U.S. Department of Labor Management 🧀 Office of Lat Standa 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. 88-257, 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. 1. File Number: Person Filina 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Mark A Lema Title Title Founder & CEO Organization LAAHR Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street PO Box 129 Street City Burlington City State New Jersey ZIP Code + 4 08016 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: c. Corporation Dec Individual b. Partnership 31 Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Greg Gratteu	8 / 3 / 2016
Organization Constellation Brands	8. Name of person(s) through whom made:
Trade Name, if any	Name Greg Gratteu
P.O. Box, Bldg., Room No., if any	Name
Street 501 Main Street	Name
City St. Helena	Name
State California ZIP Code + 4 98574	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.) 14. Signed 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) Treasure Title 609-3860-944 Telephone Number

Mark Lema LAAL	File Number c - 6 7699	
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 with LRI Consulting Services Agreement included a fee per day and payment of reasonable expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Retained to conduct informational and educational meetings with employees and members of the management team regarding the procedures under the NLRB secret ballot election and their rights and duties under the NLRA.		
11.b. Period during which performed:	11.c. Extent performed:	
Various days starting on 08/05/16	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization LRI Consulting Services Inc.	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 S. Elm Place, Ste. E	Street	
City Broken Arrow	City	
State Virgin Islands ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
ALL	Pre-Petition	