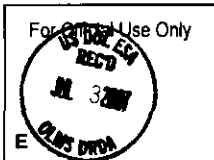


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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.

331364

1. File Number: C- 00376

| Person Filing   |  |
|---|--|
| 2. Name and mailing address (include ZIP Code):<br>Name Kelvin C Berens<br>Title Managing Partner<br>Organization Berens & Tate, PC LLO<br>P.O. Box, Bldg., Room No., if any<br>Street 10050 Regency Circle, Suite 400<br>City Omaha<br>State Nebraska ZIP Code + 4 68114 | 3. Any other address where records necessary to verify this report are kept:<br>Name<br>Title<br>Organization<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4           |
| 4. Date fiscal year ends:<br>Dec / 31   | 5. Type of person:<br>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): |

| Nature of Agreement or Arrangement  |  |
|---|--|
| 6. Full name and address of employer with whom made (include ZIP Code):<br>Name Karl Paepke<br>Organization L.S.I., Inc. - Iowa<br>Trade Name, if any<br>P.O. Box, Bldg., Room No., if any<br>Street 210 N. 1st Street<br>City Laurens<br>State Iowa ZIP Code + 4 50554 | 7. Date entered into: 1 / 25 / 2007<br>8. Name of person(s) through whom made:<br>Name Karl Paepke<br>Name<br>Name<br>Name<br>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 <u>[Signature]</u><br>Title Managing Partner | President<br>(If other title, see instructions) | 14. Signed _____<br>Title Other (Specify) | Treasurer<br>(If other title, see instructions) |
| On <u>7/12/07</u><br>Date                               | 402-391-1991<br>Telephone Number                | On _____<br>Date                          | _____<br>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 activities.

#### 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 Joseph Dreesen

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 Tom Anschutz

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

12.a. Identify subject groups of employees:

Employees of Laurens, Iowa facility.

12.b. Identify subject labor organizations: