LCP-AR3

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period 07/01/10 to 06/30/11

1. Name of Labor Compliance Program (LCP): Comprehensive Housing Services, Inc.

2. LCP I.D. Number (assigned by DIR): 2008.00578

3. Date of Initial Approval: 12/18/08

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Gayle Bloomingdale, President
   8840 Warner Avenue, Suite 203
   Fountain Valley, CA 92708
   714-841-6610 office/ 714-841-8341 fax
   gayleb@comphouse.net

5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If none, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102.

   None.

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary):

   None.

SUBMITTED BY:

[Signature]
Gayle Bloomingdale, President

[Name and Title]

[Date]
August 22, 2011