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 09-30-2011

Washington, DC 20210	No. 1215-0188 Expires 09-30-2011	
For Official Use Only penalties as provided by 29 U.S.C. 439 or 440. Required of p	iture to compty may result in criminal prosecution, fines, or civil ersons, including Labor Relations Consultants and Other Individuals	
NE DOLLAR	pement Reporting and Disclosure Act of 1959, as amended. (LMRDA)	
	LY BEFORE PREPARING THIS REPORT.	
443812		
1. File Number: C- 706		
Person Filing	a Anna the address where consider acceptant to varify this capact are kent.	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name KHANH TRAN	Name	
Title CONSULTANT	Title	
Organization EMSI CONSULTING	Organization	
	• /	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 1340 N. ASTOR ST., # 2205	Street	
city Chicago	City	
State IL ZIP Code + 4 606/0	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
12 / 3/ 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):	7. Date entered into: 06 / 0/ / 08	
Name SURVGA USA		
Organization	Name of person(s) through whom made:	
Trade Name, if any	Name MR, Ito Hiroto	
P.O. Box, Bldg., Room No., if any	Name	
Street HO S. Addison Rd.	Name	
city Addison	Name	
10101		
State IL ZIP Code + 4 60101	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	14. Signed Treasurer	
(If other title, see	(If other title, see	
Title President Consultant instructions)	Treasurer instructions)	

Telephone Number

Telephone Number

Date

Filer KHANH TRAN / EMSI	File Number C-	
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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.):		
Services are performed on an hourly rate of \$165 per hour plus expenses		
\$ 165 per hour plus expenses		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See Instructions):		
a. Nature of activity:		
Assisted in communications with employees regarding		
their right to organize and Bangain Collectively - is addition to translation / communications to one (1)		
Victornese employee regarding the same.		
11.b. Period during which performed:	11 a Evtent performed:	
	2 days a pla	
11.d. Name and address through whom performed:	Additional Name and address through whom performed if any:	
Name KHANH TRAN	Name	
Organization EMSI CONSULTING	Organization	
	P.O. Box, Bidg., Room No., if any	
P.O. Box, Bldg., Room No., if any  Street 1340 N. Astor St., 2205	Street	
city Chicago	City	
State 12 ZIP Code + 4 606/0	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Full time and		
pattine enployees	IAM Union	