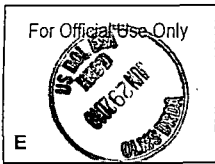


# FORM LM-20

## 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.

431211

1. File Number: C- 643

### Person Filing

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

Name Chris Cimino

Title President

Organization CARC, Labor Education Services, Inc.

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

Street 1141 West Washington Blvd, #235

City Chicago

State Illinois

ZIP Code + 4 60607

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 / 31

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 John Blaida

Organization Cobra Source, Inc.

Trade Name, if any

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

Street 15 Commerce Drive, Ste 105

City Grayslake

State Illinois

ZIP Code + 4 60030

7. Date entered into:

5 / 20 / 2010

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

Name

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

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

6/20/10 312.961.7110

Date

Telephone Number

On

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.):

To educate employees about their rights under the NLRA and to truthfully answer employees questions regarding unionization.

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Group meetings with employees held by Gerry O'Brien.

11.b. Period during which performed:

May and June 2010

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Gerry O'Brien

Organization

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

Street 23 Summit Heights

City North Oaks

State Minnesota ZIP Code + 4 55127

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:

Cobra Source employees in the defined unit.

12.b. Identify subject labor organizations:

Office and Professional Employees International Union.



# CACR, Labor Education Services, Inc.

1141 West Washington, Suite #235 , Chicago, IL 60607

312-433-0003/312-433-0004

June 21, 2010

US Department of Labor  
Employment Standards Administration  
**Office of Labor Management Standards**  
200 Constitution Avenue, NW, RM N 5616  
Washington, DC 20210

RE: COBRA SOURCE INC.

To whom it may concern:

Please find attached, the required disclosure form for consultant (form LM-20) for our engagement with **Cobra Source Inc.**

**Please notice that we have changed our name slightly. We used to be called CACR Inc.; the file number for CACR was 643. We will now be filing forms under our new name: CACR, Labor Education Services, Inc.**

If you have any questions regarding this material please don't hesitate to contact me at 312-433-0003.

Thank you.

Sincerely,

Chris Cimino  
CEO

cc: John Blaida, Cobra Source