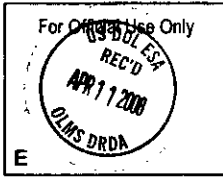


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

366490

1. File Number C- 376	2. Period Covered By This Report From: 01 / 01 / 2007 Through: 12 / 31 / 2007
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A. Person Filing

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

Name Kelvin C Berens

Title President

Organization Berens & Tate, PC, LLO

P.O. Box, Building and Room Number, if any

Street 10050 Regency Circle, Suite 400

City Omaha

State Nebraska ZIP Code + 4 68114

4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed <u>Kelvin C. Berens</u> Title <u>President</u> On <u>3/27/08</u> Date <u>402/591-1991</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number
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Name of Person Filing: Kelvin Berens

File Number C- 376

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer L.S.I.

Trade Name

Street

210 N. 1st Street

Attention To

Karl

Paepke

City

Laurens

Title

Manager

State

Iowa

ZIP Code + 4

50554

5.b. Termination Date 04/30/2007

5.c. Amount 5,560

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,720

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

Kelvin	C	Berens	5,400	415	5,815	9. Office and Administrative Expenses	
Chad	P	Richter	8,808	1,232	10,040	10. Publicity	
Thomas	C	Anschutz	7,438	876	8,314	11. Fees for Professional Services	
Michael	T	Mortensen	12,246	604	12,850	12. Loans Made	
Joseph	S	Dreesen	3,540	161	3,701	13. Other Disbursements	
8. Total disbursements to officers and employees:					40,720	14. Total Disbursements (Sum of Items 8-13)	40,720

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

15.e. Purpose

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Kelvin Berens		File Number C-376	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Americold Logistics, Rochelle		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 10 Glenlake Pkwy., S. Tower #800	
Attention To: Mike Nelson		City: Atlanta	
Title: Manager		State: Georgia ZIP Code + 4: 30328	
5.b. Termination Date: June 30, 2007		5.c. Amount: 2,237	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: PM Beef		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 2850 Hwy 60 East	
Attention To: Steve Armstrong		City: Windom	
Title: Manager		State: Minnesota ZIP Code + 4: 56101	
5.b. Termination Date: June 30, 2007		5.c. Amount: 7,059	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: DMI Industries, Inc.		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 420 Main Avenue E	
Attention To: Lauris Molbert		City: West Fargo	
Title: Vice Chairman		State: North Dakota ZIP Code + 4: 58078	
5.b. Termination Date: May 31, 2007		5.c. Amount: 1,950	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Americold Logistics, York, Pennsylvania		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 10 Glenlake Pkwy., S. Tower #800	
Attention To: Michael C Nelson		City: Atlanta	
Title: Vice President of Labor Relations		State: Georgia ZIP Code + 4: 30328	
5.b. Termination Date: December 31, 2007		5.c. Amount: 13,301	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Americold Nebraska Leasing, LLC		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 10 Glenlake Pkwy., S. Tower, #800	
Attention To: Michael C Nelson		City: Atlanta	
Title: Vice President of Labor Relations		State: Georgia ZIP Code + 4: 30328	
5.b. Termination Date: December 31, 2007		5.c. Amount: 10,612	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer:		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street:	
Attention To:		City:	
Title:		State: ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	