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 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 332910				
Person Filing				
2. Name and mailing address (include ZIP Code);		Any other address where records necessary to verify this report are kept:		
Name Kelvin C Berens		Name		
Title Managing Partner		Title		
Organization Berens & Tate, PC LLO		Organization		
P.O. Box, Bldg , Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 10050 Regency Circle, Suite 400		Street		
City Omaha		City		
State Nebraska ZIP Cod	e+4 68114	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:				
Jan ∕ 31 a ∏Indi	vidual 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: 6 / 1 / 07		
Name Mike Nelson		8. Name of person(s) through whom made:		
Organization Americold Logistics - Rochelle				
Trade Name, fany c/o Americold Logistics - Atlanta		Name		
P.O. Box, Bldg., Room No., if any		Name		
Street 10 Glenlake Pkwy, S. Tower, Ste 800		Name		
City Atlanta		Name		
State Georgia ZIP Cod	<b>e+4</b> 30328	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 X. C. Duce	President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)		
Title Managing Partner		Title Other (Specify)		
on 8/14/07 402-391-199	91	On		
Qate Telephone Number Date Telephone Number				

Filer Kelvin Berens Berens & Tate, PC LLO		File Number C- 00376		
Check the appropriate box to indicate whether an object of the activities under	rtaken, is directly or and rectly:			
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 unio speeches and answer questions on behalf of employe		yee meetings. Monitor employer		
	T.,			
11.b. Period during which performed:  During organizing activity	11.c. Extent performed: N/A			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any			
Name Mike T Mortensen	Name			
- 11222				
Organization Berens & Tate, PC LLO	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 10050 Regency Circle, Suite 400	Street			
City Omaha	City			
State Nebraska ZIP Code + 4 68114	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor or	ganizations		
Employees of Rochelle, Illinois facility				
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