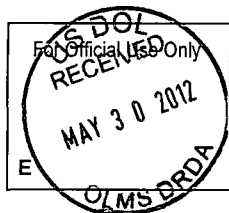


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

497965

1. File Number:

c- 738

Person Filing

2. Name and mailing address (include ZIP Code):

Name Jacob M Monty

Title Manager

Organization Latino Labor Persuaders, LLP

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

Street 150 W. Parker Rd. Floor 4

City Houston

State Texas

ZIP Code + 4 77076

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. ☐ 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 Raymond Rosenbach

Organization Government Resources Consultants of Am I

Trade Name, if any

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

Street 253 Commerce Dr

City Grayslake

State Illinois

ZIP Code + 4 60030

7. Date entered into:

4 / 28 / 2012

8. Name of person(s) through whom made:

Name

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

Title Other (Specify)

Manager

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

Manager

Treasurer
(If other title, see
instructions)

On 05/18/2012 (713) 691-7118

Date

Telephone Number

On 05/18/2012 (713) 691-7118

Date

Telephone Number

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. Paid daily, plus reimbursment for expenses. No written contract.

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, on behalf of Govt Resources Consultants of America for Senior Care Centers of America Inc, to inform and educate participants about their rights, duties and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices and union rules and finances.

11.b. Period during which performed:

April 30, 2012 - May 3, 2012

11.c. Extent performed:

completed.

11.d. Name and address through whom performed:

Name Gerri Ransom

Organization Latino Labor Persuaders

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

Street 150 W. Parker Rd. Floor 4

City Houston,

State Texas ZIP Code + 4 77076

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 & part time Certified Nursing Assistants employed by the employer at the Upland Chester PA facility.

12.b. Identify subject labor organizations:

IBT Local 312