

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

559231
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65831

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization Pacific Labor Relations P.O. Box, Bldg., Room No., if any Street 8086 South Yale Avenue #225 City Tulsa State <u>Oklahoma</u> 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: <u>Dec</u> / 13	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> 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 <u>Iowa</u> ZIP Code + 4 50317	7. Date entered into: 4 / 04 / 2013 8. Name of person(s) through whom made: Name Brady Stewart 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 <u>President</u> On <u>5/04/2013</u> <u>800-555-7509</u> Date Telephone Number	14. Signed Title <u>Treasurer</u> On <u>5/04/2013</u> <u>800-555-7509</u> Date Telephone 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.):

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 4/04/13

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

Name Peter Quist
Organization
P.O. Box, Bldg., Room No., if any
Street 502 S. 15th St. Apt 102
City Boise
State Idaho ZIP Code + 4 87302

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