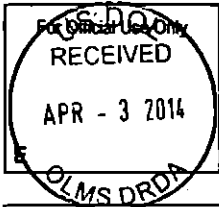


# FORM LM-21

## 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

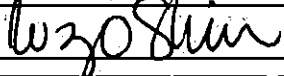
553412

1. File Number C- <input type="text" value="65985"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="12/31/2013"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Luz"/> <input type="radio"/> <input type="text" value="Slim"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text" value="P.O. Box"/> Street <input type="text"/> City <input type="text" value="Tempe City"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="91780"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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 <input type="text" value="Sole Proprietor"/> On: <input type="text" value="03/28/2014"/> <input type="text" value="909-434-9147"/> Date Telephone Number	18. Signed _____ Title <input type="text" value="Treasurer"/> On: <input type="text"/> <input type="text"/> Date Telephone Number
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Luz O Slim  
LM-21 (1/1/2013 to 12/31/2013)  
Item B 5 Statement of Receipts  
File Number

Client	Termination Date	Amount
Solutions Labor Relations Consultants 7426 Cherry Ave. Suite 210-106 Fontana CA 92336 Work Performed At: US Fibers 30 Pine House Road Trenton SC 29847	Ongoing	\$55,286.44