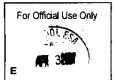


U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

| 1. File Number: c- 00527 32817 4 | |
|---|--|
| | |
| Person Filing | |
| Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: |
| Name JOHN M HERMANN | Name NONE |
| Title PRESIDENT & CEO | Title |
| Organization LABOR RELATIONS SERVICES, INC. | Organization |
| P.O. Box, Bldg., Room No., if any SUITE 100 | P.O. Box. Bldg., Room No , if any |
| Street 24 CORPORATE PLAZA | Street |
| City NEWPORT BEACH | City |
| State California ZIP Code + 4 92660 | State ZIP Code + 4 |
| 4. Date fiscal year ends: 5. Type of person: | |
| Dec / 7 a. Individual b. Partners | ship c. Corporation d. Other (Specify): |
| | |
| Nature of Agreement or Arrangement | |
| 6. Full name and address of employer with whom made (include ZIP Code): | 7. Date entered into 3 / 27 / 2007 |
| Name KATHLEEN MAHONEY | |
| Organization NASH FINCH COMPANY | Name of person(s) through whom made: |
| Trade Name, if any PERFORMANCE DRIVEN | Name |
| P.O. Box, Bidg., Room No., if any | Name |
| Street 7600 FRANCE AVENUE SOUTH | Name |
| City EDINA | Name |
| State Minnesota ZIP Code + 4 55435 | Name |
| S | ignatures |
| | 14. Signed (1) // Crue Treasurer |
| On 03/27/2007 949-719-1962 | On 03/27/2007 949-719-1962 |
| Date Telephone Number | Date Telephone Number |

| Filer | TOTAL | THEOMANIA |
|-------|-------|-----------|

LABOR RELATIONS SERVICES, INC.

File Number C- 00527

| 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.):

All services described in Section 11a., below shall be performed on an hourly fee basis at a rate of \$475.00, \$350.00 and \$325.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc., at actual cost.

Specific Activities to be Performed

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

Labor Relations Services, Inc., has been retained to assist the employer named above in communication with its employees with regard to the manner in which they excercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.

| 11.b. Period during which performed | 11.c. Extent performed: | |
|--|---|--|
| Pendency of N.L.R.B. | None as of this date. | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | |
| Name JOHN M HERMANN | Name WARD RUPEL | |
| Organization LABOR RELATIONS SERVICES, INC. | Organization LABOR RELATIONS SERVICES, INC. | |
| P.O. Box, Bldg., Room No., if any SUITE 100 | P.O. Box, Bldg., Room No., if any SUITE 100 | |
| Street 24 CORPORATE PLAZA | Street 24 CORPORATE PLAZA | |
| City NEWPORT BEACH | City NEWPORT BEACH | |
| State California ZIP Code + 4 92660 | State California ZIP Code + 4 92660 | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | |
| ALL FULL-TIME AND REGULAR PART-TIME EMPLOYEES. | IBT - LOCAL 135 | |
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11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Labor Relations Services, Inc., has been retained to assist the employer named above in communication with its employees with regard to the manner in which they excercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.

| | 44 - 5-4-4-4 |
|---|---|
| 11.b. Period during which performed: | 11.c. Extent performed: None as of this date. |
| Pendency of N.L.R.B. | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
| Name JAMES ANDERSON | Name BRAD MOSS |
| Organization LABOR RELATIONS SERVICES, INC. | Organization LABOR RELATIONS SERVICES, INC. |
| P.O. Box, Bldg., Room No., if any SUITE 100 | P.O. Box, Bldg., Room No., if any SUITE 100 |
| Street 24 CORPORATE PLAZA | Street 24 CORPORATE PLAZA |
| City NEWPORT BEACH | City NEWPORT BEACH |
| State California ZIP Code + 4 92660 | State Californa ZIP Code + 4 92660 |
| Additional Name and address through whom performed, if any: | Additional Name and address through whom performed, if any: |
| Name HENRY DESCH | Name |
| Organization LABOR RELATIONS SERVICES, INC. | Organization |
| P.O. Box, Bldg., Room No., if any SUITE 100 | P.O. Box, Bldg., Room No., if any |
| Street 24 CORPORATE PLAZA | Street |
| City NEWPORT BEACH | City |
| State California ZIP Code + 4 92660 | State ZIP Code + 4 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
| ALL FULL-TIME AND REGULAR PART-TIME EMPLOYEES. | IBT - LOCAL 135 |
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Form LM-20 (2003)