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 09-30-2011



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.

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File Number: C- 707						
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Person Filing		3 Any othe	r address where record	e nacessary to verify thi	s report are kent:	
Name and mailing address (include ZIP Code):			3. Any other address where records necessary to verify this report are kept:			
Name David C Acosta			Name			
Title President/Treasurer		Title				
Organization Redstone Enterprises		Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street 5415 E Willowick Circle			Street			
ity Anaheim			City			
State California ZIP Code + 4	92807	State		ZIP Code + 4		
Dec 5. Type of personal states of the second states		c. Corpo	ration d Other (S	pecify):		
Nature of Agreement or Arrangement						
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 12 / 6 / 2010				
Name			8. Name of person(s) through whom made:			
Organization Bar-S Foods			Name James Trusley			
Trade Name, if any						
P.O. Box, Bldg., Room No., if any			Name			
Street 500 South Bar South Boulevard			Name			
City Altus		Name				
State Oklahoma ZIP Code + 4	7.3521	Name				
	Signa	atures				
Each of the undersigned declares, under penalty of perjunction he information contained in any accompanying documenture, correct, and complete. (See Section VII on penalties	ts) has been examined	penalties of la t by the signal	aw, that all of the inform ory and is, to the best o	nation submitted in this r of the undersigned's kno	eport (including wledge and belief	
3. Signed	President (If other title, see	14. Signed	***************************************		Treasurer (If other title, see	
Title	instructions)	Title	Treasurer		instructions)	
On 12/31/2010 714-306-2229		On	12/31/2010	714-306-2229		
Date Telephone Numb	er		Date	Telephone Number		

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Filer:/David Acosta Redstone Enterprises	File Number C-			
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:			
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain			
b. To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving n administrative or arbitral proceeding or a criminal or civil judicial proceeding.			
10. Terms and conditions (Explain in detail; see instructions. Written agreements Verbal agreement to provide consultation and to give right to organize and bargain collectively according Terms of billing are \$187.50 per hour plus expenses	ve speeches to employees about exercising their ng to the Guide to the Labor Relations Act of 1935.			
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a Nature of activity: To provide consultation and to give speeches based 1935 to employees regarding their rights to organi	on the Guide to the National Labor Relations Act of ze and bargain collectively.			
11.b. Period during which performed: 12/6 to 12/17/2010	11.c. Extent performed: Activity was partially completed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization LRI	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 7850 South Elm Place, Suite E	Street			
City Broken Arrow	City			
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Hourly employees, supervisors, and leads	no petition filed			