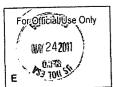


U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

3. Any other address where records necessary to verify this report are kept:



1. File Number:

Person Filing

Matt

President

Organization Quantum Consulting

Name

Title

C- 00488

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

Perovic

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.

Name

Title

Organization

P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10917 Kilpatrick	Street
City Oak Lawn	City
State Illinois ZIP Code + 4 60453	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a. Individual b. Partnership	p c. X Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name James Teague	8. Name of person(s) through whom made:
Organization Labor Relations Institute	Name
P.O. Box, Bldg., Room No., if any	Name
Street 7850 South Elm Place	Name
City Broken Arrow	Name
State Oklahoma ZIP Code + 4 64013	Name
	gnatures
Each of the undersigned declares, under penalty of perjury and other applicabe the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VIII, on penalties in the instructions.)	ble penalties of law, that all of the information submitted in this report (including ned by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed Mall Plance President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	instructions) Title
On 05/17/2010 708-423-7786	On
Date Telephone Number	Date Telephone Number
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- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. X 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.):
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Verbal agreement. 187.50 per hour for all hours worked plus incurred expenses.

Specific Activities to be Performed

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

To persuade employees to exercise or not to exercise their right to choose or not to choose representation for the purposes of collective bargaining.

11.b. Period during which performed:	11.c. Extent performed: Employee Group Meetings
November - December, 2010	Additional Name and address through whom performed, if any:
11.d. Name and address through whom performed:	
Name Betsy Crenshaw	Name
Organization Jays Medicar Transportation	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 4939 W Lake Street	Street
City Chicago	City
State Illinois ZIP Code + 4 60644	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Drivers	Amalgamated Transit Union (ATU) Local 1028