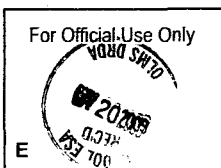


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010



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-00568

429763

Person Filing

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

Name Raymond Rosenbach
Title Treasurer
Organization Govt Resources Consultants of America
P.O. Box, Bldg., Room No., if any 106
Street 253 Commerce Drive
City Grayslake
State Illinois ZIP Code + 4 60030

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:

Dec / 10

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 Jill Quinn
Organization Centerline
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any suite 240
Street 1600 E 4th street
City Santa Ana
State California ZIP Code + 4 92701

7. Date entered into:

4 / 27 / 2010

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

Name Jill Quinn
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

05-14-10

Date

847-337-3480

Telephone Number

On

5/1/10

Date

847-337-3480

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.):

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 and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Board procedures and National Labor Relations Act, and collective bargaining procedures on Fair Labor Practices and union rules and finances.

11.b. Period during which performed:

April 27 2010 through May 31 2010

11.c. Extent performed:

on going

11.d. Name and address through whom performed:

Name **Edward** **D** **Young Jr**

Organization **Government Resources Consultants of Amer.**

P.O. Box, Bldg., Room No., if any **106**

Street **253 Commerce Dr**

City **Grayslake**

State **Illinois** ZIP Code + 4 **60030**

Additional Name and address through whom performed, if any:

Name **George** **Hartnett**

Organization **Government resoulces Consultants of Amer.**

P.O. Box, Bldg., Room No., if any **106**

Street **253 Commerce Dr**

City **Grayslake**

State **Illinois** ZIP Code + 4 **60030**

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

IBT Local 705