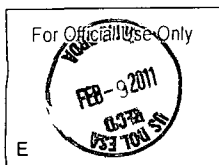


FORM LM-20

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.

442619

1. File Number: C- 00364

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	1022 Nevada Highway, Suite 422
City	Boulder City
State	Nevada
ZIP Code + 4	89005
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	/ 11
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	
Organization	MGM Resorts International
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	3600 Las Vegas Boulevard South
City	Las Vegas
State	Nevada
ZIP Code + 4	89109
7. Date entered into:	
1 / 21 / 2011	
8. Name of person(s) through whom made:	
Name	Micah Richins
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	
On	1 Feb 11	Date
Telephone Number		
14. Signed		Treasurer (If other title, see instructions)
Title	Treasurer	
On	1 Feb 11	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.):

\$25 - \$500 per hour. To facilitate every lawful action to avoid contamination by a business calling itself Teamsters Local #995. To determine employee human relations, communication, security and safety, and benefit and financial issues, and to provide and support for the lawful enhancement of the work environment, including management development 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 management for lawful improvements and corrections, and research into the legal and financial dealings of the so called labor organization in question.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization Balance Incorporated

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

Street 1022 Nevada Highway, Suite 422

City Boulder City

State Nevada

ZIP Code + 4 89005

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:

The professionals of the contact center as per NLRB petition 28-RC-6754.

12.b. Identify subject labor organizations: