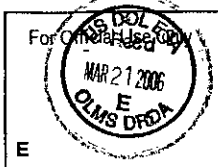


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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-611

### Person Filing

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

Name THOMAS E. DAoust

Title OWNER

Organization TED CONSULTING, L.L.C.

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

Street 5036 W. CHRISTY DR.

City GLENDALE

State AZ

ZIP Code + 4 85304

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 / 2006

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 THERMEQ

Organization

Trade Name, if any THERMEQ

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

Street 1070 DISHER DR.

City WATERVILLE

State OH

ZIP Code + 4 43566

7. Date entered into:

FEBRUARY / 14 / 2006

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

Name TIM FISHER, CO-OWNER

Name ERNIE SEEMAN, CO-OWNER

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  
(If other title, see  
instructions)

Title President OWNER

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

03-02-06

Date

602-625-9135

Telephone Number

On

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.):

To make myself available to Thermeg in assisting the Co. to remain non-Union.

No written agreements exist

#### Specific Activities to be Performed

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

a. Nature of activity:

To persuade employees of Thermeg to vote "No" on a representation election.

11.b. Period during which performed:

02-14-06 til completion of vote

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Tim FISHER

Organization THERMEG

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

Street 1070 DISHER DR.

City WATERVILLE

State OH

ZIP Code +4 43562

Additional Name and address through whom performed, if any:

Name ERNIE SEEMAN

Organization THERMEG

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

Street 1070 DISHER DR.

City WATERVILLE

State OH

ZIP Code +4 43562

12.a. Identify subject groups of employees:

Fabricators, Welders, Machine operators and "working" supervisors

12.b. Identify subject labor organizations:

United Steel Workers

# Agreement and Activities Report

## U.S. Department of Labor

Employment Standards Administration  
Office of Labor-Management Standards



Form approved - OMB No. 1215-0188  
Expires 11-30-2002

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 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).

File No. C. 612

### A. Person Filing

1. Name and mailing address (include ZIP code):  
Herrera Labor Relations Consulting.  
v 1701 Belmont St.  
Delano CA. 93215

2. Any other address where records necessary to verify this report are kept:

3. Date fiscal year ends:  
Dic. 31-2006

4. Type of person:  
a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):  
Artesia Dairy Farms  
1340 Rd. 24 Corcoran CA. 93212

6. Date entered into:  
March 1 2006

7. Names of persons through whom made:  
Mr. Hans Reitsme

8. 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.

### 9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Verbal Agreement.

### C. Specific Activities to be Performed

#### 10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

##### a. Nature of activity:

Employee Meetings.

b. Period during which performed:

3-10-06 to 3-7-06

c. Extent performed:

None

d. Names and addresses of persons through whom performed:

Jose Luis Herrera 1701 Belmont St. Delano Ca 93215

#### 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Dairy Milkers and outside Personal

UFW. LOCAL DELANO

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and to the best of his knowledge and belief, true, correct, and complete.

Signed: [Signature] President  
(If other title, cross out and write in correct title above.)  
City State Date  
at: Delano CA on: 3-16-06

Signed: \_\_\_\_\_ Treasur  
(If other title, cross out and write in correct title above.)  
City State Date  
at: \_\_\_\_\_ on: \_\_\_\_\_