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

FORM LM-21 **RECEIPTS AND DISBURSEMENTS 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. Feilure to comply may result in criminal prosecution, fines, or civil penelties as provided by 29 U.S.C. 439 or 440. TST Countries Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



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557347	7
1 . File Number C- 06/05 8	2. Period Covered Month/Day/Year Month/Day/Year
	By This Report 12 / 31 / 2012 Through: 12 / 31 / 2012
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Versala D Parish	Name
Title Consulant	Title
Organization Quick Response Management	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 9684 Cornell Street	Street
City Taylor	City
State Michigan ZIP Code + 4 48180	State ZIP Code + 4
Sig	natures
Each of the undersigned declares, under penalty of perjury and other applicable per	nalties of law, that all of the information submitted in this report (including the the signatory and is, to the best of the undersigned's knowledge and bellef, true,
correct, and complete. (See the Section on penalties in the instructions).	rue signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed Alekalesticker President	
(if other title, see	18. Signed Treasurer (If other title, see
Title Other (Specify) Instructions)	Title Other (Specify) instructions)
Consultant	
On 05/15/2014 248-225-4432	On
Date Telephone Number	Date Telephone Number

Name of Person Filing: Versala Parish	File Number C-									
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: P.O. Box, Building and Room Number, if any									
Employer Labor Relations Inst. (Mission Healthcare)										
Trade Name	Street 7850 S. Elm Place, Ste. E									
Attention To Phillip Wilson	City Broken Arrow									
Title President State Oklahoma ZIP Code + 4 74011										
5.b. Termination Date January 2012	5.c. Amount 16,819									
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 60,953										
C. Statement of Disbursements Report all disbursements made by the report	orting 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 .									
	9. Office and Administrative Expenses									
	10. Publicity									
	11. Fees for Professional Services									
	12. Loans Made									
	13. Other Disbursements									
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)									
D. Schedule of Disbursements for Reportable Activity Use this Schedu	le to report only disbursements made for the purposes described in Part D of the									
instructions.	to topoli only disconstitution made for the pulposes described in rate of dis-									
15.a. Employer Name:	15.b. Trade Name, If any:									
15.c. To Whom Paid	15.d. Amount									
Name										
15.6. Purpose										
Title										
Organization										
P.O. Box, Building and Room Number, if any										
F.O. BOX, BUILDING AND PROPERTY										
Street										
City										
State Washington ZIP Code + 4	<u> </u>									
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										

Form LM-21 (2003)

Name of Person Fi	f Person Filing: Versala Parish				File Number C-					
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:										
P.O. Box, Bldg., Room No., if any Employer Labor Relations Inst. (Lyngblomsten)										
Trade Name		· · · · · · · · · · · · · · · · · · ·		/ Street	Street 7850 S. Rim Place, Ste. E					
	Phillip	Wilson	 -	City	Broken Arro		<u>. </u>			
Title	President			State	Oklahoma	-	ZIP Code + 4	74011		
5 h Tamination D				E o Amo	<u> </u>					
5.b. Termination Date June 2012 5.c. Amount 44,134										
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any										
Employer										
Trade Name		•		Street						
Attention To:				City			7			
Title				State			ZIP Code + 4			
5.b. Termination D	Pate	 / -		5.c. Amo	ount 0		·			
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:										
				P.O. B	ox. Blda Room N	lo. if anv				
Employer L			<u>_</u>	i			, , : :			
Trade Name	<u> </u>			Street	<u> </u>		<u> </u>			
Attention To:	<u> </u>] [City]			
Title				State			ZIP Code + 4	<u></u>		
5.b. Termination Date 5.c. Amount										
5.a. Name and Add	dress of Employer (inclu	iding trade name, if an	y).	P.O. B	Mailing Addres ox, Bldg., Room N		•			
Employer		· · · · · · · · · · · · · · · · · · ·								
Trade Name				Street						
Attention To:				City		<u>-</u>]			
Title				State			ZIP Code + 4	_		
5.b. Termination D	ate			5.c. Ame	ount		<u> </u>	 		
5.a. Name and Add	dress of Employer (inclu	iding trade name, if an	y).		Mailing Addres	s:				
			-	P.O. B	x. Bldg., Room N	o, if any				
Employer L				l i				 		
Trade Name	<u> </u>			Street						
Attention To:	<u> </u>			City						
Title				State			ZIP Code + 4			
5.b. Termination D	ate			5.с. Алк	ount					
5.a. Name and Add	dress of Employer (inclu	iding trade name, if an	y).	PO B	Mailing Addres					
Employer					THE PERSON NAMED IN					
Trade Name				Street						
Attention To:				City						
Title				State			ZIP Code + 4			
5.b. Termination D	Pate			5.c. Amo	ount					