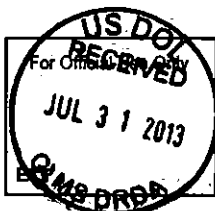


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

532605  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-65580

## Person Filing

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

Name Todd A Lyon

Title Secretary/Treasurer

Organization National Employment Resources

P.O. Box, Bldg., Room No., if any Ste 2300

Street 601 SW 2nd Ave

City Portland

State Oregon

ZIP Code + 4 97204

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:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): DLLLC

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Paul Meade

Organization Coho Distributing LLC

Trade Name, if any Columbia Distributing

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

Street 20301 59th Place South

City Kent

State Washington

ZIP Code + 4 98032

7. Date entered into:

7 / 3 / 2013

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

Name Paul Meade

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

7/30/13

Date

203-228-0500

Telephone Number

On

7/30/13

Date

503-228-0500

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.):

\$285.00 per hour consulting fee

**Specific Activities to be Performed**

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

a. Nature of activity:

Persuader activity as described in 9(a) above, including meetings with employees

11.b. Period during which performed:

July 2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Todd A Lyon  
Organization National Employment Resources  
P.O. Box, Bldg., Room No., if any Ste 2300  
Street 601 SW 2nd Ave  
City Portland  
State Oregon ZIP Code + 4 97204

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:

Warehouse and Drivers

12.b. Identify subject labor organizations:

Teamsters Local 38