

# 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.

502971

1. File Number: C- 00707

### Person Filing

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

Name Mary L Holden

Title Consultant

Organization Mary L Holden HR/ER Consultant

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

Street 1090 Willow Grove Ct

City Rochester Hills

State Michigan ZIP Code + 4 48307-2588

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:

Mar / 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 Kirk Roles

Organization Inventure Foods

Trade Name, if any

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

Street 705 West Dustman Rd.

City Bluffton

State Indiana ZIP Code + 4 46714

7. Date entered into:

7 / 12 / 2012

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

*Mary L Holden*

President  
(If other title, see instructions)

Title

Sole Proprietor

14. Signed

*[Signature]*

Treasurer  
(If other title, see instructions)

Title

Treasurer

On 08/21/2012

Date

248 459-5700

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.):

Verbal agreement with Labor Relations Institute at \$37,500 plus reasonable traveling expenses

**Specific Activities to be Performed**

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

a. Nature of activity:

Engaged 7/12/2012 to communicate to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 7/17/2012

11.c. Extent performed:

concluded 8/14/2012

11.d. Name and address through whom performed:

Name Phillip Wilson  
Organization Labor Relations Institute, 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

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:

Production, maintenance, warehouse, quality assurance

12.b. Identify subject labor organizations:

Retail, Wholesale, Department Store Union