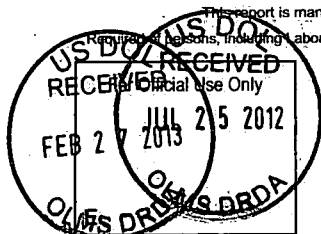


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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

51307

1. File Number C- 696	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2012		12/31/2012

01/01/2012

12/31/2012

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Rebecca Smith	Name
Title Owner	Title
Organization Taltos Consulting, Inc	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 1474 Lodgepole Dr	Street
City Henderson	City
State Nevada ZIP Code + 4 89014	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>Rebecca Smith</u> Title President On <u>07/19/2012</u> <u>702-494-8416</u> Date Telephone Number	18. Signed _____ Title Treasurer On <u>/ /</u> _____ Date Telephone Number
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Name of Person Filing: Rebecca Smith	File Number C-
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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 Labor Relations Inc</p> <p>Trade Name LRI</p> <p>Attention To Phillip Wilson</p> <p>Title President</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any PO BOX 1529</p> <p>Street 7850 South Elm Place</p> <p>City Broken Arrow</p> <p>State OK</p> <p>ZIP Code +4 74013</p>
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5.b. Termination Date 6/13/2012	5.c. Amount 4,519
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,519

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	
Rebecca Smith	3,000	1,519	4,519	9. Office and Administrative Expenses
		0	0	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			4,519	14. Total Disbursements (Sum of Items 8-13) 4,519

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	15.d. Amount
	15.e. Purpose
<p>Name</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 Washington ZIP Code +4</p>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	