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

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Managemen
and Budget
No. 1215-0188
Expires 09-30-2011



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: **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Employee Relations Services Int'l Title Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street P O Box 18122 City City Anaheim Hills, CA 92817-9998 ZIP Code + 4 State State 5. Type of person: 4. Date fiscal year ends: Cax Corporation d. Other (Specify): Individual b. Partnership Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 10/ /2011 03 Name Jon Zdatny 8. Name of person(s) through whom made: Organization Buckhead Beef/Sysco Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 220 Raritan Center Pkwy City Name Edison, NJ 08837 ZIP Code + 4 State 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.) President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title On Date Telephone Number

Filer.		File Number C-
File.		
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 xxcollectively 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.		
	the effect of the	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):		
Held employee meetings to inform the and to answer questions pertaining t	m on their sect. o unions.	ion 7 rights
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:  Held meetings with employees, showed videos and informed them on union. Used union documentation for Q & A session.		
11.b. Period during which performed:	11.c. Extent performed:	
3/01/11 - 4/14/11		•
11.d. Name and address through whom performed:	Additional Name and address	ss through whom performed, if any:
Name	Name	
H Flores Organization Employee Relations Serv Int'l P.O. Box, Bldg., Room No., if any	Organization	
	P.O. Box, Bldg., Room No., if any	
Street	Street	,
Same as page 1	Sileet	
City	City	
State ZIP Code + 4	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:
·	1	
	:	