Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration Office of Labor Management Standards



This report is mandatory under P.L. 86-257 as amended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

Required of Persons, including Labor Relations Consulta Under Section 203(b) of the Labor-Management Reportir				File No. C. 6/2	
A. Person Filing		ESA .	197009		
Name and maling address (include ZIP code):	2. An	other addre	sa where records neces	sary to verify this report are ke	
Herrera Labor Relations Consul v 17011 Belmont St. Delano CA. 93215	-	OLW & B	3		
3. Date fiscal year ends: 4. Type of person:					
a. Ki individus	ul b. 🗆 Partne	ership c. I	Corporation d. E	☐ Other (Specify):	
Dic. 31-2006					
Nature of Agreement or Arrangement Full name and address of employer with whom mad	la (includa 719 par	(a): (6)	Dute entered into:		
5. Pull name and address of employer with whom mad	a (include zir cod	,		_	
Artesia Dairy Farms	Artesia Dairy Farms		March 1 2006 7. Names of persons through whom made:		
1340 Rd. 24 Corcoran CA.93212		I	Mr. Hans Reitsme		
8. Check the appropriate box to indicate whether an ol	bject of the activiti				
 To persuade employees to exercise or norganize and bargain collectively through To supply an employer with information codispute involving such employer, except in or a criminal or civil judicial proceeding. 	representatives d	of their own	choosing.		
9. Terms and conditions (Explain in detail; see Part B-9	of instructions):				
Verbal Agriement. C. Specific Activities to be Performed			·	·	
10. For each activity, separately list in detail the inform	nation required (Se	e Part C-10 o	(instructions):	<u> </u>	
a. Nature of activity: Employee Meetings.					
b. Period during which performed:	c. Extent performe	ed:		·	
3-106 to 3-7-06	None				
d. Names and addresses of persons through w	rhom performed:				
Jose Luis Herrera 170	Belmont	St. Del	ano Ca 93215		
11. Identify (a) Subject employees, groups of employee	es, and (b) labor o	rganizations			
Dairy Milkers and outs	ide Person	ial U	W. LOCAL DEL	ANO	
D. Verfication and Signature. The person in item 1 that all information in this report, including all attachme to the best of his knowledge and belief, true, correct, a	ents incorporated ti				
Signed:		Signed:		Treasu	
(If other title, cross out and write in correct title above.)	President	(if other title	, cross out and write in o		
City State	Date			ate Date	
at Dolana CA	2-14:06				