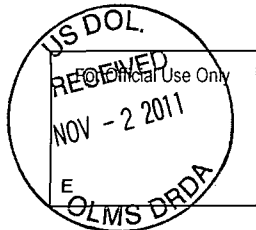


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

469165

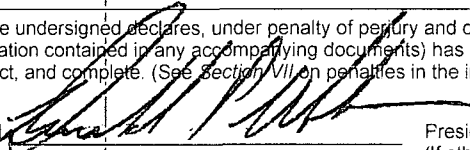
1. File Number: C- 00525

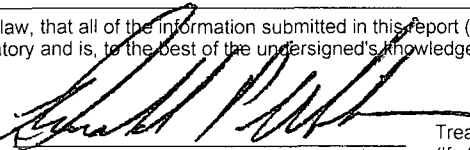
Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization LRI Consulting Services Inc P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011	3. Any other address where records necessary to verify this report 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 / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Freshpoint Trade Name, if any P.O. Box, Bldg., Room No., if any Street 2121-A Distribution Center Drive City Charlotte State North Carolina ZIP Code + 4 28269	7. Date entered into: 10 / 10 / 2011 8. Name of person(s) through whom made: Name Debbie Williamson 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
(If other title, see instructions)

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

On 10/26/2011 918-455-9995
Date Telephone Number

On 10/26/2011 918-455-9995
Date Telephone Number

Filer: LRI Consulting Services Inc	File Number C- 00525
------------------------------------	----------------------

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.):

\$3000 per day per consultant plus reasonable travel expenses.

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 to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed: various days beginning 10/12/11	11.c. Extent performed: Fully Performed
11.d. Name and address through whom performed: Name Joseph Alex Organization P.O. Box, Bldg., Room No., if any Street 3302 Gordon Avenue City Monroe State Louisiana ZIP Code + 4 71202	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: Various employees	12.b. Identify subject labor organizations: pre-petition
--	---