

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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

E	4.	59907			
1 . File Numbe	er C- 00488	•	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2010	Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2010
A. Person Fi	lia.				
1	mailing address (include ZIP Cod	do):	1		
3. Name and	mailing address (include ZIP Coc	ie).	I	s where records necessa	ry to verify this report are kept:
Name	Matthew J P	erovic	Name		
Title	President		Title		
Organizatio	n Quantum Consulting		Organization		
P.O. Box, E	Building and Room Number, if an	y	P.O. Box, Buildin	g and Room Number, if a	ny
Street 109	917 Kilpatrick	·	Street		
City Oal	k Lawn	*	City		
State I1	linois	ZIP Code + 4 60453	State		ZIP Code + 4
		Signa	atures		
information co	dersigned declares, under penalty on ontained in any accompanying doc complete. See the Section on per	of perjury and other applicable penalt cuments) has been examined by th nalties in the instructions).	ies of law, that all of the e signatory and is, to t	information submitted in the best of the undersigned	is report (including the d's knowledge and belief, true,
17. Signed	Mall Person	President (if other title, see instructions)		asurer	Treasurer (If other title, see instructions)
1					

Date

Telephone Number

On

01 / 06 / 2010

Date

708-423-7786

Telephone Number

**	
_	~
	2

Name of Person Filing: Matthew Perovic					File Number C- 00488		
B. Statement of Receipts Report all receipts from or services.	m employers ir	n connection with	labor relat	ions advice or servic	es regardless of the purpo	oses of	the advice
5.a. Name and Address of Employer (including trade n	ame, if any).		P.O. Box	Mailing Address: , Building and Room	Number, if any		
Employer Moring Disposal	V. (4 x x y 4 x x x x x x x x x x x x x x x						considerate delication of the last of the
Trade Name			Street	P.O. Box 158			
Attention To Larry M	oring		City	Forreston			
Title President			State	Illinois	ZIP Cod	e + 4	
5.b. Termination Date 02/15/2010			5.c. Amo	unt 4,908	Trong and the second se		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	25,092						
					Mile Leller a melletiere e entrie		
	isbursements r byers listed in f		orting orgai	nization in connection	n with labor relations advic	e or se	ervices rendered
7. Disbursements to Officers and Employees:							
(a) Name	(b) Salary	(c) Expenses (d)		22 2 200			***************************************
Matthew J Perovic	25,092	***************************************	25,09	10. Publicity	dministrative Expenses		
		20000000000000000000000000000000000000			ofessional Services	- 1	99499999999999999999999999999999999999
				12. Loans Made	ilessional Services	1	
				13. Other Disbu	rsements		
8. Total disbursements to officers and employees	<u># </u>		25.09	~	ements (Sum of Items 8-13)		25,092
o. Total disputoriistic to sincero una simpleyees					,		
D. Schedule of Disbursements for Reportable		Use this Schedu instructions.	le to report	only disbursements	made for the purposes de	escribe	d in Part D of the
15.a. Employer Name:		matractions.	15.b. Tra	ade Name, If any:			
13.a. Employer Name.			1	•••••	***************************************		
		and the second s				· · · · · · · · · · · · · · · · · · ·	
15.c. To Whom Paid			15.d. An	nount			
Name			15.e. Pu	rpose			
Title							
Organization							manager - to a straight for
P.O. Box, Building and Room Number, if any							
			1 A A A A A A A A A A A A A A A A A A A				
Street			300		•		
City	***************************************		0.000				
3	IP Code + 4						
16. TOTAL DISBURSEMENTS FOR ALL REPO	RTABLE ACTI	VITY	£ Section Contraction	***************************************			
10. 10 THE BIOSONISEMENT OF STITLE HET O							

Form LM-21 (2003) Page 2 of 5

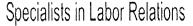
Name of Person Filing: Matthew Perovic	File Number C- 00488
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	·
P.O. Box, Building and Room Number, if any Street	
City	
State ZIP Code + 4	
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	
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	

