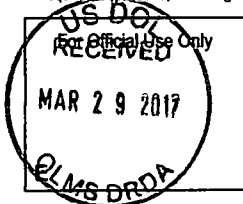


FORM LM-21

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

64/739

1. File Number C- 66940	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Richard B Farr	4. Any other address where records necessary to verify this report are kept:
Title Senior Consultant	Name
Organization Best Consultants by Farr, LLC	Title
P.O. Box, Building and Room Number, if any	Organization
Street 646 North Stark Hwy	P.O. Box, Building and Room Number, if any
City Weare	Street
State New Hampshire ZIP Code + 4 03281	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 [Signature] Title Other (Specify) LLC On 03/21/2017 262-490-1682 Date Telephone Number	18. Signed _____ Title Treasurer On _____ Date Telephone Number
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Name of Person Filing: Richard Farr	File Number C- 66940
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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.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer LRI Consuting Services, Inc		P.O. Box, Building and Room Number, if any	
Trade Name		Street 7850 S. Elm Place, Suite E	
Attention To Phillip B Wilson		City Broken Arrow	
Title President		State Oklahoma ZIP Code + 4 74011	
5.b. Termination Date		5.c. Amount See attachment	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS See attachment			

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		15.d. Amount	
Name			
Title			
Organization			
P.O. Box, Building and Room Number, if any		15.e. Purpose	
Street			
City			
State ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: LRI Consulting Services, Inc.

File Number C- 00525

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: Carpenter Technology Corporation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Richard Farr Title Organization Best Consultants by Farr P.O. Box, Building and Room Number, if any Street 646 B Stark Highway City Weare State New Hampshire ZIP Code +4 03281	15.d. Amount 14,282 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Vail Resorts Management Company	15.b. Trade Name, if any:
15.c. To Whom Paid Name Richard Farr Title Organization Best Consultants by Farr P.O. Box, Building and Room Number, if any Street 646 B Stark Highway City Weare State New Hampshire ZIP Code +4 03281	15.d. Amount 14,741 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.