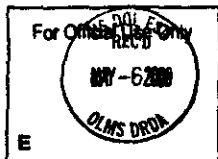


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

1. File Number: C- 568 361 9660

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Raymond Rosenbach</u> Title <u>Treasurer</u> Organization <u>Government Resources Consultants</u> <u>OF AMERICA INC</u> P.O. Box, Bldg., Room No., if any <u>106</u> Street <u>253 Commerce Dr</u> City <u>Gray SLAKE</u> State <u>IL</u> ZIP Code + 4 <u>6030</u>	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: <u>12 / 08</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>Ramparts INC</u> Organization Trade Name, if any <u>LUXOR HOTEL & CASINO</u> P.O. Box, Bldg., Room No., if any Street <u>3600 LAS VEGAS BLVD SOUTH</u> City <u>Las Vegas</u> State <u>NV</u> ZIP Code + 4 <u>89119</u>	7. Date entered into: <u>03/19 / 08</u> 8. Name of person(s) through whom made: Name <u>Pam DOHERTY</u> 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 <u>[Signature]</u> Title <u>President</u>	14. Signed <u>[Signature]</u> Title <u>Treasurer</u>
On <u>05-01-08</u> <u>847-337-3480</u> Date Telephone Number	On <u>5/1/08</u> <u>847-337-3480</u> Date Telephone Number

Filer:

Government Resources Consultants of America Inc

File Number C-

568

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

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 & educate participants about their rights duties & responsibilities as they pertain to the National Labor Relations Board Procedures, National Labor Relations Act and Collective Bargaining Procedures on Fair Labor Practices and Union Rules & Finances

11.b. Period during which performed:

03-19-08 Through 04-30-08

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Noble Miller

Organization Government Resources Consultants of America Inc

P.O. Box, Bldg., Room No., if any 106

Street 253 Commerce Dr

City Grays Lake

State IL

ZIP Code + 4 60130

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Security Officers

12.b. Identify subject labor organizations:

International Union, Security, Police
and Fire Professionals of America
(SPEPA)