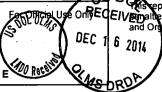
Office of Lagor-Management
Standards
Washington, DC 20210

## AGREEMENT AND ACTIVITIES REPORT

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



File Number:

C- 776

Wis eport is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil E/Vernalities 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.

Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): 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 ZIP Code + 4 92071 ZIP Code + 4 State California State 5. Type of person: 4. Date fiscal year ends: Dec d. Other (Specify): Individual b. Partnership Corporation **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): / 30 / 2013 8. Name of person(s) through whom made: Organization Bay Area Beverage Name William b Johnson Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 700 National Court Name Richmond Name ZIP Code + 4 State California 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.) Signed 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title On Telephone Number Date Telephone Number

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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.):

## 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 regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:	11.c. Extent performed:	
Beginning on or about 11/4/2013	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Simon Jara	Name	
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	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Pre-Petition	Pre-Petition	
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