00633		
T. Hertania.		
Person Filing		
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Steven A Beyer	Name	
Title Partner	Title	
Organization The Crossroads Group Labor Relations Con	Organization	
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 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):	7. Date entered into: 5 / 1 / 2011	
Name Susan Kirmayer	Name of person(s) through whom made:	
Organization Odwalla, Inc.	Name Brian J Sasadu	
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any Building F		
Street 2996 Alvarado Street	Name	
City San Leandro	Name	
State California ZIP Code + 4 94577	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed Title Other (Specify) Partner	by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Michael Dan Penn (If other title, see instructions) Title Other (Specify) Partner	
On 6/05/2011 (949) 248-0884 Date Telephone Number	On 6/05/2011 (818) 999-5632 Date Telephone Number	
Date response number	Sate respirate Number	
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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.):

Payment on a fee-for-service basis at an hourly rate of \$350.00 per hour, plus reasonable and customary expenses.

Specific Activities to be Performed

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

To assist the Employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation.

11.c. Extent performed:
Completed
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.b. Identify subject labor organizations:
International Brotherhood of Teamsters, Local 70

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