Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. od-257 as amended. Failure to comply may

OMB No. 1214-0001

esult in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.		02/25/50		
equired of Persons, including Labor Relations Consultants and Other Individuals and Organizations,	File No.	c. 364		

A. Person Filing				
1. Name and maling address (Any other address where re	cords necessary to ve	erify this report are ke
Balance Incorpor				
Boulder City, NV				
3. Date fiscal year ends:	4. Type of person:			
12/31	a. 🗆 Individual b. 🗆 Par	rtnership c. Corpor	ration d. Other	(Spedify):
B. Nature of Agreement or				
5. Full name and address of The Mirage	employer with whom made (include ZIP			
3400 Las Vegas B	lvd South		about 6/18/ persons through whom	
Las Vegas, NV 8			am McBeath	
	to indicate whether an object of the act			
	byees to exercise or not to exercise, or p		e manner or exercisin	g, the right to organiz
	h representatives of their own choosing. ployer with information concerning the ac		abor organization in co	onnection with a labo
dispute involving s	such employer, except information for us			
criminal or civil jud				
9. Terms and conditions (Exp	plain in detail; see Part B-9 of instructions	\$\$25.00 to \$575	00 per hou	r. To do
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Agreement and Activities Report

U.S. Department of Labor

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Office of Labor-' OMB No. 1214-0001 This report is mandatory under P.L. 80 _37 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. 364 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 1. Name and maling address (include ZIP code): Any other address where records necessary to verify this report are kept: Balance Incorporated 1011 Industrial Road, Suite 6 Boulder City, Nevada 89005 3. Date fiscal year ends: 4. Type of person: b. □ Partnership c. ☒ Corporation d. □ Other (Spedify): a. Individual 12/31 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Bellagio On or about 7/22/02 3600 Las Vegas Blvd., South 7. Names of persons through whom made: 89109 Las Vegas, Nevada Bobby Baldwin 8. 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 or exercising, the right to organize collectively through representatives of their own choosing. b. To supply and 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. 9. Terms and conditions (Explain in detail; see Part B-9 of instructions): \$25,00 to \$575,00 per hour, anything lawful to avoid contamination by Teamsters Local 995. To determine employee benefits, job security, communications and human relations. To provide ongoing advice to support future enhancement of the work environment, including management training and team building. C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Educational group meetings, one-to-one contact, recommendations to management for lawful improvements and corrections, research into the legal and financial dealing of the labor organization in duestion. c. Extent performed: b. Peroid during which performed: Ongoing Ongoing d. Nam, es and addresses of persons through whom performed: Mark Garrity, Eduardo Torres, Carol Lyn Rothenhausler & Trevor Kendall 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Per 28 RC 6097 A business calling itself Teamsters Local 995 D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law. that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is. to the best of his knowledge and belief, true, correct, and complete. Signed: Signed: President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) Date State State Date on 8 20 02 Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

U.S. Department of Labor

Office of Labor-Mar

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This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001 02/29/93

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations. File No. C. 364 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: Balance Incorporated 1011 Industrial Road, Suite 6 Boulder City, NV 89005 3. Date fiscal year ends: 4. Type of person: 12/31 a. Individual b. ☐ Partnership c. ☑ Corporation d. ☐ Other (Spedify): B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Stardust Hotel & Casino On or about 1/14/2002 3000 South Las Vegas Blvd. 7. Names of persons through whom made: Las Vegas, NV 89109 Mr. Keith Smith 8. 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 or exercising, the right to organize collectively through representatives of their own choosing. b.

To supply and 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. 9. Terms and conditions (Explain in detail; see Part 8-9 of instructions): \$25.00 to \$500.00 per hour. everything lawful to avoid contamination by Teamsters Local 995. employee concerns and to recommend to mangement areas for lawful improvement in wages and benefits, job security, communication and human relations. ongoing advice to support future enhancement of the work environment, including management training and team building. C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Educational group meetings, one-to-one contact, recommendations to management for lawful improvements and corrections, research into the legal and finanacial dealing of the labor organization in question. b. Peroid during which performed: c. Extent performed: Ongoing Ongoing d. Nam, es and addresses of persons through whom performed: To be determined. 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) Per 28 RD863 (b) A business calling itself Teamster Local 995



D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:			Signed:		
		President			Treasurer
(If other title cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)			
City	State	Date	City	State	Date
Public reporting burden for this o	Newdon	on2:12:02	at:		on:

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.