

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011



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.

1127 1100

452408				
1. File Number: C- 683				
Person Filing				
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Joseph Brock	Name			
Title President	Title			
Organization Bast Coast Labor Relations, LLC	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 151 Forge Rd	Street			
City Delran	City			
State New Jersey 2 ZIP Code + 4 08075	State ZIP Code + 4			
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: 02 / 18 / 2010			
Name				
Organization Dawn Food products	8. Name of person(s) through whom made:			
Trade Name, if any	Name Cynthia Byrd			
P.O. Box, Bldg., Room No., if any	Name			
Street 3333 Sargent Road	Name			
City Jackson	Name			
State Missouri SIP Code + 4 49201	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	14. Signed Treasurer (If other title, see			
Title President (instructions)	Title d instructions)			
on 7-10-2010 215-840-2088	On			
Date Telephone Number	Date Telephone Number			

	•
File	Ì۲.

File	Nι	ımt	er (C

. Check the appropri			

- 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.):

Verbal Agreement to provide consultation and give speeches to employees exercising their right to organize and bargain collectively. Terms are 187.50 per hour

Specific Activities to be Performed

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

To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed: Various days beginning みートター 20トワ	11.c. Extent performed: Fully_performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services, Inc	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Street	Street
City Broken Arrow	City
State Oklahoma State Oklahoma ZIP Code + 4 7 40 13	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production Shopin Inecessing of Contato	TEAMSTERS

Enployees