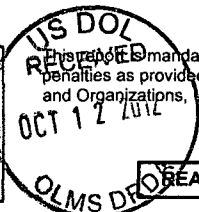
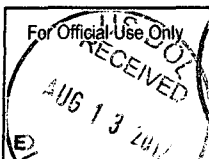


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

506258

1. File Number:

C-776

Person Filing

2. Name and mailing address (include ZIP Code):

Name **Simon JARA**
Title **Owner**
Organization **Pinnacle Labor Solutions LLC**
P.O. Box, Bldg., Room No., if any
Street **10380 Rochelle Avenue**
City **Santee**
State **California** ZIP Code + 4 **92071**

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 / 10

5. Type of person:

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):

Name **Rodney Liddle**
Organization **Nonni's Food Company**
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street **One Westbrook Corporate Ctr, #640**
City **Westchester**
State **IL** ZIP Code + 4 **60154**

7. Date entered into:

7 / 22 / 10

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

Title **President**

President
(If other title, see instructions)

14. Signed

Title **Treasurer**

Treasurer
(If other title, see instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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.):

Pre petition meetings with employees - UNION avoidance

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed: Name Phillip Wilson Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Pl 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: Various Employees	12.b. Identify subject labor organizations: Food & Commercial Workers