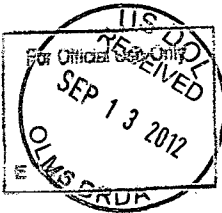


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0188
Expires 09-30-2011



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. 438 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.

503718

1. File Number: C-777

Person Filing	
2. Name and mailing address (include ZIP Code): Name: Denise Malwitz Title: Organization: D.M. Consulting P.O. Box, Bldg., Room No., if any: Street: 3530 Milford Haven St City: Las Vegas State: NV ZIP Code + 4: 89122	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:	5. Type of person: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: Saladino's Inc Organization: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: 5400 Ontario Mills Pkwy City: Ontario State: CA ZIP Code + 4: 91764	7. Date entered into: 6 / 10 / 2008 8. Name of person(s) through whom made: Name: Tom Stuart 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: Denise Title: President	14. Original: Title: Treasurer	(If other title, see instructions)
Date: 9-1-12 Telephone Number:	On:	

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 to provide Consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses

Specific Activities to be Performed

11. a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

Various days beginning 6/10/08

11.d. Name and address through whom performed:

Name

Organization LRT Consulting Services

P.O. Box, Bldg., Room No., if any:

Street 7850 S. Elm, Suite E

City Broken Arrow

State

OK

ZIP Code + 4 74011

11.c. Extent performed:

Fully Performed

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:

Truck Drivers and Warehouse workers

12.b. Identify subject labor organizations:

Teamsters