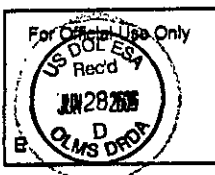


# FORM LM-20

## 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.

1. File Number: C- 00272

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Harold D Craft  Title Chairman/President  Organization CBC Consulting, Ltd.  P.O. Box, Bldg., Room No., if any  Street 5900 Lorac Drive., Suite 101  City Clarkston  State Michigan ZIP Code + 4 48346	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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Melody Farms  Trade Name, if any Dean Foods  P.O. Box, Bldg., Room No., if any  Street 1000 Maple Street  City Detroit  State Michigan ZIP Code + 4 48207	7. Date entered into: 3 / 6 / 2006  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 Harold D. Craft President  
(If other title, see instructions)  
Title Other (Specify)  
Chairman

On 6-14-06 248-922-0141  
Date Telephone Number

14. Signed Harold D. Craft Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
President

On 6-14-06 248-922-0141  
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.):

For services rendered. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union.

\$31,000.00 to be received by check.

**Specific Activities to be Performed**

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

a. Nature of activity:

Group meetings with employees and answer questions.

11.b. Period during which performed:

01-2006 - 05-2006

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name

Organization CBC Consulting, Ltd.

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

Street 5900 Lorac Drive, Suite 101

City Clarkston

State Michigan

ZIP Code + 4 48346

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:

Warehouse workers

12.b. Identify subject labor organizations:

AFSCME Teamsters