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

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 03-31-2019



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)

CAS DROP	LY BEFORE PREPARING THIS REPORT. 6 16696
	LY BEFORE PREPARING THIS REPORT.
1. File Number: C- 00464	
Passas Filias	· · · · · · · · · · · · · · · · · · ·
Person Filing 2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Marta De los Rios	Name
Title Office Manager	Title
Organization Labor Information Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any
Street	Street
City Malibu	City
State California ZIP Code + 4 90264	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 18 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):	7. Date entered into: 3 / 26 / 2018
Name Bruce Unterbrunner	8. Name of person(s) through whom made:
Organization Saputo Cheese Division	Name Bruce Unterbrunner
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	
Street 317 N Rosera Street	Name
City Lena	Name
State Wisconsin ZIP Code + 4 54139	Name
Signa	tures
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.) 13. Signed President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Other (Specify) Title Other (Specify)
	Office Manager
On 04/24/2018 800-721-4547	On 04/24/2018 800-721-4547
Date Talanhone Number	Date Telephone Number

Filer:	Marta De los Rios	Labor Information Services	, Inc.	File Number C- 00464

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.	ıg.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Starting March 26, 2018 until the assignment ends (no end date has been determined, our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum number of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billing amount.

Specific Activities to be Performed

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

To inform employees in the voting bargaining unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:	11.c. Extent performed: On-going	
3/26/18 until end of assignment		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Mark Lema	Name ´	
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.	
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any PO Box 6063	
Street	Street	
City Malibu	City Malibu	
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264	
12:a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All voting employees in the bargaining unit.	All voting employees in the bargaining unit.	