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

Person Filing

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003

(500L)	Expires 03-31-2019
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil Gerfalt@sa.provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individual and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRI RECEIVED BEC 1 5 2016 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	els DA) 1974
1. File Number: C- 00364	

Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:			
Name Mark	Garrity	Name			
Title President	:	Title			
Organization Balance Incorporated		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street 1022 Nevada Highway,	Suite 422	Street			
City Boulder City		City			
State Nevada	ZIP Code + 4 89005	State ZIP Code + 4			
4. Date fiscal year ends:	5. Type of person:				
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):					
Nature of Agreement or Arrangeme	nt				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:			
Name		10 / 18 / 2016			
Organization The Cosmopolitar	1	8. Name of person(s) through whom made:			
Trade Name, if any		Name Daniel Espino			
P.O. Box, Bldg., Room No., if any		Name			
Street 3708 Las Vegas Blvd., South		Name			
City Las Vegas		Name			
State Nevada	ZIP Code + 4 89109	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.)					

the informa	tion contained in any a	ccompanying docum	rjury and other applicable ents) has been examined es in the instructions.)	penalties of la by the signat	aw, that all of the information submitted in this	report (including nowledge and belief,
13. Signed	_ (uv)	(no)	President (If other title, see	14. Signed		Treasurer
Title	President		instructions)	Title	Treasurer	(If other title, see instructions)

on 2400/16 700: 293.35%

On 2 00 16

162 - 243 - 35 76 Telephone Number

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Form LM-20 (2003)

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2 Dec 2016

Filer Mark Garrity Balance Incorporated	File Number C- 00364				
9. Check the appropriate box to indicate whether an object of the activities unde	rtaken, is directly or indirectly:				
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 e	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.					
40 Towns and an division (5 to 1)					
10. Terms and conditions (Explain in detail; see instructions. Written agreements					
\$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 developement and team building.					
Specific Activities to be Performed		<u> </u>			
11. For each activity, separately list in detail the information required (See instruct	ions):				
a. Nature of activity:	uonaj.				
Educational group meetings, one-to-one contact, rea and corrections, and research into the legal and frorganization in question.	commendations to man inancial dealings of	agement for lawful improvements the so called labor			
11.b. Period during which performed:	T				
Ongoing	11.c. Extent performed:				
11.d. Name and address through whom performed:					
		s through whom performed, if any:			
Name	Name				
Organization Delauco Luce Los Label P.O. Box, Bldg., Room No., if any	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., i	fany			
Street 1022 Newscar Lighway 422	Street				
city Booker Ctty	City				
State UV ZIP Code + 4 8 900 5	State	ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor o	rganizations:			
All full time regular part time employees classified as Slot Technicians, Apprentice Slot Technicians, Bench Technicians assinged to the Slot Department and employed by the employer at its 3708 Las Vegas Blvd., South Las vegas, Nevada facility as per NLRB Petition 28-RC-186374	International Unio. #501	n of Operating Engineers, Local			