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 09-30-2011

For Official Use Only

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: C- 00272 393762	
010100	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Harold D Craft	Name bebbie b'Kelley
Title Chairman/President ,	Title Office Adminstrator
Organization CBC Consulting, LTD	Organization CBC Consulting, LTD
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 815 Walkwood Circle	Street 7240 Lechlade Lane
City Houston	City ballas
State Texas SIP Code + 4 77079	State Texas
4. Date fiscal year ends:  Dec	
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Neil Finerty	1 / 51 / 2007
Organization Alta Dena Dairy	8. Name of person(s) through whom made:
Trade Name, if any pean Foods	Name John Keith
P.O. Box, Bldg., Room No., if any	Name
Street 17637 East Valley Blvd	Name
City of Industry	Name
State California State California State California	Name
Signatures	
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 A Coff President (If other title, see instructions)	14. Signed And Day Treasurer (If other title, see instructions)
Title Life Life Life Life Life Life Life Lif	Title Mammi
on \$156 / 08 248-922-0141	on 3/26/09 248-922-014
Date Telephone Number	Date Telephone Number

Frier Harold D. Croft CBC Co	inswiting Ltd File Number C- 00272
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:	
5. Check the appropriate box to indicate whether an object of the activities unde	staken, is directly or indirectly.
To persuade employees to exercise or not to exercise, or persuade e collectively through representatives of their own choosing.	mployees as to the manner of exercising, the right to organize and bargain
<ul> <li>To supply an employer with information concerning the activities of en such employer, except information for use solely in conjunction with</li> </ul>	mployees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements	
ror services rednered during the union campaign. To answer questions of managment and employees concerning the law so as not to violate the employee's rights or the rights of the union. Included would be group meetings with employees.\$85,650.00 to be paid by check.	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruc	tione).
a. Nature of activity:	A101137.
Group Meetings with Employees	
11.b. Period during which performed:	11.c. Extent performed.
5/1/08-7/3/08	Complete
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization CBC Consulting, LTD	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 815 Walkwood Circle	Street
City Houston	City
State Texas ZIP Code + 4 77079	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
production employees, maintenance employees, and	reamsters Local 630
dairy distribution drivers	