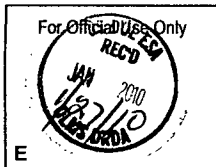


# FORM LM-21

## 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

410208

1. File Number C- 384	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2008	Through: 12 / 31 / 2008

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Herman C Wiggins  Title Labor Relations Consultant  Organization  P.O. Box, Building and Room Number, if any  Street 8017 McKee Blvd  City Oklahoma city  State Oklahoma ZIP Code + 4 73132	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 <u>Herman C Wiggins</u> Title Sole Proprietor President (if other title, see instructions)	18. Signed _____ Title Treasurer Treasurer (If other title, see instructions)
On 01 / 13 / 2010 (405) 203-4367 Date Telephone Number	On / / Date Telephone Number

Name of Person Filing: Herman Wiggins	File Number C-
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<b>B. Statement of Receipts</b> 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:
Employer Matsu Alabama Inc	P.O. Box, Building and Room Number, if any
Trade Name	Street 9650 kellner
Attention To Greg Patterson	City Huntsville
Title Human Resources Manager	State Alabama ZIP Code + 4 35824
5.b. Termination Date 08/13/08	5.c. Amount 15,268
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15,268	

<b>C. Statement of Disbursements</b> 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		
N/A				9. Office and Administrative Expenses	0
N/A				10. Publicity	
N/A				11. Fees for Professional Services	
N/A				12. Loans Made	
N/A				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	0

<b>D. Schedule of Disbursements for Reportable Activity</b>		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:	
15.c. To Whom Paid	15.d. Amount	
Name	15.e. Purpose	
Title	To only circulate throughout the employees work area on each shift for the purpose of answering questions employees may have pertaining to to Labor relations.	
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		