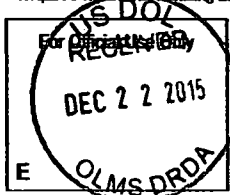


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

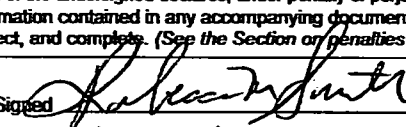
662134

1. File Number C- 66125	2. Period Covered By This Report From: 08 / 25 / 2015 Through: 09 / 14 / 2015
--------------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Rebecca Smith	4. Any other address where records necessary to verify this report are kept
Title President	Name
Organization Rock Creek Consulting LLC	Title
P.O. Box, Building and Room Number, if any	Organization
Street 554 Mahard Dr	P.O. Box, Building and Room Number, if any
City Twin Falls	Street
State Idaho ZIP Code + 4 83301	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  Title President President (if other title, see instructions)	18. Signed _____ Title _____ Treasurer (if other title, see instructions)
On 10 / 01 / 2015 702-494-8416 Date Telephone Number	On / / _____ Date Telephone Number

Name of Person Filing: Rebecca Smith	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). Employer Labor Relations Institute Trade Name LRI Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any 1529 Street 7850 South Elm Place City Broken Arrow State Idaho ZIP Code + 4 74013
5.b. Termination Date 10/14/15	5.c. Amount 17,128
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 17,128	

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		
				9. Office and Administrative Expenses	12,000
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	5,128
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	17,128

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	15.d. Amount	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		