U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

ations, Under Section 203(b) or the Labor-Management Reporting and Disclosure Act of 1959, as amended. (t

1. File Number: C- 00527 **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name JOHN Name M HERMANN Title Title PRESIDENT & CEO Organization LABOR RELATIONS SERVICES, INC. Organization P.O. Box, Bldg., Room No., if any $_{\mbox{\scriptsize SUITE}}$ $_{\mbox{\scriptsize 100}}$ P.O. Box, Bldg., Room No., if any Street Street 24 CORPORATE PLAZA City City NEWPORT BEACH ZIP Code + 4. State California ZIP Code + 4 92660 State 4. Date fiscal year ends: 5. Type of person: c. Corporation d. Other (Specify): Individual b. Partnership Dec **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2010 ROOS Name JAMES 8. Name of person(s) through whom made: Organization AYRES HOTELS Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any SUITE F Name Street 355 BRISTOL STREET City COSTA MESA Name ZIP Code + 4 State California 92626-7923 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.) 14. Signed 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title 6/8/2016 949-719-1967 949-719-1962 06/08/2010 Date Telephone Number Form LM-20 (2003) Page 1 of 2

Filer: JOHN HERMANN LABOR RELATIONS SERVICES, INC.	File Nulliber C- 00527
Check the appropriate box to indicate whether an object of the activities under	taken, 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 a rate of \$375.00 per hour. Expenses in connection with the performeance of such services as travel, accomodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruc	tions):
a. Nature of activity:	
Labor Relations Services, Inc. has been retained to with its employees with regard to the manner in wh bargain collectively. We will assist in conducting writing during this period.	ich they exercise their rights to organize and
AA b David during which and annual	14 a Extent porformed:
11.b. Period during which performed: 3/10/2010-5/15/2010	11.c. Extent performed: None as of this date.
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name RICARDO PASALAGUA	Name
Organization Labor Relations Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any Suite 100	P.O. Box, Bldg., Room No., if any
Street 24 Corporate Plaza	Street
City Newport Beach	City
State California ZIP Code + 4 92660	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED TO BETWEEN THE PARTIES.	Teamster
	!