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 mendatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, tines, or civil penalties as provided by 29 U.S.C. 430 or 440.
Required of persons, including Labor Relations contributes and Other Individuals and Organizations, Under section 203(b) of the Labor-Lienegement Relations and Disclosure Act of 1950, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

File Number C- 44 / 38 기하면	2. Period Covered By This Report From: Honth/Day/Year (ambit/yyy)  Through: Month/Day/Year (ambit/yyy)  Through: L/3/	777)
. Person Filing		
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are	kept
Name Norman 5 Bunn	Name	
The DWNER/MOIL	Title	i
Organization Burky Associates	Organization	
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, If any	
Street 9059 5.W. Railing 51	Street	
Dity TIGARD	Cky	
State OV ZIP Code + 4 772 LL	7-578 3mm ZIP Code +4	
s	ignatures	
ch of the undersigned declares, under panelty of perjury and other applicable ormation contained in any accompanying documents) has been examined rect, and complete. (See the Section on penelties in the instructions).	penalties of law, that all of the information submitted in this report (including the by the signatory and is, to the best of the undersigned's knowledge and belief,	true,
Signed Signed President (if other title, se instructions)	18. Signed Treasurer (If other title Instructions	•
5/12/06 503-620-4538 Date Telephone Number	On	

Name of Person Filing: No ILM 4	v 5 · r	34111	<u>.</u>	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).				Mailing Address: P.O. Box, Building and Room Number, if any				
Employer SOUNDINT	LiTies	, IN		distribution, wary				
Trade Name		7	Street	Street				
Attention To CRAIS	Bowi	City	City					
Title Owns C State ZIP Code + 4								
5.b. Termination Date   3-3/-06   5.c. Amount								
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
C. TOTAL DECIMINAL DIRECTION								
C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered								
	nployers listed in	Part B.			•			
Disbursements to Officers and Employees:     (a) Name	(b) Salary	(c) Expenses (	(d) Totals					
NORMAN & BURK	2000	494	2494	9. Office and Administrative Expenses				
		:		10. Publicity				
1 1				11. Feen for Professional Services	1			
				12. Loers Made				
	, i			13. Other Disbursements				
8. Total disbursements to officers and employe	es:		2494	14. Total Disbursements (Sum of Items 8-13)	2494			
	<del>.</del>	<del> </del>						
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:								
N/a				Transfer variety, if carry.				
1/4				The state of the s				
15.c. To Whom Paid			15.d. Amou	15.d. Amount				
Name 11				15.e. Purpose				
Title								
Organization								
P.O. Box, Building and Room Number, if any								
Streat		;	3					
City	-	<del></del>						
State Washington	ZIP Code + 4							
The state of the s	<u> </u>							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  Y) / 0								

Form LM-21 (2003)

## **Burr & Associates**

**CONSULTANTS TO MANAGEMENT** 

9059 SW Reiling Street Tigard, Oregon 97224-5783 Phone & Fax 503-620-4538 nburr120@comcast.net

May 12, 2007

U.S. Department of Labor Office of Labor-Management Standards Room N-5613 200 Constitution Avenue, NW Washington, D. C. 20210

Re: LM-21

Dear Sir or Madam:

Enclosed please find an original and one copy of Burr & Associates completed and signed form LM-21 for the calendar year of 2006. I have retired as of the end of 2006, therefore, you can discontinue my file.

Thank you for your time and consideration in this matter.

Sincerely,

Norman S. Burr Owner/Manager

Encls.