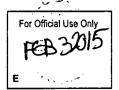
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



C- 65802

1. File Number:

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.

Person Filing				
2. Name and mailing address (include Zi	P Code):	3. Any other address where records necessary to verify this report are kept:		
Name		Name		
Title		Title		
Organization International Lab	oor Relations	Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 8086 South Yale Ave s	uite 225	Street		
City Tulsa		City		
State Oklahoma ZIP Code + 4 74136		State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:	<u> </u>		
Dec / 31	a. Individual b. Partnership c. Corporation d. XOther (Specify):			
······································				
Nature of Agreement or Arrangemen	t			
6. Full name and address of employer w	ith whom made (include ZIP Code):	7. Date entered into: 7 / 24 / 2014		
Name				
Organization Mrs Green Natura	l Market	8. Name of person(s) through whom made:		
Trade Name, if any		Name Sherry Schultz		
P.O. Box, Bldg., Room No., if any		Name .		
Street 1 Bridge Street, 2nd	Floor. Suite 3	Name		
City Irving		Name		
State New York	ZIP Code + 4 10533	Name		
	Signa	itures		
Each of the undersigned declares, und the information contained in any accommune, correct, and complete. (See Section 13. Signed President	panying documents) has been examined	penalties of law, that all of the by the signatory and is, to the signatory and is, to the signed Treasurer	information submitted in this report (including best of the undersigned's knowledge and belief, Treasurer (If other title, see instructions)	
On 7/25/2014 80	0-555-7509	On 7/25/2014	800-555-7509	

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.):					
Specific Activities to be Performed					
11. For each activity, separately list in detail the Information required (See instructions):					
a. Nature of activity:					
Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.					
·					
11.b. Period during which performed:	11.c. Extent performed:				
Beginning on or about 10/14/2014	Ongoing				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name	Name Brad Gonzalez				
Organization Effective Management Systems	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 1340 N Astr St #2205	Street 803 Mango Dr				
City Chicago	City Casselberry				
State Illinois ZIP Code + 4 60610	State Florida ZIP Code + 4 32707				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
All employees eligible to vote in the bargaining unit	UFCW Local 1534				

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Filer:

International Labor Relations

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Specific Activities to be Performed (Continuation Page)

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

Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.

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11.b. Period during which performed:		11.c. Extent performed:			
Beginning on or about 10/14/2014		 	Ongoing		
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:			
Name		Name			
Organization Pinnacle Labor Relations		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street 1557 Countrywood Lane		Street			
City Escalon		City			
State California	ZIP Code + 4 95320	State	ZIP Code + 4		
Additional Name and address through whom performed, if any:		Additional Name and address through whom performed, if any:			
Name		Name			
Organization		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street		Street			
City		City			
State	ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:			
All employees eligible to vote in the bargaining unit					