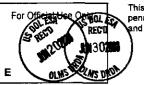
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 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 3649		
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Person Filing		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Raymond Rosenbach	Name	
Title Treasurer	Title	
Organization Govt Resources Consultants of America	Organization	
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., if any	
Street 253 Commerce Drive	Street	
City Grayslake	City	
State Illinois ZIP Code + 4 60030	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 8 a Individual b. Partnership	c. Corporation c Other (Specify):	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 6 / 17 / 2008	
Name Laura Lee		
Organization	8. Name of person(s) through whom made:	
Trade Name, if any Mirage Casino Hotel	Name Laura Lee	
P.O. Box, Bldg., Room No., if any	Name	
Street 3400 Las Vegas Blvd. South	Name	
City Las Vegas	Name	
State Nevada ZIP Code + 4 89109	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section III or penalties in the instructions.) 13. Signed Title President On Date 847-337-3480 Telephone Number	penalties of law, that all of the information submitted in this report (including by the signatory and it to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions) On 06-3-4-00 847-337-3480 Telephone Number	

Filer: Raymond Rosenbach Govt Resources Consultants	of America	File Number C- 00568	
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 Torms and conditions (Evalsis is detail; see instructions. Written agreements	must be attached):		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): To provide professional consulting services as described in Section 11.			
to provide professional constituing services as described in section if.			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	ions):		
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 Natoinal Labou 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:	11.c. Extent performed:		
June / July 2008	In Progress	the selection of the se	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Edward D Young Jr	Name		
Organization Government Resources Consultants of Am In	Organization		
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., if any		
Street 253 Commerce Drive	Street		
City Grayslake	City		
State Idaho ZIP Code + 4 60030	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Security Officers	SPFPA International Security Police, Fire Professionals of America		
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