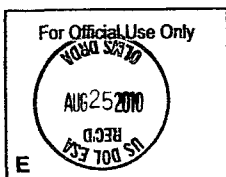


FORM LM-21

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

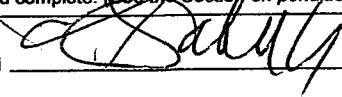
433642

1. File Number C- 604	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2007	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Frank G Barbera Title Owner Organization Barbera and Associates P.O. Box, Building and Room Number, if any Street 3308 Ariba Street City Las Vegas State Nebraska NV ZIP Code + 4 89129	4. Any other address where records necessary to verify this report are kept: Name Same 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  Title President On 08 / 20 / 2010 Date	President (if other title, see instructions) 760-485-2403 Telephone Number	18. Signed _____ Title Treasurer On / / Date	Treasurer (If other title, see instructions) _____ Telephone Number
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Name of Person Filing: Frank Barbera	File Number C- 604
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Fibrominn, LLC</p> <p>Trade Name</p> <p>Attention To Ron Davies</p> <p>Title Owner/President</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any PO Box 265</p> <p>Street</p> <p>City Benson</p> <p>State Colorado <i>MJ</i> ZIP Code + 4 56215</p>
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5.b. Termination Date 11/2/2007 5.c. Amount 3,000

6. TOTAL RECEIPTS FROM ~~ALL~~ EMPLOYERS 3,000
THIS

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	
No Employees				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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, If any:</p>
<p>15.c. To Whom Paid</p> <p>Name NA</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street</p> <p>City</p> <p>State Colorado ZIP Code + 4</p>	<p>15.d. Amount</p> <p>15.e. Purpose</p>

16. TOTAL DISBURSEMENTS FOR ~~ALL~~ REPORTABLE ACTIVITY
THIS