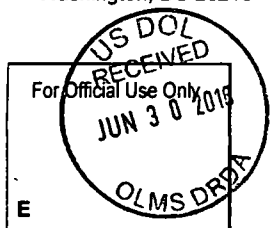


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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)

623920

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00662

Person Filing

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

Name Kenneth Cannon

Title Owner

Organization Cannon Labors Relations, LLC

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

Street 2207 Ballantrae Dr.

City Colleyville

State Texas ZIP Code + 4 76034

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 / 30

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 Ann Roberson

Organization Mizkan America, Inc

Trade Name, if any

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

Street 1661 Feehanville Dr. Ste 300

City Mount Prospect

State Illinois ZIP Code + 4 60056

7. Date entered into:

05 / 03 / 2016

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 *Kenneth Cannon*

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title d

On 06/11/2016 972-670-6159
Date Telephone Number

On Date Telephone Number

593

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.):

Train managers on the National Labor Relations Act and meet with all hourly employees to explain the process the National Labor Relations Board has established for employees to decide if they wish to be represented by a labor organization or continue remain union free.

Specific Activities to be Performed

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

a. Nature of activity:

Trained managers and supervisors on TRIPS and what they can and cannot say or do during the pre-election period.

Met with all hourly employees, explained the purpose of a union authorization card and how it is used in a non-right to work state and how the pre-election, election and collective bargaining process works.

11.b. Period during which performed:

05/04/2016 05/05/2016

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Mark Maddox

Organization Mizkan America, Inc

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

Street 3100 Ragu Dr

City Owensboro

State Kentucky ZIP Code + 4 42303

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:

All production and maintenance employees located at the above facility in Owensboro, KY

12.b. Identify subject labor organizations:

United Food and Commercial Workers Union. local not known