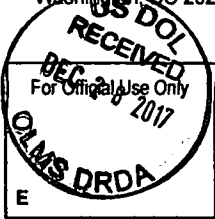


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

659119

1. File Number: c 710

Person Filing

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

Name Scott Michel

Title

Organization

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

Street 819 Herman Rd

City Horsham

State Pennsylvania

ZIP Code + 4 19044

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 / 17

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 Tom Kuharcik

Organization

Trade Name, if any Krispy Kreme Doughnut Corp.

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

Street 370 Knollwood St

City Winston Salem

State North Carolina

ZIP Code + 4 27103

7. Date entered into:

6 / 13 / 17

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

Scott Michel
Title

President
(If other title, see
instructions)

14. Signed

Title d

Treasurer
(If other title, see
instructions)

On 12/19/17

Date

2153597155

Telephone Number

On

Date

Telephone Number

Filer: Scott Miewer	File Number C-
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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.):

\$1500.00 per day plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

To educate employees of their rights under the NLRA.

11.b. Period during which performed:

6/13/17 to 6/23/17

11.c. Extent performed:

fully

11.d. Name and address through whom performed:

Name

Organization **RoadWarrior Productions LLC.**

P.O. Box, Bldg., Room No., if any **372636**

Street

City **Satellite Beach**

State **Florida**

ZIP Code + 4 **32937-2636**

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:

Route Sales Drivers

12.b. Identify subject labor organizations:

UFCW Local 75