

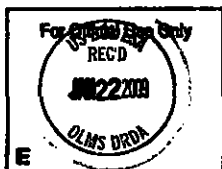
FORM LM-21

RECEIPTS AND DISBURSEMENT'S REPORT

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

This report is mandatory under P.L. 85-257, 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 Relations and Disclosure Act of 1950, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT


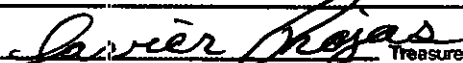
375019

1. File Number C-00556	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	08 / 08 / 2008		09 / 12 / 2008

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Javier Rojas
Title	Treasure
Organization	Permanent Solutions
P.O. Box, Building and Room Number, if any	#104
Street	19186 Fort Street
City	Riverview
State	Michigan
ZIP Code + 4	48192
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	
ZIP Code + 4	

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 the Signatures penalties in the instructions).

17. Signed 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title	President	Title	Treasurer
On	01 / 04 / 2008	On	01 / 04 / 2008
Date	313-218-0371	Date	313-218-0371
	Telephone Number		Telephone Number

Name of Person Filing: Javier Rojas

File Number C- 00556

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.**5.a. Name and Address of Employer** (including trade name, if any).**Mailing Address:**

Employer Millard Refrigration Services

P.O. Box, Building and Floor Number, if any

Trade Name

Street 4715 South 132nd street

Attention To

Rick

Dayan

City

Omaha

Title

VP Human Resources

State

Michigan

ZIP Code + 4 68137

5.b. Termination Date 7/31/2008**5.c. Amount** 164,037**6. TOTAL RECEIPTS FROM ALL EMPLOYERS** 164,037**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.**7. Disbursements to Officers and Employees:**

(a) Name

(b) Salary

(c) Expenses

(d) Totals

Lusia	Perez	52,500	2,286	54,786	9. Office and Administrative Expenses	
Amed	Santana	48,000	1,271	49,271	10. Publicity	
Richard	Torres	10,500	460	10,960	11. Fees for Professional Services	
Marty	Dreiss	48,000	1,020	49,020	12. Loans Made	
			0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:				164,037	14. Total Disbursements (Sum of Items 8-13)	164,037

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:**15.b. Trade Name, if any:****15.c. To Whom Paid**

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.d. Amount**15.e. Purpose****16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**