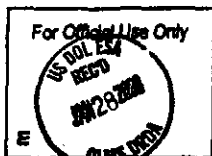


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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. 438 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- 560

340919

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Raymond Rosenbach</u> Title <u>Treasurer</u> Organization <u>Government Resources Consultants</u> <u>OF AMERICA, INC</u> P.O. Box, Bldg., Room No., if any <u>#106</u> Street <u>253 Commerce Dr</u> City <u>Grayslake</u> State <u>IL</u> ZIP Code + 4 <u>60030</u>	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: <u>12/07</u>	5. Type of person: 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 <u>Debbie White, U.P. NR</u> Organization <u>Mandalay Bay Casino & Resort</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>3950 Las Vegas Blvd South</u> City <u>Las Vegas</u> State <u>NV</u> ZIP Code + 4 <u>89119</u>	7. Date entered into: <u>11/26/07</u> 8. Name of person(s) through whom made: Name <u>Debbie White</u> 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 <u>[Signature]</u> Title <u>President</u> On <u>01-31-08</u> <u>847-337-3480</u> Date Telephone Number	14. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>1/21/08</u> <u>847-337-3480</u> Date Telephone Number
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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.):

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 & EDUCATE PARTICIPANTS ABOUT THEIR RIGHTS, DUTIES & RESPONSIBILITIES AS THEY PERTAIN TO THE NATIONAL LABOR RELATIONS ACT & NATIONAL LABOR RELATIONS BOARD PROCEDURES, SUCH AS SECRET BALLOT ELECTIONS, COLLECTIVE BARGAINING REPRESENTATION AND COLLECTIVE BARGAINING PROCEDURES ON FAIR LABOR PRACTICES AND OTHER RULES AND FINANCES

11.b. Period during which performed:

11/07 Through 12/07

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name **GARY RISELING**
 Organization **GOVERNMENT RESOURCES CONSULTANTS OF AMERICA, INC**
 P.O. Box, Bldg., Room No., if any **118**
 Street **253 COMMENCEMENT**
 City **GRAND LAKE**
 State **IL** ZIP Code + 4 **60038**

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:

Table Games Dealers

12.b. Identify subject labor organizations:

Transport Workers
 Union of America Local 721