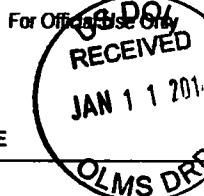


# AGREEMENT AND ACTIVITIES REPORT



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.

659700

1. File Number:

C-

688

## Person Filing

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

Name BRUCE E CRANFORD

Title CONSULTANT

Organization

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

Street 10567 BIRCHDALE

City JASPER

State GA ZIP Code + 4 30143

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:

12/31 / 17

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 LOWE'S FERTILIZER CO.

Organization

Trade Name, if any

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

Street

City ROSELAND

State GA ZIP Code + 4

7. Date entered into:

9 / 6 / 17

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)

14. Signed

Treasurer  
(If other title, see instructions)

Title CONSULTANT

Title Treasurer

On 12/26/17  
Date

770.344.9791  
Telephone Number

On  
Date

Telephone Number

Filer:

BRUCE F. CRANFORD

File Number C-

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.):

TO EDUCATE EMPLOYEES ABOUT THEIR RIGHTS UNDER THE NLRA  
AND ANSWER EMPLOYEE QUESTIONS ABOUT UNIONIZATION

Specific Activities to be Performed

Add Additional Activity (Item 11)

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

a. Nature of activity:

GROUP MEETINGS WITH EMPLOYEES

11.b. Period during which performed:

~~7/17~~ - 9/6/17 to 9/15/17

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Organization P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

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 

Add More Names (Item 11.d.)

12.a. Identify subject groups of employees:

PRODUCTION AND MAINTENANCE  
EMPLOYEES

12.b. Identify subject labor organizations:

BAKERY WORKERS