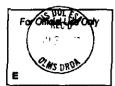
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



1. File Number:

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.

2. Name and mailing address (Include ZIP Code): Name Raymon D. Rose Work L. Tale TREASCRE Organization Covernment Resources Consultants Organization Covernment Resources Consultants Organization Organizatio	Person Filing			
Title TREASORY Organization Government Resources Consultation OF Americus Inc P.O. Box, Bidg., Room No., if any # I/L6 Street 253 Commerce or City Grays Lake 2ip Code +4 Cos 30 State TL 2ip Code +4 Cos 30 State 7. Date fiscal year ends: S. Type of person: 1 2 107 a individual b Partnership c Corporation d Other (Specify): Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP Code): Name Jon nne Beckett Organization Good File N Nager Lawers Trade Name, if any P.O. Box, Bidg., Room No., if any Street / J Fefre mort City Lawers State Neuron 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 coplayed in any accompanying documents) has been examined by the signatures Title President Treasurer (if other title, see instructions) 14. Signed Treasurer (if other title, see instructions) Treasurer (if other title, see instructions)	Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Organization Or	Name RAYMOND ROSEWEINEL		Name	
P.O. Box, Bldg., Room No., if any Street 273 Commerce Dr Street City State 7 S			Title	
P.O. Box, Bldg., Room No., if any Street 273 Commerce Dr Street City State 7 S	Organization GOVERN MENT RESOURCES CONSULTANTS OF AMERICA INC		Organization	
City Grays LA(CC State TC ZIP Code + 4 620 30 State ZIP Code + 4 4. Date flocal year ends: L O7			P.O. Box, Bldg., Room No., if any	
State JC ZIP Code + 4 & Signatures S. 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 Johne & Cuelt Organization Goode No. If any Street / J Fire mort City Line Use as State Neuran 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 coplained in any accompanying accuments) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and copyheles. See Section VII of penalties in the instructions.) 13. Signed Albert III President Title President Treasurer (If other title, see instructions)	Street 253 COMMENCE Dr		Street	
4. Date fiscal year ends: 12	City Grays LACE		City	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name \[\int 0.0 \text{ mm e dot decisions} \] Name \[\int 0.0 \text{ mm e dot decisions} \] Name \[\int 0.0 \text{ mm e dot decisions} \] Trade Name, if any P.O. Box, Bidg., Room No., if any Street \[\int 2 \text{ PEFre mort} \] City \[\int P = V = 9.75 \] State \[\text{NEVA-PA} \] 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 coplayed 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 consplete. (See Section Vit or benalties in the instructions.) 13. Signed \[\text{MBADA APP President} \] (If other title, see instructions) 14. Signed \[\text{Treas Jrer} \] Treasurer \[\text{(If other title, see instructions.)} \]	State IC	ZIP Code + 4 600 30	State	ZIP Code + 4
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code) Name Johne Beckell Organization Golden Nugger Lasvens Trade Name, if any Street / JeFremort City Lasvens State Nevens State Nevens State Nevens 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 of penalties in the instructions.) 13. Signed Allegal North President (If other title, see instructions) Treasurer (If other title, see instructions)	4. Date fiscal year ends:	5, Type of person:	<u> </u>	
S. Full name and address of employer with whom made (include ZIP Code): Name Johne Beckell Organization Golden Nugger Lasvens Trade Name, if any P.O. Box, Bidg., Room No., if any Street / Jefre mort City Line Vens State Nevant ZIP Code + 4 89/0/ 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 contained in the instructions.) 13. Signed Allake A Advent President Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)	12 / 07 a. Individual b. Partnership c. Corporation d Other (Specify):			
S. Full name and address of employer with whom made (include ZIP Code): Name Johne Beckell Organization Golden Nugger Lasvens Trade Name, if any P.O. Box, Bidg., Room No., if any Street / Jefre mort City Line Vens State Nevant ZIP Code + 4 89/0/ 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 contained in the instructions.) 13. Signed Allake A Advent President Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)				
Name John Me Beckett Organization Golden Nugger Lasveras Trade Name, if any P.O. Box, Bidg., Room No., if any Street / 2 9 = Fre mont City Lasveras State Nevan Part ZIP Code + 4 8 9 / 0 / 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 or penalties in the instructions.) 13. Signed CALDRAD A Port President Treasurer (If other title, see instructions) Title President Treasurer (If other title, see instructions)	Nature of Agreement or Arrangemen	t_		
Name JOAME & CVETT Organization GOLDEN NUGGET LASVEANS Trade Name, if any P.O. Box, Bldg., Room No., if any Street / J 9 = Fre mort City LASVEANS State NEVAPA ZIP Code + 4 89/0/ 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 or penalties in the instructions.) 13. Signed CALLOGAL A FOR Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)	Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:	
Trade Name, if any P.O. Box, Bldg., Room No., if any Street / J 9 = Fre mort City: Lno Vegno State Nevan State Nevan 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 contained 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 contained in this report (including the information contained in any accompanying documents). 13. Signed Alabert Fresident (If other title, see instructions) Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)	Name JOA MAR BECKEIT			
Trade Name, if any P.O. Box, Bldg., Room No., if any Street / J 9 = Fre mort City: Lno Vegno State Nevan State Nevan 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 contained 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 contained in this report (including the information contained in any accompanying documents). 13. Signed Alabert Fresident (If other title, see instructions) Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)	Organization GOLDEN NUGGET LASVEGAS		Name of person(s) through whom made:	
Street / J Fre mort City Ln vegns State NEVAPN ZIP Code + 4 89/0/ 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 contained. (See Section VII on penalties in the instructions.) 13. Signed CARRAL A Fresident (If other title, see instructions) Treasurer (If other title, see instructions) Title President Treasurer Title Treasurer Title Treasurer Title Treasurer			Name Joannie Becke H	
State NEVAPA ZIP Code + 4 89/0/ 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 Allowed Aprel President (If other title, see instructions) Treasurer (If other title, see instructions) Title President Treasurer Title Treasurer (If other title, see instructions)	P.O. Box, Bidg., Room No., if any		Name	
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	the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belighting, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions) Title President Title Treasurer (If other title, see instructions)			

Filer Government Resources Consultants i	OF AMERICA I've File Number C- 568.			
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
a				
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				
a Nature of activity: Consocr Employee and Supervisory group meetings To in Firm & Educate Consocr Employee and Supervisory group meetings To in Firm & Educate Partic grants About Their Pights, clutics and Responsibilities as they pertain Partic grants About Their Pights, clutics and Responsibilities as they pertain To The National Labor Relations Act AND NAtional Labor Relations Roughoute Procedures Such as Secret ballot Elections, Collective Bargining Regresonation AND Collective Bargining Procedures on Fair Labor Praeaties and Union Rulg AND Finances				
11.b. Period during which performed: 0/07 Throwsh 2-28-7	11.c. Extent performed:			
17. 209 11	Additional Name and address through whom performed, if any:			
11.d. Name and address through whom performed:	Name			
Organization Gavernment Residences Consultants	!			
P.O. Box, Bidg., Room No., if any 100	P.O. Box, Bldg., Room No., if any			
Street 253 COMMENCE Vr	Street			
city Grays Latte	City			
State IC ZIP Code + 4 6030	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Operating Maintenance Engineers	operating Engineers 501/			
Laborers	Team Sters Alliance			