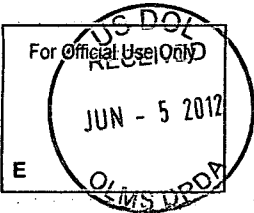


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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)

498388
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 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 / 12

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 Genevieve Dombrowski
Organization Allied Waste Services of MA LLC
Trade Name, if any Allied Waste Services of Fall River
P.O. Box, Bldg., Room No., if any
Street 1080 Airport Road
City Fall River
State Massachusetts ZIP Code + 4 02720

7. Date entered into:

5 / 9 / 2012

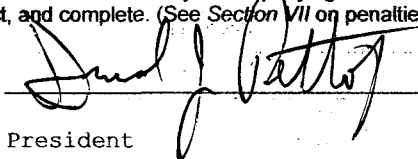
8. Name of person(s) through whom made:

Name Genevieve Dombrowski
Name
Name
Name
Name

Signatures

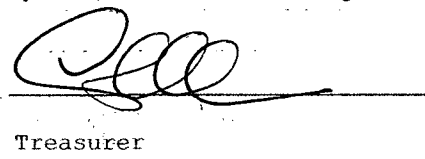
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge 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 05-25-12 847-337-3480
Date Telephone Number

On 05-24-12 847-337-3480
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:

May 09, 2012 - on going

11.c. Extent performed:

on going

11.d. Name and address through whom performed:

Name Carlos Ortiz
Organization Government Resources Consultants of AM In
P.O. Box, Bldg., Room No., if any 106
Street 253 nCommerce Dr
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 and part time front load drivers, roll-off drivers, residential drivers and shakers located at 1080 Airport RD Fall River MA who were employed during the payroll period ending Friday April 20, 2012

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters, General Teamsters Local Union No. 251