

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.

559230

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 Avenue Suite 225

City Tulsa

State

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 / 13

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Pine Ridge Farms, LLC

Trade Name, if any

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

Street 1800 Maury Street

City Des Moines

State Iowa

ZIP Code + 4 50317

7. Date entered into:

7 / 28 / 2013

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

Name Brady Stewart

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 7/28/13

Date

800-555-7509

Telephone Number

On 7/28/13

Date

800-555-7509

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.):

Oral.

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 7/28/13

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Angel Cornejo
 Organization Pinnacle Labor Relations
 P.O. Box, Bldg., Room No., if any
 Street 1557 Countrywood Lane
 City Escalon
 State California ZIP Code + 4 95320

Additional Name and address through whom performed, if any:

Name Simon R Jara Sr.
 Organization Pinnacle Labor Solutions
 P.O. Box, Bldg., Room No., if any
 Street 10380 Rochelle Avenue
 City Santee
 State California ZIP Code + 4 92071

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit.

12.b. Identify subject labor organizations:

United Food & Commercial Workers District Local 431

Specific Activities to be Performed (Continuation Page)

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 07/28/2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed

Name

Organization Clegg & Associates Management Group

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

Street 25889 152nd Street

City Surrey, BC, CA V3S0A4

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Charles

R

Stephenson

Organization CRS Labor Relations Solutions

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

Street 1500 East Katella Avenue - Suite M

City Orange

State

California

ZIP Code + 4

74136

Additional Name and address through whom performed, if any:

Name

Jose

Agraz

Organization

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

Street 4010 Ivey Vista Way

City Oceanside

State California

ZIP Code + 4

92057

Additional Name and address through whom performed, if any:

Name

Simon

Estevan Jara JR

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Avenue

City Santee

State

California

ZIP Code + 4

92071

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United Food & Commercial Workers District Local 431