Name of Person Filing: Matthew Perovic	File Number C- 00488
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Mel-O-Cream Donuts Int., Inc.	P.O. Box, Bldg., Room No., if any
Trade Name	Street 5456 International Parkway
Attention To: Dave L Ryan	City Springfield
Title HR	State Illinois ZIP Code + 4 62711
5.b. Termination Date 02-12-10	5.c. Amount 3, 203
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Roland Machinery Company	
Trade Name	Street 816 N Dirksen Parkway
Attention To: Matthew L Roland	City Springfield
Title President	State Illinois ZIP Code + 4 62702
5.b. Termination Date 6/22/2010	5.c. Amount 5, 181
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer The Wit Hotel	P.O. Box. Blda., Room No., if any
	Street 201 N State Street
Trade Name Attention To: Mark Shouger	City Chicago
And the second s	State Illinois ZIP Code + 4 60606
Anticopie e contrato de la contrato positivo de la contrato del contrato del contrato de la contrato del contrato de la contrato del contrato de la contrato del la contrato de la contrato del la contrato de	Annual control of the
5.b. Termination Date 07/15/2010	5.c. Amount 1,500
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Bldg., Room No., if any
	Mailing Address: P.O. Box, Bldg., Room No., if any
personal contraction of the cont	5
Employer Cellofoam	P.O. Box, Bldg., Room No., if any
Employer Cellofoam Trade Name	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive
Employer Cellofoam Trade Name Attention To: Michael Grunnet	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address:
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box. Bldg., Room No., if any
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino Attention To: Rick Frawlwy	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3, 194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza City Liberty
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino Attention To: Rick Frawlwy	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza City Liberty
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino Attention To: Rick Frawlwy Title General Counsel	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza City Liberty State Missouri ZIP Code + 4 64068 5.c. Amount 1,577 Mailing Address:
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino Attention To: Rick Frawlwy Title General Counsel 5.b. Termination Date 09-14-10 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box. Bldg., Room No., if any Street One Liberty Plaza City Liberty State Missouri ZIP Code + 4 64068 5.c. Amount 1,577
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino Attention To: Rick Frawlwy Title General Counsel 5.b. Termination Date 09-14-10 5.a. Name and Address of Employer (including trade name, if any). Employer RCS Management Corp	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza City Liberty State Missouri ZIP Code + 4 64068 5.c. Amount 1,577 Mailing Address: P.O. Box, Bldg., Room No., if any
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Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino Attention To: Rick Frawlwy Title General Counsel 5.b. Termination Date 09-14-10 5.a. Name and Address of Employer (including trade name, if any). Employer RCS Management Corp Trade Name Attention To: Jim Smith	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3,194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza City Liberty State Missouri ZIP Code + 4 64068 5.c. Amount 1,577 Mailing Address: P.O. Box, Bldg., Room No., if any Street 16535 Southpark Drive City Westfield
Employer Cellofoam Trade Name Attention To: Michael Grunnet Title President 5.b. Termination Date 09-02-10 5.a. Name and Address of Employer (including trade name, if any). Employer Ferrell Gas, Inc Trade Name Blue Rhino Attention To: Rick Frawlwy Title General Counsel 5.b. Termination Date 09-14-10 5.a. Name and Address of Employer (including trade name, if any). Employer RCS Management Corp Trade Name	P.O. Box, Bldg., Room No., if any Street 1917 Rockdale Industrial Drive City Conyers State Georgia ZIP Code + 4 33012 5.c. Amount 3, 194 Mailing Address: P.O. Box, Bldg., Room No., if any Street One Liberty Plaza City Liberty State Missouri ZIP Code + 4 64068 5.c. Amount 1, 577 Mailing Address: P.O. Box, Bldg., Room No., if any Street 16535 Southpark Drive

Marine of Craon 1	iling: Matthew Perovic		File Number C- 00488
B. Statement of	Receipts Report all receipts from employers in connection advice or services.	vith labor relations advice	or services regardless of the purposes of the
5.a. Name and Ad	dress of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldg., Roon	
	ys Medicar Transportation	P.O. Box, Blug., Room	1 NO., II ally
Trade Name		Street 4939 W La	ke Street
Attention To:	Betsy Crenshaw	City Chicago	and the same of th
Title		State Illinois	ZIP Code + 4 60644
	Comptroller	22222	00044
5.b. Termination D	ate 12-11-10	5.c. Amount 1,500	manicarana (1 × 1111)
5.a. Name and Add	dress of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldg., Room	
Employer	and an annual surface and an annual contract of the contract o		
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination D	Date	5.c. Amount	
5.a. Name and Ad	dress of Employer (including trade name, if any).	Mailing Add	ress:
		P.O. Box, Blda., Roon	No if anv
Employer			
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination D	ate	5.c. Amount	

5.a. Name and Ad	dress of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldg., Roon	
g:surances	dress of Employer (including trade name, if any).		
5.a. Name and Ad Employer Trade Name	dress of Employer (including trade name, if any).		
Employer Trade Name	dress of Employer (including trade name, if any).	P.O. Box, Bldg., Roon	
Employer	dress of Employer (including trade name, if any).	P.O. Box, Bidg., Roon	
Employer Trade Name Attention To:		P.O. Box, Bldq., Roon Street City	D. No if any
Employer Trade Name Attention To: Title 5.b. Termination D	Date	P.O. Box, Bldq., Roon Street City State 5.c. Amount	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination D		P.O. Box, Bldq., Roon Street City State	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination D	Date	P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Add	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad	Date	P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Add	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad	Date	P.O. Box, Bldq., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Blda., Roon	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Trade Name	Date	P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Trade Name Attention To:	Date • dress of Employer (including trade name, if any).	P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination E	Date dress of Employer (including trade name, if any).	P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City State	ZIP Code + 4 ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination E	Date • dress of Employer (including trade name, if any).	P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City State 5.c. Amount	ZIP Code + 4 ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination E 5.c. Name and Ad Employer	Date dress of Employer (including trade name, if any).	P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon	ZIP Code + 4 ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination E	Date dress of Employer (including trade name, if any).	P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street	ZIP Code + 4 ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination E 5.c. Name and Ad Employer	Date dress of Employer (including trade name, if any).	P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City State 5.c. Amount Mailing Add P.O. Box, Bldg., Roon Street City City	ZIP Code + 4 ZIP Code + 4
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Quantum Consulting





May 17, 2011

Mr. Larry King Chief of Division Reports, Disclosure & Audits U.S. Department Of Labor Office Of Labor-Management Standards 200 Constitution Avenue, NW, Room N-5616 Washington, D.C., 20210

> LM-20 – Jay's Medicar Re

LM-21 – 2010 Report

Dear Mr. King:

Per your letter dated May 13, 2011 (copy of enclosed) I am submitting copies of both the LM-20 Agreement & Activities Report pertaining to Jay's Medicar Transportation (a copy of receipt is included) and a copy of the LM-21 Receipts & Disbursement Report filed by Quantum Consulting for fiscal year 2010.

Both of these reports were submitted to the Department Of Labor, Office Of Management Standards.

There were typographical errors on the LM-20 Form. Line Item #7 (Date entered into) should have read November 15, 2011 and Line Item #11b (Period during which performed) should have read November - December, 2010. I have corrected the LM-20 Form and reentered the correct information.

If you have any questions and/or requests please contact me at your convenience.

Matt Jawaic President

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