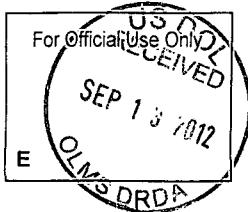


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

FILE COPY



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.

503 782

1. File Number: C- 00568

Person Filing

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

Name Raymond Rosenbach
Title Treasurer
Organization Govt Resources Consultants of America
P.O. Box, Bldg., Room No., if any 106
Street 253 Commerce Drive
City Grayslake
State Illinois 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:

Dec / 11

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 Jill Bell
Organization Golden Nugget Las Vegas
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street P. O Box 610
City Las Vegas
State Nevada ZIP Code + 4 89125

7. Date entered into:

2 / 14 / 2011

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

Name Jill Bell
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

Title President

President
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see instructions)

On

Date

847-337-3480

Telephone Number

On

Date

847-337-3480

Telephone Number

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	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>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 Board procedures and National Labor Relations Act, and collective bargaining procedures on Fair Labor Practices and union rules and finances.</p>	
<p>11.b. Period during which performed:</p> <p>February & March 2011</p>	<p>11.c. Extent performed:</p> <p>Complete</p>
<p>11.d. Name and address through whom performed:</p> <p>Name James A Levyne</p> <p>Organization Government Resources Consultants of Am In</p> <p>P.O. Box, Bldg., Room No., if any 106</p> <p>Street 253 Commerce Drive</p> <p>City Grayslake</p> <p>State Illinois ZIP Code + 4 60030</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Valets</p>	<p>12.b. Identify subject labor organizations:</p> <p>Teamsters 995</p> <p>Teamsters Security Fund Southern NV.</p>

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
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5.a. Name and Address of Employer (including trade name, if any). Employer Metro Homes, Inc Trade Name Attention To: Ben M Wangauchuchu Title Controller	Mailing Address: P.O. Box, Bldg., Room No., if any Street 6856 Eastern Ave NW Suite 376 City Washington State District of Columbia ZIP Code + 4 20012
5.b. Termination Date February 2011	5.c. Amount 22,262

5.a. Name and Address of Employer (including trade name, if any). Employer The Mirage Trade Name Attention To: Laura Lee Title Vice President HR	Mailing Address: P.O. Box, Bldg., Room No., if any Street 3400 Las Vegas Blvd City Las Vegas State Nevada ZIP Code + 4 89119
5.b. Termination Date February 2011	5.c. Amount 44,518

5.a. Name and Address of Employer (including trade name, if any). Employer MANDALAY BAY RESORT & CASINO Trade Name Attention To: Laura Lee Title Vice President HR	Mailing Address: P.O. Box, Bldg., Room No., if any Street 3950 LAS VEGAS BLVD SOUTH City Las Vegas State Nevada ZIP Code + 4 89119
5.b. Termination Date April 2011	5.c. Amount 41,811

5.a. Name and Address of Employer (including trade name, if any). Employer Phoenix International Corp Trade Name John Deere Electronic Solutions Attention To: Thomas Budan Title General Manager	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1441 44th Street City Fargo State North Dakota ZIP Code + 4 58102
5.b. Termination Date September 2011	5.c. Amount 46,400

5.a. Name and Address of Employer (including trade name, if any). Employer Joseph A Bank Trade Name Attention To: Charles Frazer Title V P & General Counsel	Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 Hanover Pike City Hampsted State Maryland ZIP Code + 4 21074
5.b. Termination Date October 2011	5.c. Amount 55,705

5.a. Name and Address of Employer (including trade name, if any). Employer Innovative Life Solutions Inc. Trade Name Attention To: Shinavia McKinney Title Human Resources Manager	Mailing Address: P.O. Box, Bldg., Room No., if any Street 6475 Hampshire Ave Suite 760 City Hyattsville State Maryland ZIP Code + 4 20783
5.b. Termination Date June 2011	5.c. Amount 13,405