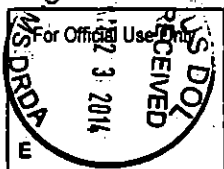


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

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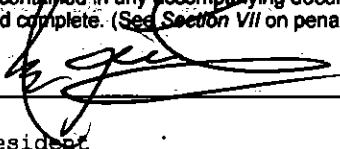
1. File Number: C-65203

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Mark A Lema
Title	Founder & CEO
Organization	Lema & A Associates
P.O. Box, Bldg., Room No., if any	P.O. Box 129
Street	
City	Burlington
State	New Jersey
ZIP Code + 4	08016
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:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization	Signature Breads
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	100 Justing Drive
City	Chelsea
State	Massachusetts
ZIP Code + 4	02150
7. Date entered into:	
9 / 17 / 2013	
8. Name of person(s) through whom made:	
Name	Susan Sampson
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
Title President

14. Signed _____ Treasurer
Title Treasurer

On 1-10-14 609-386-0944
Date Telephone Number

On _____
Date Telephone Number

Filer: Mark Lema Lema & A Associates	File Number C-
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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 with LRI Consulting Services of \$1,200.00/day plus reasonable expenses.

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 exercising their rights to organize and bargain collectively, through representatives of their own choosing.

11.b. Period during which performed:

Various days beginning 9/10/13

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Mark A Lema

Organization Lema & Associates

P.O. Box, Bldg., Room No., if any PO BOX 129

Street

City Burlington

State New Jersey

ZIP Code + 4 08016

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Production employees identified in NLRB case 4-RC-21310, at Signature Breads, in Chelsea, MA.

12.b. Identify subject labor organizations:

UFCW: