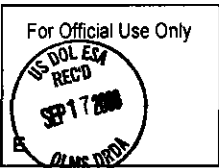


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 12-31-2010



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-00568

368441

### Person Filing

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

Name Raymond Rosenbach  
Title Treasurer  
Organization Govt Resources Consultants of America  
P.O. Box, Bldg., Room No., if any 106  
Street 253 Commerce Drive  
City Grayslake  
State Illinois ZIP Code + 4 60030

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 / 8

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 Michael Fried CEO  
Organization Community Surgical Supply, Inc  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any P O Box 4686  
Street 1390 Route 37 West  
City Toms River  
State New Jersey ZIP Code + 4 08755-4686

7. Date entered into:

9 / 8 / 2008

8. Name of person(s) through whom made:

Name Michael Fried CEO  
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

President  
(If other title, see instructions)

Title President

14. Signed

Treasurer  
(If other title, see instructions)

Title Treasurer

On 09/10/2008

Date

847-337-3480

Telephone Number

On 09/10/2008

Date

847-337-3480

Telephone Number

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.):

To provide professional consulting services as described in Section 11.

#### Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Board procedures and National Labor Relations Act, and collective bargaining procedures on Fair Labor Practices and union rules and finances.

11.b. Period during which performed:

09/08/2008 - 10/10/2008

11.c. Extent performed:

On Going

11.d. Name and address through whom performed:

Name Noble Miller

Organization Government Resources Consultants of Amer.

P.O. Box, Bldg., Room No., if any Suite 106

Street 253 Commerce Drive

City Grayslake

State Illinois ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All full time drivers / service technicians employed at Kenilworth, NJ location

12.b. Identify subject labor organizations:

Amalgamated Transit Union, Division 825  
33 Summit Avenue  
Waldwick, NJ 07463  
Richard Stark, President/Business Agent