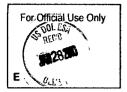


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



1. File Number:

C- 00568

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.

410197

Person Filing	ID C-d-)		
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept	
Name Raymond	Rosenbach	Name	
Title Treasurer		Title	
Organization Govt Resources Consultants of America		Organization	
P.O. Box, Bldg., Room No., if any 1106		P.O. Box, Bldg., Room No., if any	
Street 253 Commerce Drive		Street	
City Grayslake		City	
State Illinois	▼ ZIP Code + 4 60030	State ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:		
	a. Individual b. Partnership	c. X Corporation d. Other (Specify):	
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:	
Name i		8. Name of person(s) through whom made:	
Organization Mandalay Bay Resort & Casino		Name Michelle DiTondo	
Trade Name, if any		Name Michelle Dilondo	
P.O. Box, Bldg., Room No., if any		Name	
Street 3950 Las Vegas Blvd South		Name	
City Las Vegas		Name	
State Nevada	ZIP Code + 4 89119	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 (If other title, see instructions)		14. Signed Treasurer (If other title, see instructions)	
		Title Treasurer	
On 01/21/2010 847-337-3480		On 01/21/2010 847-337-3480	
Date Telephone Number		Date Telephone Number	
Form LM 20 (2002)			

Filer Raymond Rosenbach Govt Resources Consultants	of America File Number C- 00568			
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
or orientation appropriate sox to indicate uncertain an object of the desirates under	and, is already of indicody.			
a. To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain			
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.				
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Specific Activities to be Performed				
11. For 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 Natoinal Labor Relations Board procedures and National Labor Relations Act, and collective bargaining procedures on Fair Labor Practices and union rules and finances.				
11.b. Period during which performed:	11.c. Extent performed:			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Edward D Young	Name			
Organization Government Resources of America, Inc	Organization			
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., if any			
Street 253 Commerce dr	Street			
City Grayslake	City			
State Illinois ZIP Code + 4 60030	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Valets	IBT Local 995			
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