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



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 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Mary L Holden Name Title Title Consultant Organization Mary L Holden HR/ER Consultant LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 1090 Willow Grove Ct. Street City City Rochester Hills State Michigan ZIP Code + 4 48307 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: 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: Name Rodney Assessment Liddle: Control of the Contr 8. Name of person(s) through whom made: Organization Nonni's Food Company Liddle Name Rodney Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street One Westbrook Corp.Center, Ste 640 City Westchester Name ZIP Code + 4 60154 State Illinois 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 14. Signed President (If other title, see (If other title, see instructions) instructions) Sole Proprietor Treasurer Title Title

9/1/2010

248 459 5700

Telephone Number

Telephone Number

Filer: Mary Holden	Mary L Holden HR/ER Consultant L	LC	File Number C-
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.			
		<u>-</u>	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):			
Verbal Agreement with Labor Relations Institute Inc. at \$1500 per day plus reasonable traveling expenses.			
Specific Activities to be Part	ormed		
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
Engaged to communicate to employees regarding their rights to organize and bargain collectively			
Engaged to commun.	Trace to employees regarding ther	i lighes to organize	and bargain correctively
11.b. Period during which pe		11.c. Extent performed:	
various days beginning 7/26/10		Additional Name and address through whom performed, if any:	
11.d. Name and address thr			ss through whom performed, it any.
Name Jim	Teague	Name	
Organization Labor Relations Institute. Inc.		Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 7850 South Elm Place , Suite E		Street	
City Broken Arrow		City	
State Oklahoma	ZIP Code + 4 74011	State	ZIP Code + 4
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:	
All Full Time and regular part time production and maintenance employees at the Ferndale, NY location		United Food & Commercial Workers	