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.

- O_MS UV			
1. File Number: C-00460 479 340900			
Person Filing 2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
L	Name		
Title Secretary and Treasurer	Title		
Organization Farm Employers Labor Service	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 2300 River Plaza Drive	Street		
City Sacramento	City		
State California ZIP Code + 4 95833-3293	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:	2		
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: 10 / 23 / 2007 **		
Name Jeff Wilbur			
Organization Mayflower Companies / Rio Blanco Dairy	8. Name of person(s) through whom made:		
Trade Name, if any	Name Rigo De La Cerda		
P.O. Box, Bldg., Room No., if any	Name John Barrientos		
Street 20280 Road 52	Name		
City Tulare	Name		
State California ZIP Code + 4 93274	Name		
Sign	atures		
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.)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed President (If other title, see instructions)	14. Signed Treasurer Treasurer Treasurer (If other title, see instructions)		
	Title 1/0//58		
On 916-561-5670 Telephone Number	On 1 916-561-5670 916-561-5670 Telephone Number		
Date Telephone Number	. Fate releptions runner		

Filer: Joseph Peters Farm Employers Labor Service	File Number C- 00460			
9. Check the appropriate box to indicate whether an object of the activities under	aken, is directly or indirectly:			
a. To persuade employees to exercise or not to exercise, or persuade employees as to the mariner 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.): Agreed to pay fels \$185 per hour for services rendered by each FESS Labor Management Consultant (LMC),				
plus travel costs (\$0.45 per mile, \$45 per hour for	travel time, and actual out-of-pocket costs).			
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
To inform employees of Rio Blanco Dairy of the adva	intages of voting for no union.			
11.b. Period during which performed:	11.c. Extent performed:			
October 23, 2007 - Dec. 14, 2007	Completed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Rigo De La Cerda	Name Francisco G Leal			
Organization Farm Employers Labor Service	Organization Farm Employers Labor Service			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 2300 River Plaza Drive	Street 2300 Riv∈r Plaza Drive			
City Sacramento	City Sacramento			
State California ZIP Code + 4 95833-3293	State California ZIP Code + 4 95833-3293			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Employees of Mayflower Companies/Rio Blanco Dairy	United Food & Commercial Workers (UFCW)			

Specific Activities to be Performed (Continuation Page)

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

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To inform employees of Rio Blanco Dairy of the advantages of voting for no union.

11.b. Period during which	performed:	11.c. Extent performed:		
=	2007 - Dec. 14, 2007	Completed		
11.d. Name and address	through whom performed:	Additional Name and address through whom performed, if any:		
Name John	Barrientos	Name		
Organization Farm Em	ployers Labor Service	Organization		
P.O. Box, Bldg., Room N	o., if any	P.O. Box, Bidg., Room No., if any		
Street 2300 River P	laza Drive	Street		
City Sacramento		City		
State California	ZIP Code + 4 95833-3293	State	ZIP Code + 4	
Additional Name and addr	ess through whom performed, if any:	Additional Name and address through whom performed, if any:		
Name		Name		
Organization		Organization		
P.O. Box, Bldg., Room No	o., if any	P.O. Box, Bldg., Room No., if any		
Street		Street		
City		City		
State	ZIP Code + 4	State	ZIP Code + 4	
12.a. Identify subject grou	ps of employees:	12.b. Identify subject labor organizations:		
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