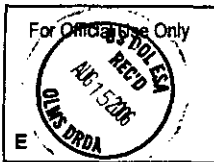


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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- 560

### Person Filing

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

Name Raymond Rosenbach

Title Treasurer

Organization Government Resources Consultants  
OF AMERICA INC

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

Street 253 Commerce Dr

City Granville

State IL

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:

12/06

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 Bill Boasberg

Organization New York New York

Trade Name, if any

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

Street 3790 LAS VEGAS BLVD SOUTH

City LAS VEGAS

State NV

ZIP Code + 4 89109

7. Date entered into:

07/21/06

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

Name Bill Boasberg

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

[Signature]  
President  
(If other title, see instructions)

Title President

14. Signed

[Signature]  
Treasurer  
(If other title, see instructions)

Title Treasurer

On

8/10/06

Date

847-337-3480

Telephone Number

On

8/10/06

Date

847-337-3480

Telephone Number

Filer: Government Resources Consultants of America Inc

File Number C- 568

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 ACT AND NATIONAL LABOR RELATIONS BOARD PROCEDURES SUCH AS SECRET BALLOT ELECTIONS, COLLECTIVE BARGAINING, REPRESENTATION, COLLECTIVE BARGING PROCEDURES, UNFAIR LABOR PRACTICES & UNION DUES.

11.b. Period during which performed:

07/06 - 09-31-06

11.c. Extent performed:

IN PROGRESS

11.d. Name and address through whom performed:

Name Raymond Rizenbach  
 Organization GOVERNMENT RESOURCES CONSULTANTS OF AMERICA, INC  
 P.O. Box, Bldg., Room No., if any 100  
 Street 253 COMMERCIAL ST  
 City GRANSHAW  
 State IL ZIP Code + 4 60030

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:

MAINTENANCE ENGINEERS

12.b. Identify subject labor organizations:

OPERATING ENGINEERS LOCAL 301