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. 1245-0003 Expires 10-31-2013



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.

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1. File Number: C- 002/72	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Philip Craft	Name Debbie O'Kelley
Title President	Title Administrative Assistant
Organization CBC Consulting, LTD	Organization CBC Consulting, LTD
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3001°W. Big Beaver Road	Street 17235 Lechlade Lane
City Troy	City Dallas
State Michigan ZIP Code + 4 48048-3105	State Texas SIP Code + 4 75252
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 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):	7. Date entered into:
Name Travis Clemens	8 / 13 / 2012
Organization ConAgra Foods	8. Name of person(s) through whom made:
Trade Name, if any	Name Travis Celmens
P.O. Box, Bldg., Room No., if any	Name
Street 801 Dye Mill Road	Name
City Troy	Name
State Ohio. ZIP Code + 4 45373	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 corpolete. (See Section VII on penalties in the instructions.)	
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13. Signed President (If other title, see	14. Signed Treasurer (If other title, see
Title President C instructions)	Title Treasurer instructions)
0- 2/25/2012 246 756 4FF0	0- 2/05/2012 240/20000316/2
On 3/26/2013 248 760 4558 Date Telephone Number	On 3/26/2013 248-922-0141 Telephone Number
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Filer: Philip Cycle	File Number C- 20272	
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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.):		
Oral agreement for services rendered to answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: To answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union. Included would be group meetings with employees. Group meetings with employees		
11.b. Period during which performed:	11.c. Extent performed:	
8/13/12-12/31//12 11.d. Name and address through whom performed:	ongoing Additional Name and address through whom performed, if any:	
Name 77:	Name	
Organization CBC Consulting, LTD	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 3001 W. Big Beaver Road	Street	
City Troy	City	
State Michigan ZIP Code + 4 48048-3105	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All production and maintenance employees	pre-petition	