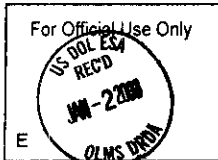


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009



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- 00376

342924

### Person Filing

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

Name Kelvin C Berens

Title Managing Partner

Organization Berens & Tate, PC LLO

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

Street 10050 Regency Circle, Suite 400

City Omaha

State Nebraska

ZIP Code + 4 68114

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:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation c. ☐ Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Mike Nelson

Organization Americold Logistics - Pennsylvania

Trade Name, if any c/o Americold Logistics - Atlanta

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

Street 10 Glenlake Pkwy, S. Tower, Ste 800

City Atlanta

State Georgia

ZIP Code + 4 30328

7. Date entered into:

12 / 31 / 2007

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

Name

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

*Kelvin C Berens*

President  
(If other title, see  
instructions)

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Managing Partner

Title Other (Specify)

On 12/26/07

Date

402-391-1991

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.):

When performing general legal services for the employer, a member of Berens & Tate, PC LLO may be involved in activities that may be considered persuader activity.

#### Specific Activities to be Performed

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

a. Nature of activity:

Provide employees with general information on unionization during employee meetings. Monitor employer speeches and answer questions on behalf of employer.

11.b. Period during which performed:

During organizing activity

11.c. Extent performed:

N/A

11.d. Name and address through whom performed:

Name Chad P Richter

Organization Berens & Tate, PC LLO

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

Street 10050 Regency Circle, Suite 400

City Omaha

State Nebraska ZIP Code + 4 68114

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:

Employees of York, Pennsylvania facility

12.b. Identify subject labor organizations:

# BERENS | TATE, PC, LLO

JONI S. VELASCO  
Paralegal



December 27, 2007

10050 REGENCY CIRCLE  
SUITE 400  
OMAHA, NE 68114  
PHO 402 391 1991  
FAX 402 391 7363  
joniv@berenstate.com  
www.berenstate.com



## VIA CERTIFIED MAIL, RETURN RECEIPT

U. S. DEPARTMENT OF LABOR  
EMPLOYMENT STANDARDS ADMINISTRATION  
OFFICE OF LABOR-MANAGEMENT STANDARDS  
ROOM N-5616  
200 CONSTITUTION AVENUE, NW  
WASHINGTON, D.C. 20210

**RE: LM 20 Form - Americold Logistics  
Berens & Tate File No.: C-376**

To Whom It May Concern:

Enclosed for filing is an original and two copies of the attached LM-20 Forms relating to Americold Logistics York, Pennsylvania and Crete, Nebraska facilities. Please return a file stamped copy of the forms in the enclosed stamped, self-addressed envelope. Thank you for your assistance.

Very truly yours,

BERENS & TATE, P.C.. L.L.O.

Joni S. Velasco

Enclosures  
cc: Mike Nelson  
LMFRM55