

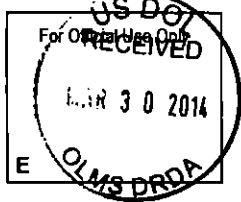
LM-21

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

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)




551579

1. File Number C: <u>65923</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>12/31/2013</u>
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<p>3. Name and mailing address (include ZIP Code):</p> <p>Name <u>Steven</u> <u>R</u> <u>Karl</u></p> <p>Title <u>Vice-President and General Counsel</u></p> <p>Organization <u>Pactiv LLC</u></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <u>1900 W Field Court</u></p> <p>City <u>Lake Forest</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60045</u></p>	<p>4. Any other address where records necessary to verify this report are kept:</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>
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### 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 the Section on penalties in the instructions).

<p>17. Signed <u>[Signature]</u> President (if other title, see instructions)</p> <p>Title <u>President Secretary</u></p> <p>On <u>03/28/2014</u> <u>847-482-2113</u> Date Telephone Number</p>	<p>18. Signed <u>[Signature]</u> Treasurer (if other title, see instructions)</p> <p>Title <u>Treasurer</u> <u>OFFICER</u></p> <p>On <u>03/28/2014</u> <u>847 482 3835</u> Date Telephone Number</p>
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Name of Person Filing: Steven Karl	File Number C-
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Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <input type="text" value="Prestone Products Corporation"/> Trade Name <input type="text"/> Attention To <input type="text"/> <input type="text"/> Title <input type="text"/>		<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1900 W Field Court"/> City <input type="text" value="Lake Forest"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60045"/>	
<b>5.b. Termination Date</b> <input type="text" value="on or about 6-28-13"/>		<b>5.c. Amount</b> <input type="text"/>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>			

Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:						
(a) Name	(b) Salary	(c) Expenses	(d) Totals			
Erin <input type="text"/> Ahearn <input type="text"/>	5,000		5,000	9. Office and Administrative Expenses	<input type="text"/>	
Jason <input type="text"/> Clayton <input type="text"/>	7,000		7,000	10. Publicity	<input type="text"/>	
<input type="text"/> <input type="text"/>				11. Fees for Professional Services	<input type="text"/>	
<input type="text"/> <input type="text"/>				12. Loans Made	<input type="text"/>	
<input type="text"/> <input type="text"/>				13. Other Disbursements	<input type="text"/>	
<b>8. Total disbursements to officers and employees:</b>			12,000	<b>14. Total Disbursements (Sum of Items 8-13)</b>	12,000	

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> <input type="text"/>	<b>15.b. Trade Name, If any:</b> <input type="text"/>
<b>15.c. To Whom Paid</b>  Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>15.d. Amount</b> <input type="text"/>  <b>15.e. Purpose</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	