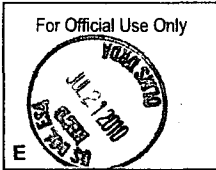


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432503

1. File Number C- 092	2. Period Covered By This Report From: 01/01/2008 Through: 12/31/2008
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name TERRY G CUBA	4. Any other address where records necessary to verify this report are kept:
Title CEO / CONSULTANT	Name N/A
Organization BARAHMA DEFENSE ENTERPRISE LLC	Title
P.O. Box, Building and Room Number, if any	Organization
Street 10815 ARGONITE DRIVE NW	P.O. Box, Building and Room Number, if any
City ALBUQUERQUE	Street
State New Mexico ZIP Code + 4 87114	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 Section on penalties in the instructions).

17. Signed	18. Signed
Title President	Title Other (Specify) CEO / CONSULTANT
On 07/10/2010 505-899-0316	On 07/10/2010 202-450-8336
Date Telephone Number	Date Telephone Number

Name of Person Filing: TERRY CUBA	File Number C-
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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 LRI CONSULTING SERVICES INC	P.O. Box, Building and Room Number, if any
Trade Name	Street 7850 SOUTH ELM PLACE SUITE E
Attention To PHILLIP B WILSON	City BROKEN ARROW
Title PRESIDENT	State Oklahoma ZIP Code + 4 74011

5.b. Termination Date DECEMBER 2008 5.c. Amount 91,053

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 170,528

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	
TERRY G CUBA	90,402	0	90,402	9. Office and Administrative Expenses 0
	0	0	0	10. Publicity 0
		0	0	11. Fees for Professional Services 0
				12. Loans Made 0
				13. Other Disbursements 0
8. Total disbursements to officers and employees:			90,402	14. Total Disbursements (Sum of Items 8-13) 90,402

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: N/A	15.b. Trade Name, If any: N/A
15.c. To Whom Paid Name N/A Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount 15.e. Purpose N/A
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: TERRY CUBA	File Number C-
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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 Grubb, Quist and Associates	P.O. Box, Bldg., Room No., if any		
Trade Name	Street TD Banknorth Bldg, 12 South Main St		
Attention To: Fred B Grubbs	City Waterbury		
Title	State Vermont	ZIP Code + 4	05676

5.b. Termination Date April 12 2008	5.c. Amount 79,475
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	

5.b. Termination Date	5.c. Amount
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