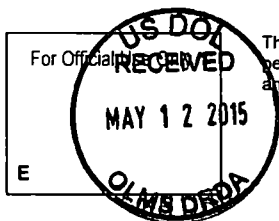


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

592368

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00469

Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter R Kraft

Title Solo Practitioner

Organization law office

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

Street 10 Moulton St.

City Portland

State Maine

ZIP Code + 4 04101

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 14

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): Subchapter S Corp.

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name UniFirst Corporation

Organization

Trade Name, if any

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

Street 68 Jonspin Rd.

City Wilmington

State Massachusetts

ZIP Code + 4 01887

7. Date entered into:

8/21/2014

8. Name of person(s) through whom made:

Name Michael A Croatti

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

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 5/6/2015

Date

207-807-3836

Telephone Number

On 5/6/2015

Date

207-807-3836

Telephone Number

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.):

Verbal agreement to help the Employer's management interact with employees in a legally compliant manner during a six week period from 8/21/2014 to 9/23/2014 in Case No 06-RD-097418, charging an hourly fee for such services.

Verbal agreement to help the Employer's management interact with employees in a legally compliant manner during a five week period from 11/20/2014 to 12/17/2014 in Case No 21-RC-140568, charging an hourly fee for such services.

Specific Activities to be Performed

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

a. Nature of activity:

In both instances described in #10 above, activities were identical. Helped management explain to employees their Section 7(a) rights to have union representation and/or their rights to refrain from having such representation. Held four or five rounds of small group meetings with employees, both mandatory and voluntary, to discuss employees' Section 7(a) rights.

11.b. Period during which performed:

Aug-Sept, 2014 & Nov-Dec, 2014

11.c. Extent performed:

attended 4-5 meetings

11.d. Name and address through whom performed:

Name Peter R Kraft

Organization

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

Street 10 Moulton St.

City Portland

State Maine

ZIP Code + 4 04101

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:

Aug-Sept, 2014: Non-supervisory Production, Maintenance, Shipping, and Delivery personnel working at the Employer's 1150 Second Avenue, New Kensington, Pennsylvania location

Nov-Dec, 2014: Non-supervisory Loaders and Delivery personnel at the Employer's 16434 Pioneer Boulevard, Norwalk, California location

12.b. Identify subject labor organizations:

United Steelworkers Union (United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial Service Workers International Union, Local Union 1324-15)

International Brotherhood of Teamsters, Local 495