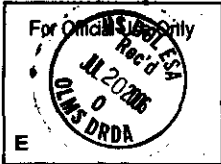


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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- 428 296975

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Sal Duarte</u> Title <u>Owner: Sole Proprietor</u> Organization <u>Agri-Labor Relations</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 498</u> Street City <u>San Luis Rey</u> State <u>Ca.</u> ZIP Code + 4 <u>92068</u>	3. Any other address where records necessary to verify this report are kept: Name <u>Same</u> Title <u>Same</u> Organization <u>Same</u> P.O. Box, Bldg., Room No., if any Street <u>3337 Golfers Dr.</u> City <u>Oceanside</u> State <u>Ca.</u> ZIP Code + 4 <u>92056</u>
4. Date fiscal year ends: <u>12/31/06</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify) <u>Sole Proprietor</u>

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>Nyle Farmer</u> Organization <u>Johnson Foods, Inc.</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>336 Blaine Ave.</u> City <u>Sunnyside, Wa.</u> State <u>Wa.</u> ZIP Code + 4 <u>98944</u>	7. Date entered into: <u>6/14/06</u> 8. Name of person(s) through whom made: Name <u>Nyle Farmer</u> 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 Sal Duarte President
(If other title, see instructions)
Title owner

14. Signed n/a Treasurer
(If other title, see instructions)
Title Treasurer

On 7-12-06 760-518-6829
Date Telephone Number

On _____
Date Telephone Number

File:

Sal Duarte / Agri-labor Relations

File Number C-

428

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.):

\$160.00 per hour plus 1/2 of travel time, and all related expenses, such as, air fare, lodging, car rental, meals, + entertainment.

Specific Activities to be Performed

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

a. Nature of activity:

Persuasion of all bargaining unit employees and provision of information

Provision of information to all management reps.

11.b. Period during which performed:

6-14-06 thru 7-27-06

11.c. Extent performed:

As Needed

11.d. Name and address through whom performed:

Name

Sal Duarte

Organization

Agri-Labor Relations

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

P.O. Box 498

Street

City

San Luis Rey, CA

State

Ca.

ZIP Code + 4 92068

Additional Name and address through whom performed, if any:

Name

N/A

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All bargaining unit employees and all management representatives

12.b. Identify subject labor organizations:

IBT Teamster Local #760
1211 W. Lincoln Ave.
Yakima, Washington
98902