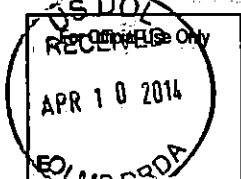


FORM LM-21

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)



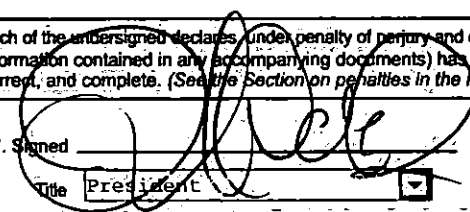
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- <input type="text" value="06620"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="01/01/2014"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="EVELYN"/> <input type="text" value="D"/> <input type="text" value="FRAGOSO"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="OWNER"/>	Name <input type="text"/>
Organization <input type="text" value="QUALITY LABOR SOLUTIONS INC"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="2700 COURTLEIGH DR"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="BAKERSFIELD"/>	Street <input type="text"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="93309"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 	President (if other title, see instructions) <input checked="" type="checkbox"/>	18. Signed <input type="text"/>	Treasurer (if other title, see instructions) <input checked="" type="checkbox"/>
Title <input type="text" value="President"/>		Title <input type="text" value="Treasurer"/>	
On <input type="text" value="04/01/2014"/> Date	<input type="text" value="661.735.5211"/> Telephone Number	On <input type="text"/> Date	<input type="text"/> Telephone Number

Name of Person Filing:	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):

Employer: **LABOR RELATIONS INSTITUTION**

Trade Name: **L.R.I.**

Attention To: **PHILIP WILSON**

Title: **PRESIDENT**

Mailing Address:

P.O. Box, Building and Room Number, if any: **P.O. BOX 1529**

Street: **7850 SOUTH ELM PLACE**

City: **BROKEN ARROW**

State: **Oklahoma** ZIP Code + 4: **74103**

5.b. Termination Date: _____

5.c. Amount: **34,974**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: **34,974**

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		
EVELYN D FRAGOSO	31,500	3,474	34,974	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:				34,974	14. Total Disbursements (Sum of Items 8-13)
					34,974

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: **PERI & SONS FARMS**

15.b. Trade Name, if any: _____

15.c. To Whom Paid:

Name: **EVELYN D FRAGOSO**

Title: _____

Organization: _____

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

Street: **2700 COURTLEIGH DR**

City: **BAKERSFIELD**

State: **California** ZIP Code + 4: **93309**

15.d. Amount: **34,974**

15.e. Purpose: **ENGAGED IN COMMUNICATE TO EMPLOYEES REGARDING EXERCISING THEIR RIGHT TO ORGANIZE AND BARGAIN COLLECTIVELY**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: **34,974**