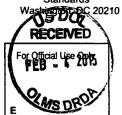
U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 12-31-2010



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- (66139)				
Person Filing				
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Hilary	Name			
Title Owner	Title			
Organization McClain Resources	Organization			
P.O. Box, Bldg., Room No., if any 110-368	P.O. Box, Bldg., Room No., if any			
Street 10620 Southern Highlands PKWY	Street .			
City Las Vegas	City			
State Nevada ZIP Code + 4	State ZIP Code + 4			
4. Date fiscal year ends: 5. Type of person:				
Dec / 13 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC				
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 6 / 22 / 2012			
Name Anita Lawson				
Organization Strategia Resources Inc.	8. Name of person(s) through whom made:			
Trade Name, if any	Name			
P.O. Box, Bldg., Room No., if any Suite 600 West	Name			
Street 7927 Jones Branch Dr.	Name			
City McLean	Name			
State Virginia ZIP Code + 4 22102	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 HUMM COMPresident (If other title, see	14. Signed Treasurer (If other title, see			
Title Ollver, McClain Resources	Titleinstructions)			
on 129 15 (10) 300 -0959 Date Telephone Number	On Date Telephone Number			

Filer: Hilary McClain Resources			File Number C-	
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				
	mation required (See instruct	ione):		
Sor 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 bargaining procedures, unfair labor practices, and union rules and finances.				
11.b. Period during which performed:		11.c. Extent performed:		
July 2012		complete		
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:		
Name Hilary McClain		Name		
Organization McClain Resources		Organization		
P.O. Box, Bldg., Room No., if any 110-368		P.O. Box, Bldg., Room No., if any		
Street 10620 Southern Highlands PKW	z ·	Street		
City Las Vegas	j	City		
State Nevada ZIP C	ode + 4 89141	State	ZIP Code + 4	
12.a. Identify subject groups of employees:		12.b. Identify subject labor of	organizations:	
Victim Advocates		IAM District 24W		
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