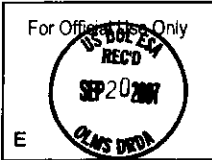


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

335431

1. File Number: C- 00525

Person Filing

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

Name

Title

Organization LRI Consulting Services, 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

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 / 31

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

Organization Wenner Bread Products

Trade Name, if any

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

Street 33 Rajon Road

City Bayport

State New York

ZIP Code + 4 11795

7. Date entered into:

7 / 16 / 2007

8 Name of person(s) through whom made:

Name Larry Wenner

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 Treasurer

Treasurer
(If other title, see
instructions)

On

9-13-07
Date

918-455-9995
Telephone Number

On

918-455-9995
Date Telephone Number

Filer: LRI Consulting Services, Inc.

File Number C- 00525

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.):

Agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively.

Specific Activities to be Performed

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

a Nature of activity:

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:
on going

11.c. Extent performed:
Fully performed

11.d. Name and address through whom performed:

Name Guillermo Martinez

Organization EMSI Consulting, Inc.

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

Street 1340 N Astor Street # 2205

City Chicago

State Illinois ZIP Code + 4 60610

Additional Name and address through whom performed, if any:

Name Ed Villanueva

Organization EMSI Consulting, Inc.

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

Street 1340 N Astor Street # 2205

City Chicago

State Illinois ZIP Code + 4 60610

12.a. Identify subject groups of employees:

Material handling, PAR Bake Packing, Frozen Prod, Bread Packing, Mixers, Machine Operators, Group Leaders, Scaling, Shipping & Receiving, Production, Quality Assurance, Maintenance, Sanitation, Oven Workers, Packing, Frozen Pkg., Roll Packer & Mechanics

12.b. Identify subject labor organizations:

Industrial Trade

Filer: LRI Consulting Services, Inc.	File Number C- 00525
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Specific Activities to be Performed (Continuation Page)	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed: on going	11.c. Extent performed: Fully performed
11.d. Name and address through whom performed: Name Peter Quist Organization Grubb Quist & Associates, LLC P.O. Box, Bldg., Room No., if any Street 12 South Main Street City Waterbury State Vermont ZIP Code + 4 05676	Additional Name and address through whom performed, if any: Name Gerry Fernandez Organization EMSI Consulting, Inc. P.O. Box, Bldg., Room No., if any Street 1340 N Astor Street # 2205 City Chicago State Illinois ZIP Code + 4 60610
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	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: Material handling, PAR Bake Packing, Frozen Prod, Bread Packing, Mixers, Machine Operators, Group Leaders, Scaling, Shipping & Receiving, Production, Quality Assurance, Maintenance, Sanitation, Oven Workers, Packing, Frozen Pkg., Roll Packer & Mechanics	12.b. Identify subject labor organizations: Industrial Trade