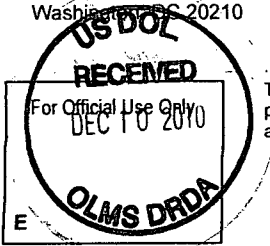


# FORM LM-20

## 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.

440949

1. File Number: C- 00556

### Person Filing

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

Name Jaiver Rojas

Title Treasure

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Rd

City Brownstown

State Michigan

ZIP Code + 4 48183

#### 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 / 31

#### 5. Type of person:

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):

Name Mike Warren

Organization Marzettis frozen Pasta

Trade Name, if any

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

Street 803 8th St SW,

City Altoona

State Iowa

ZIP Code + 4 50009

#### 7. Date entered into:

3 / 9 / 2010

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

Name Mike Warren

Name


Name

Name

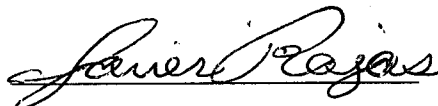
Name

### 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   
Title President

President  
(If other title, see  
instructions)

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

On 9/26/2010 313-218-0371  
Date Telephone Number

On 9/26/2010  
Date 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.):

1. Consult and advise management of Millard Refrigeration Services regarding strategy for conducting a certified election.
2. Conduct regular informational meetings with employees.
3. prepare appropriate informational material and responses to employee questions.

#### Specific Activities to be Performed

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

a. Nature of activity:

1. Teach management ACT (NLRB) how to conduct themselves on what they can and cannot say to employees.
2. Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A.
3. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.

11.b. Period during which performed:

3/10/10 to 5/01/10

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Ricardo Torres

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Rd

City Brownstown

State Michigan

ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Amed Santana

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Rd

City Brownstown

State Michigan

ZIP Code + 4 48183

12.a. Identify subject groups of employees:

All regular full time and regular part time production and maintaince employees

12.b. Identify subject labor organizations:

None

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.
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11.b. Period during which performed:

3/10/10 to 5/01/10

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Johan Pena  
Organization Permanent Solutions  
P.O. Box, Bldg., Room No., if any #374  
Street 23772 West Rd  
City Brownstown  
State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Alex Santana  
Organization Permanent Solutions  
P.O. Box, Bldg., Room No., if any #374  
Street 23772 West Rd  
City Brownstown  
State Michigan ZIP Code + 4 48183

12.a. Identify subject groups of employees:

All regular full time and regular part time  
production and maintaince employees

12.b. Identify subject labor organizations:

None

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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11.b. Period during which performed:

3/10/10 to 5/01/10

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Kahan Tan  
 Organization Permanent Solutions  
 P.O. Box, Bldg., Room No., if any #374  
 Street 23772 West Rd  
 City Brownstown  
 State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Juan Cruz  
 Organization Permanent Solutions  
 P.O. Box, Bldg., Room No., if any #374  
 Street 23772 West Rd  
 City Brownstown  
 State Michigan ZIP Code + 4 48183

12.a. Identify subject groups of employees:

All regular full time and regular part time production and maintaince employees

12.b. Identify subject labor organizations:

None

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11.b. Period during which performed:

3/10/10 to 5/01/10

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Keith Peraino

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Rd

City Brownstown

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #374

Street 23772 West Rd

City Brownstown

State Michigan ZIP Code + 4 48183

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All regular full time and regular part time production and maintaince employees

12.b. Identify subject labor organizations:

None