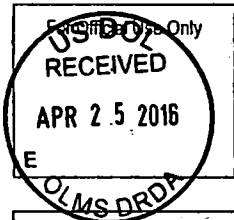


# FORM LM-21

## 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

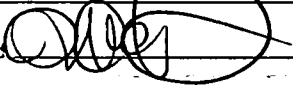
618744

1. File Number C- 66C2C	2. Period Covered By This Report From: 01 / 01 / 2015 Through: 12 / 31 / 2015
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name EVELYN FRAGOSO  Title OWNER  Organization QUALITY LABOR SOLUTIONS  P.O. Box, Building and Room Number, if any  Street 6255 CONDON AVE  City LOS ANGELES  State California <input checked="" type="checkbox"/> ZIP Code + 4 90056	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  Title President On 04 / 01 / 2016 310.729.6773 Date Telephone Number	18. Signed _____ Title Treasurer On ____ / ____ / ____ Date Telephone Number
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Name of Person Filing: EVELYN FRAGOSO

File Number C- 66020

**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 GNP COMPANY

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

4156 Second Street

St Cloud

MN

56301

5.b. Termination Date

5.c. Amount 8,413

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,413

**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

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.

15.a. Employer Name:

15.b. Trade Name, if any:

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.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY