

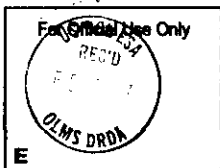
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

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)



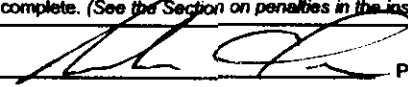
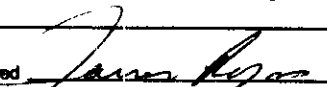
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | | | | | |
|-------------------------|--------|--|--|----------|--|
| 1. File Number C- 00556 | 325384 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) 05 / 23 / 2006 | Through: | Month/Day/Year (mm/dd/yyyy) 06 / 09 / 2006 |
|-------------------------|--------|--|--|----------|--|

| | |
|--|--|
| 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 Section on penalties in the instructions).

| | |
|--|---|
| 17. Signed  President Title President On 11 / 10 / 2006 3132180371 Date Telephone Number | 18. Signed  Treasurer Title Treasurer On 10 / 10 / 2006 7349154570 Date 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). Employer Millard Refriration Services Trade Name Attention To Kelly Oneill Title Human Resoures | Mailing Address: P.O. Box, Building and Room Number, if any Street 4715 South 132nd street City Omaha State Nebraska ZIP Code + 4 68137 |
| 5.b. Termination Date 6/09/2006 | 5.c. Amount 108,213 |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 108,213 | |

| | | | | | |
|--|------------|--------------|------------|---------------------------------------|--|
| 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 | | |
| Luisa Perez | 44,800 | 309 | 45,109 | 9. Office and Administrative Expenses | |
| Jose Salgado | 11,200 | 374 | 11,574 | 10. Publicity | |
| Robert Warren | 30,800 | 562 | 31,362 | 11. Fees for Professional Services | |
| Richard Torres | 19,600 | 568 | 20,168 | 12. Loans Made | |
| | 0 | 0 | 0 | 13. Other Disbursements | |
| 8. Total disbursements to officers and employees: | | | | 108,213 | 14. Total Disbursements (Sum of Items 8-13) 108,213 |

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