

**FORM LM-20**  
**AGREEMENT AND ACTIVITIES REPORT**



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.**

657580

1. File Number: C- 65802

**Person Filing**

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

Name

Title

Organization International Labor Relations

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

Street 8086 South Yale Ave suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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:

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

Organization Mrs Green Natural Market

Trade Name, if any

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

Street 1 Bridge Street, 2nd Floor. Suite 3

City Irving

State New York

ZIP Code + 4 10533

7. Date entered into:

7 / 24 / 2014

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

Name Sherry Schultz

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 10/09/2017 800-555-7509

Date Telephone Number

On 10/09/2017 800-555-7509

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.):

The fee per consultant is a hourly rate worked per consultant plus travel.

#### Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 10/14/2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Edgardo Villanueva  
Organization Effective Management Systems  
P.O. Box, Bldg., Room No., if any  
Street 1340 N Astr St #2205  
City Chicago  
State Illinois ZIP Code + 4 60610

Additional Name and address through whom performed, if any:

Name Brad Gonzalez  
Organization  
P.O. Box, Bldg., Room No., if any  
Street 803 Mango Dr  
City Casselberry  
State Florida ZIP Code + 4 32707

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

UFCW Local 1534

Filer: International Labor Relations	File Number C- 65802
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 10/14/2014</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Angel Cornejo</p> <p>Organization Pinnacle Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1557 Countrywood Lane</p> <p>City Escalon</p> <p>State California ZIP Code + 4 95320</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Zak Langren</p> <p>Organization Langren Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 14520 W. Mockingbird Ln</p> <p>City Sand Sprngs</p> <p>State Oklahoma ZIP Code + 4 74063</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p>