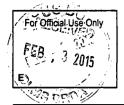
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

576249

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name	Name	
Title	Title .	
Organization International Labor Relations	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 8086 South Yale Ave suite 225	Street	
City Tulsa	City	
State Oklahoma ZIP Code + 4 74136	State ZIP Code + 4	
Date fiscal year ends: 5. Type of person:		
Dec / 31 a. Individual b. Partner	ship c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement	7 Date entered into:	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 10 / 14 / 2014	
Name	Name of person(s) through whom made:	
Organization Fresh Point	o. warre or person(s) through whom made:	
Trade Name, if any	Name Scott Savage	
P.O. Box, Bldg., Room No., if any	Name	
Street 5900 North Golden State Blvd	Name	
City Turlock	Name	
State California ZIP Code + 4 95382	Name	
Signatures		
	14. Signed Treasurer	
On 11/12/2014 800-555-7509	On 11/12/2014 800-555-7509	
Date Telephone Number	Date Telephone Number	
L		

Filer: International Labor Relations	File Number C- 65802	
Check the appropriate box to indicate whether an object of the activities under	aken, 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 instruct	ions):	
a. Nature of activity:		
Engaged to communicate with employees so they can me their rights to organize and bargin collectively.	make an informed decision reguarding exercising	
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 Jose Agraz	Name Simon Jara	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 4010 Ivey Vista Way	Street 10380 Rochelle Ave	
City Oceanside	City Santee	
State California ZIP Code + 4 92057	State California ZIP Code + 4 92071	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All employees eligible to vote in the bargaining unit	Teamster Local 386	

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.

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 Angel Cornejo	Name
Organization	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	
