ැ. 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



1. File Number:

C- 00272

This report is mandatory under P.L. 86-257, as arriended. 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 ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Philip Craft	Name Debbie
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 Tray	City Dallas
State Michigan ZIP Code + 4 48048-3105	State Texas ZIP Code + 4 75252
4. Date fiscal year ends: 5. Type of person:	
Dec 2 / 31 a Individual b Partnershi	p c Corporation d Other (Specify):
Nature of Agreement or Arrangement	<del></del>
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Scott	
Organization ConAgra Foods	8. Name of person(s) through whom made:
Trade Name, if any	Name Scott
P.O. Box, Bldg., Room No., if any	Name
Street 801 Dye Mill Road	Name
City Troy	Name Name
State Ohio ZIP Code + 4 45373	Name
Sig	natures
	ole penalties of law, that all of the information submitted in this report (including ed by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see

instructions)

248 760 4558

Telephone Number

3/26/2014

Date

(If other title, see

instructions)

248-922-0141

Telephone Number

3/26/2014

Date

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Her Philip Can't	File Number C- 00272
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.):  Orallagreement 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:	
11.b. Period during which performed: 1/1/13=11/13/13.	11.c. Extent performed: ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	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 of the Control of the Con
State Michigan	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All production and maintenance employees	pre-petition #ken UFCW Local 75