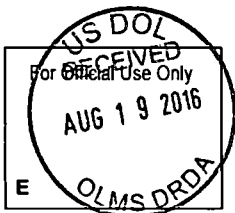


FORM LM-20

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)

625595

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

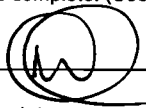
1. File Number: C- 00364


Person Filing	
2. Name and mailing address (include ZIP Code): Name Mark Garrity Title President Organization Balance Incorporated P.O. Box, Bldg., Room No., if any Street 1022 Nevada Highway, Suite 422 City Boulder City State Nevada ZIP Code + 4 89005	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 / 31	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 Organization Boyd Gaming Corporation Trade Name, if any P.O. Box, Bldg., Room No., if any Street 12 East Ogden Avenue City Las Vegas State Nevada ZIP Code + 4 89101-2992	7. Date entered into: 7 / 21 / 2016 8. Name of person(s) through whom made: Name Steve Thompson 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  President
Title President
(If other title, see instructions)

14. Signed  Treasurer
Title Treasurer
(If other title, see instructions)

On _____
Date Telephone Number

On _____
Date Telephone Number

636

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.):

\$25 - \$500 per hour. To facilitate every lawful action to avoid contamination by a business calling itself International Union Of Operating Engineers, Local #501. To determine employee human relations, communication, security and safety, and benefit and financial issues, and to provide and support for the lawful enhancement of the work environment, including management development and team building.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Educational group meetings, one-to-one contact, recommendations to management for lawful improvements and corrections, and research into the legal and financial dealings of the so called labor organization in question.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

All full time lead slot technicians and slot technicians employed by the Employer at the California Hotel; Main Street Station; and Fremont Hotel and Casino in Las Vegas, Nevada as per NLRB Petition 28-RC-180384

12.b. Identify subject labor organizations:

International Union of Operating Engineers, Local #501

Item 10 Continuation From Page 2

N/A