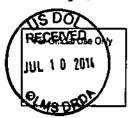
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



1. File Number.

C- 65831

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalizes as provided by 29 U.S. C. 439 or 440. Required of persons, including Labor Relations Committents 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.

Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Title Title Organization Pacific Labor Relations Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 8086 South Yale Avenue #225 Street Cky Tulsa City State Oklahoma ZIP Code • 4 74136 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Partnership c. Corporation d. Other (Specify): LLC Dec 13 Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP Code); 7. Date entered into: 04 **/** 2013 8. Name of person(s) through whom made: Organization Pine Ridge Parms, LLC Name Brady Stewart Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 1800 Maury Street City Des Moines Name State I owa ZIP Code + 4 50317 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 signetory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.) President Treasurer 13. Signed (If other title, see (If other title, see instructions) instructions) President 5/04/2013 800-555-7509 5/04/2013 800-555-7509 Dete Telephone Number Date Telephone Number Form LM-20 (2003)

Filer: Pacific Labor Relations	File Number C- 65831
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.	
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 solety 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.):	
Oral.	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.	
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11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 4/04/13	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Simon R Jara	Name Peter Quist
Organization Pinnacle Labor Solutions	Organization
P.O. Box, Bidg., Room No , if any	P.O. Box, Bidg., Room No., if any
Street 10380 Rochelle Avenue	Street 502 S. 15th St. Apt 102
Cdy Santee	City Boise
State California ZIP Code + 4 92071	State Idaho ZIP Code + 4 87302
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit.	United Pood & Commercial Workers District Local 431
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