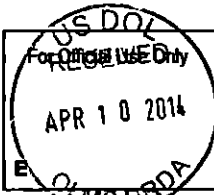


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 88-257, 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.

554116

1. File Number: C-106020

### Person Filing

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

Name EVELYN D FRAGOSO

Title PRESIDENT

Organization QUALITY LABOR SOLUTIONS INC.

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

Street 2700 COURTLEIGH DR

City BAKERSFIELD

State California

ZIP Code + 4 93309

#### 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):

### Nature of Agreement or Arrangement

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

Name SUSAN SAMPSON

Organization SIGNATURE BREADS

Trade Name, if any

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

Street 100 JUSTIN DRIVE

City CHELSEA

State Massachusetts

ZIP Code + 4 02150

#### 7. Date entered into:

9 / 17 / 2013

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

Name

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 03/01/2014

Date

661-735-5211

Telephone Number

On

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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

ENGAGEN TO COMMUNICATE TO EMPLOYEES REGARDING EXERCISING THEIR RIGHTS TO ORGANIZE AND BARGAIN COLLECTIVELY

11.b. Period during which performed:

VARIOUS DAYS BEGINNING 09/10/13

11.c. Extent performed:

11.d. Name and address through whom performed:

Name philip wilson

Organization

LRI

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

P.O Box 1529

Street

7850 South Elm place

City

Broken Arrow

State

OK

ZIP Code + 4

74013

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

PRODUCTION WORKERS

12.b. Identify subject labor organizations:

UFCW