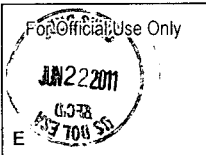


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

4461087

1. File Number: C- 00525

Person Filing

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

Name

Title

Organization LRI Consulting Services Inc

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

Street 7850 South Elm Place Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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 / 31

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

Organization Costanzo Bakery

Trade Name, if any

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

Street 30 Innsbruck Drive

City Cheektowaga

State New York

ZIP Code + 4 14227

7. Date entered into:

5 / 19 / 2011

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

Name Dale Urbaniak

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

Treasurer
(If other title, see
instructions)

Title Treasurer

On 6/15/2011

Date

918-455-9995

Telephone Number

On 6/15/2011

Date

918-455-9995

Telephone Number



Proposal

May 19, 2011

Dale Urbaniak
Director of Operations
Costanzo Bakery
30 Innsbruck Drive
Cheektowaga, NY 14227

716-656-9093
durbaniak@costanzobakery.com

Re: Inoculation Training

Situation Assessment

You want to provide a subject matter expert to educate and prepare your employees for union organizing activity. You want employees to understand that union cards are legal documents, that they need to protect their personal information and some of the common misunderstandings employees have about unions.

Proposed Intervention(s)

- Inoculation Meetings: For this option we will provide a Senior LRI consultant to conduct union "inoculation" meetings with your employees. We will provide at least one on-site facilitator to assess union vulnerability and communicate your message directly to employees.

Objectives

- Train employees on the facts about union cards, common tactics used to get employees to sign cards and facts they should consider before they ever sign a union card;
- Provide a credible subject matter expert who immediately increases your capacity to legally and persuasively respond to potential union organizing activity;
- Prevent NLRB petitions at company location(s) and train employees on the advantages of a direct relationship over a third party relationship.

Value to Organization

- You substantially reduce your company's vulnerability to union organizing activity by making it a "hard target" and difficult for an organizer to get cards signed using typical tactics;
- We will be able to assess overall vulnerability and by communicating directly with employees we get a solid read on whether union organizing activity has gained traction;
- You will have a more positive work environment where associates are treated with respect and managers are confident that they have the skills to earn the "direct relationship privilege."

Terms and Conditions

The fee for the daily fee consulting is \$3,000 a day (plus travel expenses)



Payment Terms

All fees are due upon the delivery of the consulting services and are non-refundable. You also agree to coordinate, arrange and pre-pay consultant's airfare, hotel accommodations and, if deemed necessary, a rental car. Any additional expenses incurred by consultant will be billed to you and you agree to pay those invoices upon receipt and you agree to settle those statements within 7 days and to provide a credit card for us to settle outstanding invoices not paid by that time. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of consultant(s), a penalty of the maximum allowable interest rate per month plus any costs we incur to collect an outstanding balance, until all outstanding invoices are paid in full.

It is further understood that all materials included in or with the above referenced items or programs are fully covered and protected by federal copyright laws. Federal law provides civil and criminal penalties for the unauthorized reproduction, distribution or exhibition of protected products. Criminal copyright infringement is investigated by the FBI and may constitute a felony penalty of up to five years in prison and/or a \$250,000 fine.

You further acknowledge that no representation by LRI or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. You also acknowledge and agree that we have informed you of the obligation to report any direct persuader activity performed on your behalf to the United States Department of Labor by both our firm and your firm and that failure to timely file these reports can subject your company criminal penalties. Your payment, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein. The parties agree that Oklahoma law governs any dispute between them and to resolve any disputes by arbitration in Tulsa, Oklahoma under the American Arbitration Association rules.

Acceptance:

We accept the proposal above and the intervention(s) selected:

_____ Inoculation Meetings

For LRI Consulting Services, Inc.

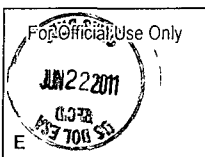
For Costanzo Bakery

Dale Urbaniak, Director of Operations

Date: _____

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State New York

ZIP Code + 4 14227

7. Date entered into:

5 / 19 / 2011

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Name Dale Urbaniak

Name

Name

Name

Name

Signatures

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Title Treasurer

On 6/15/2011

Date

918-455-9995

Telephone Number

On 6/15/2011

Date

918-455-9995

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.):

see attached

Specific Activities to be Performed

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

a. Nature of activity:

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

11.b. Period during which performed:

various days beginning 5/24/11

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Salvatore Clemente

Organization

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

Street 1729 Ryerson Avenue

City Scranton

State Pennsylvania ZIP Code + 4 18509

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:

various employees

12.b. Identify subject labor organizations:

pre-petition



Proposal

May 19, 2011

Dale Urbaniak
Director of Operations
Costanzo Bakery
30 Innsbruck Drive
Cheektowaga, NY 14227

716-656-9093
durbaniak@costanzobakery.com

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Acceptance:

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_____ Inoculation Meetings

For LRI Consulting Services, Inc.

For Costanzo Bakery

Dale Urbaniak, Director of Operations

Date: _____