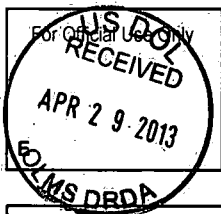


FORM LM-20

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.

527751

1. File Number: C- 674

Person Filing

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

Name Stacee Bell
Title VP Finance & Administration
Organization LRC Strategies, Inc.
P.O. Box, Bldg., Room No., if any _____
Street 13449 Dulles Ave
City Austin
State Texas ZIP Code + 4 78729

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 Suzanne Kling
Organization Revolution Foods
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 8393 Capwell Drive, Suite 200
City Oakland
State California ZIP Code + 4 94621

7. Date entered into:

03 / 20 / 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 Vice President Finance

Treasurer
(If other title, see
instructions)

On

04/19/2013

Date

512-249-6200

Telephone Number

On

04/19/2013

Date

512-249-6200

Telephone Number

Filer:

File Number C-

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.):

No petition filed. Conducted general discussions, in a town hall format, with members of leadership team and several employee groups on employee relations issues, company policies and rules related to unionizing or not unionizing the workforce. Total time spent with employees was less than 16 hours.

Specific Activities to be Performed

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

a. Nature of activity:

Provide background information to employees on employee rights under the NLRA and employees' right to choose to be represented or not represented by a union. The company leadership team also discussed company policies and how they worked with employees.

11.b. Period during which performed:

March 20, 2013 - March 30, 2013

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Annette Raggette

Organization LRC Strategies, Inc.

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

Street 13449 Dulles Ave.

City Austin

State Texas

ZIP Code + 4 78729

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:

Employees included food production staff and drives in and around the employees Oakland, CA locations.

12.b. Identify subject labor organizations: