

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.

465681

1. File Number: C-531

Person Filing

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

Name MICHAEL O'DONNELL
Title PRESIDENT
Organization PINNACLE ORG SERV
P.O. Box, Bldg., Room No., if any
Street 3103 E. HAZELWOOD
City PNX
State AZ ZIP Code + 4 85016

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 PINNACLE FOOD GROUP
Organization
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street ONE OLD BLOOMFIELD RD
City MOUNTAIN LAKES
State NJ ZIP Code + 4 07046

7. Date entered into:

8/25/08

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

Name KELLY MARGES
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 [Signature] President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 8-23-11 601-790-3424
Date Telephone Number

On _____
Date Telephone Number

Filer:

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.):

Present material to employees and paid hourly.

Specific Activities to be Performed

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

a. Nature of activity:

Provide employees with information to make an informed decision on union representation

11.b. Period during which performed:

11.c. Extent performed:

on going

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name *MICHAEL O. DONNEL*

Name

Organization *P.O.S*

Organization

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

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

Street *3103 E. HAZELWOOD*

Street

City *PNX*

City

State *AZ*

ZIP Code + 4 *85016*

State

ZIP Code + 4

12.a. Identify subject groups of employees:

all production

12.b. Identify subject labor organizations:

UFCW