.U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

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1. File Number: C- 00527	· · · · · · · · · · · · · · · · · · ·
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Person Filing	
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name JOHN M HERMANN	Name
Title PRESIDENT & CEO	Title
Organization LABOR RELATIONS SERVICES, INC.	Organization
P.O. Box, Bldg., Room No., if any SUITE 190	P.O. Box, Bldg., Room No., if any
Street 24 CORPORATE PLAZA	Street
City NEWPORT BEACH	City
State California ZIP Code + 4 92660	State ZIP Code + 4
Date fiscal year ends:     5. Type of person:	
Dec / 31 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):	7. Date entered into:  8 / 21 / 2017
Name Yoshinori Narimoto	8. Name of person(s) through whom made:
Organization Wismettac Asian Foods, Inc.	
Trade Name, if any	Name Yoshinori Narimoto
P.O. Box, Bldg., Room No., if any	Name
Street 13409 Orden Drive	Name
City Santa Fe Springs	Name
State California ZIP Code + 4	Name
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President  (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer  (If other title, see instructions)
On 9/12/2017 949-719-1962	On 9/12/2017 949-719-1962
Date Telephone Number	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.):

All services described in Section 11a. below shall be performed on a daily and hourly fee basis. Expenses in connection with the performance of such services as travel, accomodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

## Specific Activities to be Performed

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

Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.

1.b. Period during which performed: August 21, 2017	11.c. Extent performed: September 19, 2017
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Ed Hinkle	Name Gus Flores
Organization Labor Relations Services, Inc.	Organization Labor Relations Services, Inc.
P.Q. Box, Bldg., Room No., if any Suite 190	P.O. Box, Bldg., Room No., if any Suite 190
Street 24 Corporate Plaza	Street 24 Corporate Plaza
City Newport Beach	City Newport Beach
State California ZIP Code + 4 92660	State California ZIP Code + 4 92660
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED TO BETWEEN THE PARTIES.	Teamsters Union Local 630

Filer: JOHL HERMANN

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## Specific Activities to be Performed (Continuation Page)

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

Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.

11.d. Name and address through whom performed:  Name Carlos Flores  Organization Labor Relations Services, Inc.  P.O. Box, Bidg., Room No., if any Suite 190  Street 24 Corporate Plaza  City Newport Beach State California  ZIP Code + 4 92660  Additional Name and address through whom performed, if any:  Name  Organization Labor Relations Services, Inc.  P.O. Box, Bidg., Room No., if any Suite 190  Street 24 Corporate Plaza  City Newport Beach State California  ZIP Code + 4 92660  Additional Name and address through whom performed, if any:  Name  Organization  P.O. Box, Bidg., Room No., if any  Street  City  Street  City  Street  City  State  ZIP Code + 4  2IP Code + 4	11.b. Period during which performed:  August 14, 2017	11.c. Extent performed: September 19, 2017
Organization Labor Relations Services, Inc.  P.O. Box, Bldg., Room No., if any Suite 190  Street 24 Corporate Plaza  City Newport Beach  State California  ZIP Code + 4 92660  Additional Name and address through whom performed, if any:  Name  Organization  P.O. Box, Bldg., Room No., if any  State California  ZIP Code + 4 92660  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:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED	11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
P.O. Box, Bldg., Room No., if any Suite 190  Street 24 Corporate Plaza  City Newport Beach  State California ZIP Code + 4 92660  Additional Name and address through whom performed, if any: Name  Organization  P.O. Box, Bldg., Room No., if any  State California ZIP Code + 4 92660  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:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  P.O. Box, Bldg., Room No., if any State  TOMMORE State  TOMMORE SUITE 190  Street 24 Corporate Plaza  City Newport Beach  State California ZIP Code + 4 92660  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.b. Identify subject labor organizations:  TOMMORE SUITE 190  TOMMORE SUITE 190  Street 24 Corporate Plaza  City Newport Beach  State California ZIP Code + 4  92660  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.b. Identify subject labor organizations:  TOMMORE SUITE 190  TOMMORE SUITE 1	Name Carlos Flores	Name David Acosta
Street 24 Corporate Plaza  City Newport Beach  State California ZIP Code + 4 92660  Additional Name and address through whom performed, if any:  Name  Organization  P.O. Box, Bldg., Room No., if any  Street  City  City  State  ZIP Code + 4  92660  Additional Name and address through whom performed, if any:  Name  Crganization  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  State  ZIP Code + 4  12.a. Identify subject groups of employees:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  State  City Newport Beach  City Newport Beach  State California ZIP Code + 4 92660  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.b. Identify subject labor organizations:  Team Tell Union Local (320)	Organization Labor Relations Services, Inc.	Organization Labor Relations Services, Inc.
City Newport Beach  State California ZIP Code + 4 92660  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	P.O. Box, Bldg., Room No., if any Suite 190	P.O. Box, Bldg., Room No., if any Suite 190
State California  ZIP Code + 4 92660  State California  ZIP Code + 4 92660  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:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  State  ZIP Code + 4  92660  State California  ZIP Code + 4 92660  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.b. Identify subject labor organizations:  TOUNDIN LOCAL USO	Street 24 Corporate Plaza	Street 24 Corporate Plaza
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:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  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.b. Identify subject labor organizations:  TOWNITCH UNION LOCAL USO	City Newport Beach	City Newport Beach
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Organization  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  12.a. Identify subject groups of employees:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  Organization  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  12.b. Identify subject labor organizations:  TOUNCE USO	Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:
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City  State  ZIP Code + 4  State  ZIP Code + 4  12.a. Identify subject groups of employees:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  City  State  ZIP Code + 4  12.b. Identify subject labor organizations:  TEQ WITTER UNIDA LOCAL GROUPS	P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
State ZIP Code + 4  12.a. Identify subject groups of employees:  ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  12.b. Identify subject labor organizations:  TEQMITTER UNITED UCGINGS	Street	Street
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