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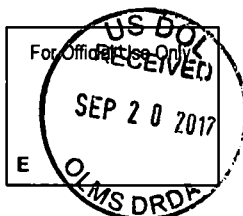Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

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)

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| READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. |

1. File Number: c- 776

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Simon Jara	Name
Title	Title
Organization Pinnacle Labor Solutions	Organization
P.O. Box, Bldg., Room No., if any P.O Box 710158	P.O. Box, Bldg., Room No., if any
Street	Street
City Santee	City
State California ZIP Code + 4 92071	State ZIP Code + 4

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 / 9 / 2016
Name	
Organization Fresh Point	8. Name of person(s) through whom made:
Trade Name, if any	Name David Yelenosky
P.O. Box, Bldg., Room No., if any	Name
Street 8801 Exchange Dr	Name
City Orlando	Name
State Florida ZIP Code + 4 32809	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 President		Title Treasurer	
On _____		On _____	
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.):

A hourly rate per consultant worked plus travel.

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 with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.

11.b. Period during which performed: Beginning on or about 8/9/16	11.c. Extent performed: 9/1/16
11.d. Name and address through whom performed: Name Organization Sparta P.O. Box, Bldg., Room No., if any Street 8086 S. Yale Ave # 225 City Tulsa State Oklahoma ZIP Code + 4 74136	**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 employees eligible to vote in the bargaining unit	**12.b. Identify subject labor organizations:** Unknown