

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

541215

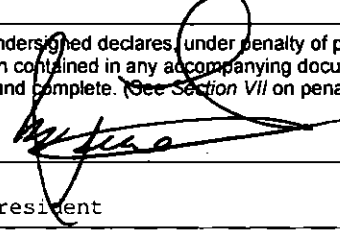
1. File Number: C-65203

Person Filing	
2. Name and mailing address (include ZIP Code): Name Mark A Lema Title Founder & CEO Organization Lema & Associates P.O. Box, Bldg., Room No., if any P.O. Box 129 Street City Burlington State New Jersey ZIP Code + 4 08016	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 checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Brady Steward Organization Pine Ridge Fars Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1800 Maury Street City Des Moines, State Iowa ZIP Code + 4 50317	7. Date entered into: 1 / 6 / 2014 8. Name of person(s) through whom made: Name Brady Steward 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  Title President	President (If other title, see instructions)	14. Signed _____ Title Treasurer	Treasurer (If other title, see instructions)
On 2/11/2014 Date	609-386-0944 Telephone Number	On _____ Date	_____ Telephone Number

Filer: Mark Lema Lema & Associates	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.):

Verbal Agreement with LRI Consulting Services of \$1,500.00/day plus reasonable expenses.

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 to employees regarding exercising or not exercising their right to organize and bargain collectively through representatives of their own choosing.	
11.b. Period during which performed:	11.c. Extent performed:
Various days beginning 01/06/2014	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization Lema & Associates	Organization
P.O. Box, Bldg., Room No., if any PO Box 129	P.O. Box, Bldg., Room No., if any
Street	Street
City Burlington	City
State New Jersey ZIP Code + 4 08016	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production employees	United Food and Commercial Workers (UFCW)