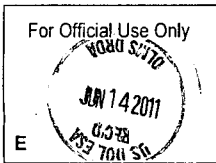


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009



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.

460757

1. File Number: C- 00527

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	JOHN M HERMANN
Title	PRESIDENT & CEO
Organization	LABOR RELATIONS SERVICES, INC.
P.O. Box, Bldg., Room No., if any	SUITE 190
Street	24 CORPORATE PLAZA
City	NEWPORT BEACH
State	California
ZIP Code + 4	92660
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:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	MOHAMMAND W KHAN
Organization	EAST-WEST UNIVERSITY
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	816 S. MICHIGAN AVE.
City	CHICAGO
State	Illinois
ZIP Code + 4	60605-2185
7. Date entered into:	
5 / 2 / 2011	
8. Name of person(s) through whom made:	
Name	
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 5/25/2011 949-719-1962  
Date Telephone Number

On 5/25/2011 949-719-1962  
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.):

All services described in Section 11a. below shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

**Specific Activities to be Performed**

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

a. Nature of activity:

Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.

11.b. Period during which performed:

5/2/2011-5/14/2011

11.c. Extent performed:

None as of this date.

11.d. Name and address through whom performed:

Name

Organization Labor Relations Services, Inc.

P.O. Box, Bldg., Room No., if any Suite 190

Street 24 Corporate Plaza

City Newport Beach

State California

ZIP Code + 4 92660

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 PART-TIME AND FULL-TIME EMPLOYEES AS AGREED TO BETWEEN THE PARTIES.

12.b. Identify subject labor organizations: