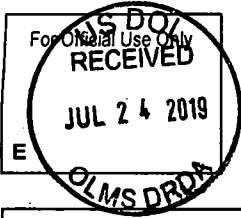


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

707250

1. File Number: C- 00676

### Person Filing

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

Name Carlos Ortiz  
Title  
Organization Solutions Labor Relations Consultants  
P.O. Box, Bldg., Room No., if any Suite 210-106  
Street 7426 Cherry Ave.  
City Fontana  
State California ZIP Code + 4 92336

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 / 19

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 Tanya Teeter  
Organization Cargill Meat Solutions Corporation  
Trade Name, if any Five Star Custom Foods, LTD.  
P.O. Box, Bldg., Room No., if any  
Street 3709 E First Street  
City Fort Worth  
State Texas ZIP Code + 4 76111

7. Date entered into:

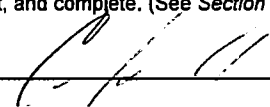
7 / 1 / 2019

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

Name Peter List  
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 Managing Partner  
President (If other title, see instructions)

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

On 7/22/2019 909-910-5575  
Date 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.):

Oral agreement made through Kulture Consulting, LLC \$2,625 per day, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.

#### Specific Activities to be Performed

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

a. Nature of activity:

Met with employees individually and in small groups to answer questions, consistent with the National Labor Relations Act.

11.b. Period during which performed:

Various days beginning 7/1/2019

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Peter List

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any P.O. Box 2877

Street

City Pawleys Island

State South Carolina ZIP Code + 4 29585

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:

Included: All full-time and regular part-time employees, including group leads, line leads, quality assurance (FSQR) production, maintenance, shipping, receiving, waste water and refrigeration technicians working at the Employer's facility located at 3709 1st Street, Fort Worth, Texas 76111.

Excluded: All other employees, including office clericals, SPS, R&D, guards and supervisors as defined in the Act.

12.b. Identify subject labor organizations:

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL  
UNION LOCAL 540