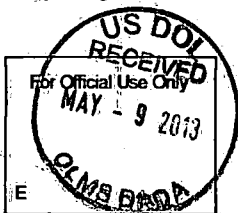


# AGREEMENT AND ACTIVITIES REPORT



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.

528906 528970

1. File Number: c-774

## Person Filing

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

Name Angel Cornejo Jr

Title CEO

Organization Pinnacle Labor Relations

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

Street 1427 Dent St

City Escalon

State California

ZIP Code + 4 95320

### 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 / 13

### 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 Brady Stewart

Organization Pine Ridge Farms

Trade Name, if any

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

Street 1801 Maury St

City Des Moines

State Iowa

ZIP Code + 4 50317

### 7. Date entered into:

10 / 11 / 2012

### 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

President  
(If other title, see  
instructions)

Title President

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

5/1/2013

Date

Telephone Number

209 838-3714

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.):

Engaged to communicate to employees regarding excersisin their rights to organize and bargain collectively.

## Specific Activities to be Performed

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

## a. Nature of activity:

## 11.b. Period during which performed:

## 11.c. Extent performed:

## 11.d. Name and address through whom performed:

Name

Organization PLR

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

Street 502 S 15 st apt 102

City Boise

State Idaho

ZIP Code + 4 83702

## 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:

Varieuse Employees

## 12.b. Identify subject labor organizations:

no union