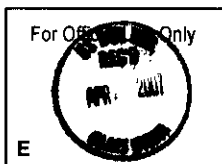


FORM LM-20

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00364

325155

Person Filing

2. Name and mailing address (include ZIP Code):

Name Mark Garrity

Title President

Organization Balance Incorporated

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

Street 1029 Keys Drive

City Boulder City

State Nevada

ZIP Code + 4 89005

3. Any other address where records necessary to verify this report are kept:

Name None

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 7

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

Organization Cooper Levenson

Trade Name, if any Attorneys at Law

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

Street 1125 Atlantic Avenue

City Atlantic City

State New Jersey

ZIP Code + 4 08401

7. Date entered into:

4 / 20 / 2007

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

Name Russell L Lichtenstein

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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 04/20/2007

Date

702-293-3576

Telephone Number

On 04/20/2007

Date

702-293-3576

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.):

Perform services at the direction and request of counsel for management at the rate of \$25.00 - \$1,500.00 per hour specifically by doing everything the law allows to avoid contamination by unionization. To determine employee benefits, job security, communications and human relations issues. To provide on-going advice to support future lawful enhancement of wages, benefits, working conditions and the work environment including management training and team building.

Specific Activities to be Performed

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

a. Nature of activity:

Educational group meetings, one-to-one contact, recommendations to counsel for management for lawful improvements and corrections, research into the legal and financial dealings of labor organizations in general, work at direction of counsel for management in all areas above.

11.b. Period during which performed:

On-going.

11.c. Extent performed:

On-going.

11.d. Name and address through whom performed:

Name On-going

Organization

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

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name On-going

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Table games dealers, Atlantic City, New Jersey.

12.b. Identify subject labor organizations:

A business calling itself the United Automobile Workers.