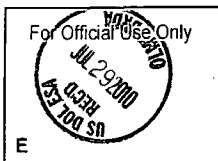


# FORM LM-20

## 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.

440 956

1. File Number: C- ~~702~~ 702

Person Filing	
2. Name and mailing address (include ZIP Code):  Name F T Sprunger  Title President  Organization Sprunger & Associates, LLC  P.O. Box, Bldg., Room No., if any  Street 208 E. 113th Street  City Jenks  State Oklahoma ZIP Code + 4 74037	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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name Steve Gardner  Organization Simmons Foods  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 610 North Hico Street  City Siloam Springs  State Arkansas ZIP Code + 4 72761	7. Date entered into:  July / 2 / 2010  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 J. J. Sprunger President  
(If other title, see instructions)  
Title President

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Treasurer

On 7/23/2010 918.299.6528  
Date Telephone Number

On \_\_\_\_\_  
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.):

Verbal Agreement to provide consultation and give speeches to employees regarding their rights to organize and bargain collectively. Terms were \$1500/day plus expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

3 days - July 2 thru July 8, 2010

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services Inc.

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

Street 7850 S. Elm Place Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Production and Maintenance, Feed Haul Drivers, Quality Technicians

12.b. Identify subject labor organizations:

Bakery, Confectionery, Tobacco Workers, and Grain Millers (BCTGM)