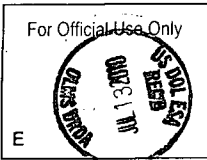


FORM LM-20

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)

432868

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 698

| Person Filing | |
|--|--|
| 2. Name and mailing address (include ZIP Code): Name Jim Teague Title Organization P.O. Box, Bldg., Room No., if any PO Box 1529 Street City Broken Arrow State Oklahoma ZIP Code + 4 74013 | 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 checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Food Pyramid Trade Name, if any P.O. Box, Bldg., Room No., if any Street 336 South Barnes City Springfield State Missouri ZIP Code + 4 65802 | 7. Date entered into: 12 / 15 / 2009 8. Name of person(s) through whom made: Name Erick Taylor 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 [Signature] President
(If other title, see instructions)
Title Sole Proprietor

14. Signed _____ Treasurer
(If other title, see instructions)
Title _____

On 7-7-10
Date 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.):

oral agreement

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give information to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

12/12 + 12/13/09

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phillip Wilson
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

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:

Meat, Deli, Bakery, Product and Grocery
Departments, Customer Service

12.b. Identify subject labor organizations:

Food & Commercial Workers