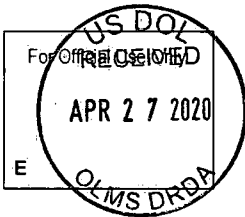


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

728084

1. File Number: C- 00568

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 Dr
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 / 20

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 Simon Manoucherian
Organization Interstate Blood Bank Inc.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 5121 Delmar Blvd
City Saint Louis
State Missouri ZIP Code + 4 63104

7. Date entered into:

4 / 13 / 2020

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

Name Simon Manoucherian
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 April 17 2020 847-337-3480
Date Telephone Number

On 04-17-2020 847-337-3480
Date 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 Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

11.b. Period during which performed:

April - May 2020

11.c. Extent performed:

On Going

11.d. Name and address through whom performed:

Name David J Rittorf
Organization Govt Resources Consultants of America
P.O. Box, Bldg., Room No., if any 106
Street 253 Commerce Dr
City Grayslake
State Illinois ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name Brigitte Munoz
Organization CSAV 360
P.O. Box, Bldg., Room No., if any
Street P O Box 422812
City Kissimme
State Florida ZIP Code + 4 34742

12.a. Identify subject groups of employees:

Employees Included
Phlebotomists, Donor reception, Nurses, Plasma
processor tech, Lab techs and Quality Assurance
Coordinators and Training Coordinators.

12.b. Identify subject labor organizations:

Advanced Nursing and Nursing Support Association