

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

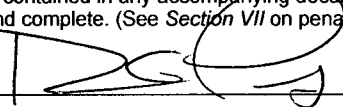
1. File Number: C- 00631

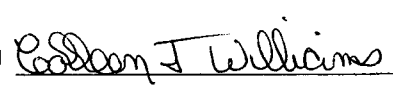
Person Filing	
2. Name and mailing address (include ZIP Code): Name Ricardo Pasalagua Title Owner Organization RP & Associates, LLC P.O. Box, Bldg., Room No., if any Street 1300 Adams Street Apt. 19E City Costa Mesa State California ZIP Code + 4 92626	3. Any other address where records necessary to verify this report are kept: Name Colleen J Williams Title Chief Financial Officer Organization RP & Associates, LLC P.O. Box, Bldg., Room No., if any Street 3941 E 63rd Street South City Derby State Kansas ZIP Code + 4 67037
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 John Hermann Organization Labor Relations Services, Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Suite 100 Street 24 Corporate Plaza City Newport Beach State California ZIP Code + 4 92660	7. Date entered into: 3 / 10 / 2010 8. Name of person(s) through whom made: 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 Sole Proprietor
President (If other title, see instructions)

14. Signed 
Title Other (Specify)
Chief Financial Officer
Treasurer (If other title, see instructions)

On 5-8-12 Date
714-240-2919 Telephone Number

On 5-8-12 Date
316-393-9055 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 at the rate of \$243.75 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to RP & Associates, LLC 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:

RP & Associates, LLC has been retained to assist the employer named above in communication with the employees of Ayres Hotels 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 the period immediately prior to the conduct of representation election.

11.b. Period during which performed:

Pendency of N.L.R.B.

11.c. Extent performed:

None as of this date.

11.d. Name and address through whom performed:

Name Ricardo Pasalagua

Organization RP & Associates, LLC

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

Street 1300 Adams Street Apt. 19E

City Costa Mesa

State California ZIP Code + 4 92624

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State California 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: