**U.S.** Department of Labor Office of Labor-Management Standards ington, DC 20210جي

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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 civit 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- 00272 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Debbie Philip O'Kelley Craft Title Title Administrative Assistant President Organization CBC Consulting, LTD Organization CBC Consulting, LTD P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 3001 W. Big Beaver Road Street 17240 Lechlade Lane City Trov City Dallas State Michigan State Texas 4. Date fiscal year ends: 5. Type of person: Dec c. X Corporation d. Other (Specify): Partnership 31 Individual b. **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2011 Name Shane Keith 8. Name of person(s) through whom made: Organization Dairy Fresh Name Shane Keith Trade Name, if any Dean Foods Name P.O. Box, Bldg., Room No., if any Name Street 2221 N. Patterson Ave City Winston-Salem Name State North Carolina ZIP Code + 4 27105-6036 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, lete. (See Section VII on penalties in the instructions.) true, correct, and 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions)  $\bigcirc$ Treasurer 0 Title Title 248-922-0141 3/26/2012 3/26/2012 248 760 4558 Date Telephone Number Date Telephone Number

Filer:		File Number C-
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
<ul> <li>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.</li> <li>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.</li> </ul>		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions): <ul> <li>a. Nature of activity:</li> <li>Group meeetings with employees</li> </ul>		
11.b. Period during which performed:	11.c. Extent performed:	
5/2/2011-6/9/2011	Complete	
11.d. Name and address through whom performed:  Name	Additional Name and address  Name	ss through whom performed, if any:
Organization CBC Consulting, LTD	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any
Street 3001 W. Big Beaver Road	Street	
City Troy	City	
State Michigan	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:
Diary Distribution Drivers	BCTG loca	358