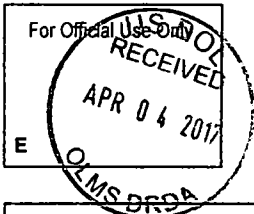


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

648007

1. File Number: C- 65931

Person Filing

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

Name Michael Ciabattoni
Title Principal
Organization MSC Labor Relations and Legislative Cons
P.O. Box, Bldg., Room No., if any
Street 27 Catherine Court
City Bear
State Delaware ZIP Code + 4 19701

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): LLC

Nature of Agreement or Arrangement

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

Name Nellie Williams
Organization Clif Bar
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1451 66th Street
City Emeryville
State California ZIP Code + 4 94608

7. Date entered into:

5 / 19 / 2016

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

Name
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 [Signature] President
(If other title, see instructions)
Title Other (Specify)
Principal

On 03/23/2017 Date
302-312-6632 Telephone Number

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

On _____ Date
_____ Telephone Number

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

a. ☒ ^{EDUCATE} To ~~persuade~~ educate employees to exercise or not to exercise, or ^{EDUCATE} ~~persuade~~ educate 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.):

To provide education to employees regarding their rights and application of law under the NLRA.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: SEE #10	
11.b. Period during which performed:	11.c. Extent performed: COMPLETE
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LLL	Organization
P.O. Box, Bldg., Room No., if any P.O. Box 1529	P.O. Box, Bldg., Room No., if any
Street	Street
City Broken Arrow	City
State OK ZIP Code + 4 74013	State ZIP Code + 4
12.a. Identify subject groups of employees: Various employees	12.b. Identify subject labor organizations: N/A