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. 1245-0003 Expires 10-31-2013

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



1. File Number:

Person Filing

Name

Title

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

Office Manager

Bell

Olivia

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 LRC Strategies, Inc. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 13449 Dulles Avenue City City Austin State Texas ZIP Code + 4 78729-3764 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership Corporation **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 29 2011 10 Name Thomas Meding 8. Name of person(s) through whom made: Organization SLS Hotel at Beverly Hills Name Thomas Meding Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 465 S. La Cienega Blvd. City Los Angeles Name State California ZIP Code + 4 90048-4001 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 14. Signed (If other title, see (If other title, see instructions) instructions) President Treasurer Title 11/28/2011 512.249.6200 11/28/2011 512.249.6200 Date Telephone Number Date Telephone Number Form LM-20 (2003) Page 1 of 2

Filer Olivia Bell LRC Strategies, Inc.	File Number C-
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 information to employees on labor relations issues. Meet with small groups of employees up to 8 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization. There was no written agreement.	
Specific Activities to be Performed	
 For each activity, separately list in detail the information required (See instructions): Nature of activity: 	
To communicate with employees regarding thier right to exercise or not exercise their right to support or not support a labor organization.	
11.b. Period during which performed:	11.c. Extent performed:
10/29/2011-11/8/2011	Complete
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Manny Gonzalez	Name
Organization LRC Strategies, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 13449 Dulles Avenue	Street
City Austin	City
State Texas ZIP Code + 4 78729-3764	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Food service, maintenance and front office support staff	