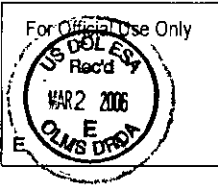


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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.

1. File Number: C- 00364

### Person Filing

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

Name Mark Garrity

Title CEO

Organization Balance Incorporated

P.O. Box, Bldg., Room No., if any

Street 1029 Keys Drive

City Boulder City

State Nevada

ZIP Code + 4 89005

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):

### Nature of Agreement or Arrangement

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

Name Hector Mon

Organization Boyd Gaming Corporation

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 2950 South Industrial Road

City Las Vegas

State Nevada

ZIP Code + 4 89109

7. Date entered into:

2 / 1 / 2006

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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 2.6.06 702-293-3576  
Date Telephone Number

On 2.6.06 702-293-3576  
Date Telephone Number

Filer: Mark Garrity      Balance Incorporated	File Number C- 00364
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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.):

\$25.00 - \$1,000.00 per hour. To do everything the law allows to avoid contamination by a business calling itself SPFPA. To determine employee benefits, job security, communications and human relations issues. To provide on-going advice to support future enhancement of the work environment, including management training and team building.

<b>Specific Activities to be Performed</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Educational group meetings, one-to-one contact, recommendations to management for lawful improvements and corrections, research into the legal and financial dealings of the labor organization in question.</p>	
<p>11.b. Period during which performed:</p> <p>on-going</p>	<p>11.c. Extent performed:</p> <p>on-going</p>
<p>11.d. Name and address through whom performed:</p> <p>Name    Scott                      E Garrity</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                                      ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name    Suellen                      K Moore</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                                      ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Petition #33-RC-4960</p>	<p>12.b. Identify subject labor organizations:</p> <p>A business calling itself SPFPA</p>

Filer: Mark Garrity      Balance Incorporated	File Number C- 00364
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Educational group meetings, one-to-one contact, recommendations to management for lawful improvements and corrections, research into the legal and financial dealings of the labor organization in question.</p>	
<p>11.b. Period during which performed:</p> <p>on-going</p>	<p>11.c. Extent performed:</p> <p>on-going</p>
<p>11.d. Name and address through whom performed:</p> <p>Name    Eduardo                      Torres</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                                      ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                                      ZIP Code + 4</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                                      ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                                      ZIP Code + 4</p>
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