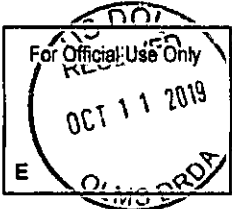


# FORM LM-20

## 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.

711185

1. File Number: C- 00527

### Person Filing

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

Name JOHN M. HERMANN

Title PRESIDENT & CEO

Organization LABOR RELATIONS SERVICES, INC.

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

Street 2 PINNACLE PT

City NEWPORT COAST

State CA ZIP Code + 4 92657

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

Name N/A

Title

Organization

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

Street

City

State ZIP Code + 4

#### 4. Date fiscal year ends:

12/31 / 19

#### 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 DARYL GORMLEY

Organization WISMETTAC ASIAN FOODS, INC.

Trade Name, if any

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

Street 13409 ORDEN DRIVE

City SANTA FE SPRINGS

State CA ZIP Code + 4 90670

#### 7. Date entered into:

9 / 26 / 2019

#### 8. Name of person(s) through whom made:

Name DARYL GORMLEY

Name

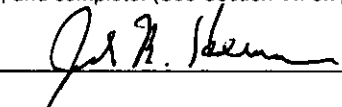
Name

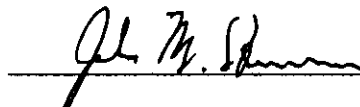
Name

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  President  
(If other title, see instructions)  
Title President

14. Signed  Treasurer  
(If other title, see instructions)  
Title Treasurer

On 10/3/2019 949-719-1962  
Date Telephone Number

On 10/3/2019 949-719-1962  
Date Telephone Number

## 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.):

ALL SERVICES DESCRIBED IN SECTION 11A. BELOW SHALL BE PERFORMED ON AN HOURLY FEE BASIS. EXPENSES IN CONNECTION WITH THE PERFORMANCE OF SUCH SERVICES SUCH AS TRAVEL, ACCOMODATIONS, COPIES, TELEPHONE LONG DISTANCE, ETC., WILL BE REIMBURSED TO LABOR RELATIONS SERVICES, INC. AT ACTUAL COST.

## Specific Activities to be Performed

## 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 EXERCISE THEIR RIGHTS TO ORGANIZE AND BARGAIN COLLECTIVELY. WE WILL ASSIST IN CONDUCTING MEETINGS WITH EMPLOYEES AND IN COMMUNICATIONS IN WRITING DURING THIS PERIOD.

## 11.b. Period during which performed:

ONGOING

## 11.c. Extent performed:

ONGOING

## 11.d. Name and address through whom performed:

Name ED HINKLE

Organization LABOR RELATIONS SERVICES, INC.

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

Street 2 PINNACLE PT

City NEWPORT COAST

State CA ZIP Code + 4 92657

## Additional Name and address through whom performed, if any:

Name BRADLEY MOSS

Organization TBG LABOR

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

Street 27407 PACIFIC COAST HIGHWAY

City MALIBU

State CA ZIP Code + 4 90265

## 12.a. Identify subject groups of employees:

ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED  
TO BETWEEN THE PARTIES

## 12.b. Identify subject labor organizations:

TEAMSTERS UNION LOCAL 570