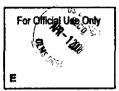
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 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.

1. File Number: C- 00272 360 464				
Person Filing				
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Harold D Craft	Name Sue L Maniscalchi			
Title Chairman/President	Title Office Administrator			
Organization CBC Consulting, Ltd.	Organization CBC Consulting, Ltd.			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 5900 Lorac Drive, Suite 101	Street 6770 Langle Drive			
City Clarkston	City Clarkston			
State Michigan ZIP Code + 4 48346	State Michigan ZIP Code + 4 48346			
4. Date fiscal year ends: 5. Type of person:				
Dec / 31 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):	7. Date entered into: 8 / 30 / 2007			
Name Neil Finerty				
Organization Pet Dairy	8. Name of person(s) through whom made:			
Trade Name, if any Dean Foods, Inc.	Name Neil Finerty			
P.O. Box, Bldg., Room No., if any	Name			
Street 1735 Old Dean Forest Road	Name			
City Pooler	Name			
State Georgia ZIP Code + 4 31322	Name			
Signatures				
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions)	14. Signed			
On	On			
Date Telephone Number	Date Telephone Number			

Filer Harold	Craft CBC	Consulting,	Ltd.		File Number C-	00272
9 Chark the ann	moriate how to indic	ata whathar an chi	art of the activities undertaken is dire	othy or inclinantly:		
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or inclinectly:						

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or inclinectly:					
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 artifral 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 during the union campaign. To answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union. Included would be group meetings with employees. \$ 9,450 to be paid by check.					
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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:					
Group meetings with employees.					
11.b. Period during which performed:	11.c. Extent performed:				
08-2007	Complete				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name	Name				
Organization CBC Consulting, Ltd.	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 5900 Lorac Drive, Suite 101	Street				
City Clarkston	City				
State Michigan ZIP Code + 4 48346	State ZiP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Dairy distribution drivers.	Teamsters				