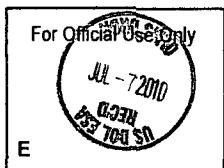


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011



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.

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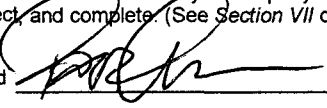
1. File Number: c- 670

Person Filing	
2. Name and mailing address (include ZIP Code): Name Patrick O Title President Organization O'Mara & Associates, LLC P.O. Box, Bldg., Room No., if any P.O. Box 2624 Street City Novato State California ZIP Code + 4 94948	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any A97 Street 130 Landing Court City Novato State California ZIP Code + 4 94945
4. Date fiscal year ends: Dec / 10	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Guide Dogs for the Blind Trade Name, if any P.O. Box, Bldg., Room No., if any Street 350 Los Ranchitos City San Rafael State California ZIP Code + 4 94913	7. Date entered into: 1 / 28 / 2010 8. Name of person(s) through whom made: Name Susan Prnjak 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 6/30/10 Date  
Telephone Number 707 203 4870

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.):

Verbal agreement to provide consultation and give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses

#### Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 1/28/2010

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc.

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

Street 7850 S. Elm Place

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Instructors, Canine Welfare Technicians, Training staff

12.b. Identify subject labor organizations:

Office and Professional Workers