U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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 Rélations 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 Numb	per: <b>C-</b> 00527	360	479				
Person Fi			-				
	nd mailing address (in	clude ZIP Code):		3. Any othe	r address where r	records necessary to verify the	is report are kept:
Name JOHN M HERMANN			Name NON	Name NONE			
Title PRESIDENT & CEO			Title				
Organization LABOR RELATIONS SERVICES, INC.			Organization				
P.O. Box,	P.O. Box, Bldg., Room No., if any SUITE 100			P.O. Box, Bldg., Room No., if any			
Street 24	CORPORATE PLA	ZA, SUITE 100		Street	Street		
City NEW	PORT BEACH			City			
State Cal	ifornia	ZiP Code + 4	92660	State	State ZIP Code + 4		
4. Date fisc	cal year ends:	5. Type of person		1		******	
Dec	,	a. Individual	b. Partnership	c. Corpo	ration d. Ot	ther (Specify):	
			,				
Nature of	Agreement or Arran	gement					
6. Full nam	e and address of emp	ployer with whom made (inc	lude ZIP Code):	7. Date ent	ered into:	3 / 3 / 20	08
Name Jo	OHN C	BARNECUT		8. Name of person(s) hrough whom made:			
Organizatio	on BASIC AMERI	CAN, INC.					
Trade Nan	ne,ifany SAME AS	ABOVE		Name			
P.O. Box,	Bidg., Room No., if a	Y 28TH FLOOR		Name			
Street 60	0 MONTGOMERY S	TREET		Name			
City SAI	FRANCISCO			Name			
State Ca.	.ifornia	ZIP Code + 4	94111	Name			
			Sign	atures			
the informa	ation contained in any ct, and complete. (Se	es, under penalty of perjury y accompanying documents e Section VII on penalties i	s) has been examine	e penalties of the by the signared 14. Signed	aw, that all of the tory and is, to the Treasurer	information submitted in this best of the undersigned's known	report (including owledge and belief, Treasurer (If other title, see instructions)
On	03/03/2008	949-719-1962		On	03/03/2008	949-719-1962	

Filer: JOHN HERMANN LABOR RELATIONS SERVICES, INC.	File Number C- 00527
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collectively through repres	to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain esentatives of their own choosing.  Ith information concerning the activities of employees or a labor organization in connection with a labor dispute involving information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	
All services described \$475.00 and \$275.00 pe	d in Section 11a., below shall be performed on an hourly fee basis at a rate of the reference incurred in connection with the performance of such services tons, copies, telephone long distance, etc., will be reimbursed to Labor	_

## Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. Nature of activity:

Labor Relations Services, Inc., has been retained to assist the employer named above in communication with its employees with regard to the manner in which they excercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.

11.b. Period during which performed:	11.c. Extent performed:			
Pendency of N.L.R.B.	None as of this date.  Additional Name and address through whom performed, if any:			
11.d. Name and address through whom performed:				
Name JOHN M HERMANN	Name JASON RODRIGUEZ			
Organization LABOR RELATIONS SERVICES, INC.	Organization LABOR RELATIONS SERVICES, INC.			
P.O. Box, Bldg., Room Nu., if any SUITE 100	P.O. Box, Bldg., Room No., if any SUITE 100			
Street 24 CORPORATE PLAZA	Street 24 CORPOFATE PLAZA			
City NEWPORT BEACH	City NEWPORT BEACH			
State California ZIP Code + 4 92660	State California ZIP Code + 4 92660			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
ALL FULL-TIME AND PART-TIME EMPLOYEES.	BAKERY, TOBACCO & GRAIN (AFL-CIO) LOCAL 364			

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## Specific Activities to be Performed (Continuation Page)

11. For each activity, separately list in detail the information required (See instructions):

## a. Nature of activity:

Labor Relations Services, Inc., has been retained to assist the employer named above in communication with its employees with regard to the manner in which they excercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.

11.b. Period during which p	performed:	11.c. Extent performe:::	·		
Pendency of N		None as of this date.  Additional Name and address through whom performed, if any:			
11.d. Name and address the	nrough whom performed:				
Name JACK	BERMUNDEZ	Name			
Organization LABOR RE	LATIONS SERVICES, INC.	Organization			
P.O. Box, Bldg., Room No.	., if any SUITE 100	P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 24 CORPORATE	PLAZA	Street			
City NEWPORT BEACH		City			
State California	ZIP Code + 4 92660	State ZIP 0	Code + 4		
Additional Name and addre	ss through whom performed, if any:	Additional Name and address through whom perfor	Additional Name and address through whom performed, if any:		
Name		Name	Name		
Organization		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bidg., Room No., if any			
Street		Street			
City		City			
State	ZIP Code + 4	State ZIP Co	ode + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:			
ALL FULL-TIME AND PART-TIME EMPLOYEES.		BAKERY, TOBACCO & GRAIN (AFL-CIO) LOCAL 364			