U.S. Department of Labor Pffice of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 12-31-2010

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.

If Applications 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)

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AUG - 1 2014

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

559974				
1 . File Number C- 00568	2. Period Covered By This Report	Month/Day/Year (mm/da/yyy)		Month/Day/Year (mm/dd/yyv <u>r)</u>
	From:	01/01/2013	Through:	12/31/2013
A. Person Filing				
Name and mailing address (include ZIP Code):	4. Any other address	where records necessar	ry to venfy t	his report are kept:
Name Raymond Rosenbach	Name			
กิข <b>อ</b> Treasurer	Title		•	
Organization Government Resources Consultants of Am	Organization			
P.O. Box, Building and Room Number, if any	P.O. Box, Building	and Room Number, if a	пу	
Street 253 Commerce Dr.	Street			
City Grayslake	City			
State Illinois ZIP Code + 4 60030	State		ZIP Code	e + 4
Sign	aturos			
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and consistent. (See the Section on penalties in the instructions).	es of law, that all of the in			
17. Signed President (if other title, see instructions)	18. Signed Treas	urer		Treasurer (If other little, see instructions)
On 07/29/2014 847-337-3480	On 07/29/	2014] 847-337-		
Date Telephone Number	Date	Telephone -	e Number	
				<del></del>

Name of Person F	iling:	Raymond Rosenbach	l					File Number C- 0056	58	
B. Statement of I	₹ece	lpts Report all receipts from or services.	n employers in	connecti	ion wi	th labor relation	s advice or servi	ces regardless of the pu	rposes of	the advice
5.a. Name and Add	ess o	f Employer (including trade na	me, if any).				lailing Address: uilding and Room	Number, if any		
Employer M	ira	ge								
Trade Name						Street 3	100 Las Veg	as Blvd		
Attention To	Br	ad Mo	Pherson	<u> </u>	]	City La	s Vegas			
Title	VΡ	Human Resources				State No.	evada	ZIP C	ode • 4	9109
5.b. Termination	Date	Dec. 2012(pmts	rcvd in 1	3		5.c. Amoun	30,302			
6. TOTAL RECEI	PTS	FROM ALL EMPLOYERS	476,839							
C. Statement of 7. Disbursements (a) Name			yers listed in F				ation in connection	on with labor relations ad	lvice or se	rvices rendered
EDWARD	ם	YOUNG JR	13,883	14,	393	28,276	9. Office and A	Administrative Expenses		40,262
GARY	سال	RISELING	13,475	Ĺ.,	0	13,475	10. Publicity			0
GEORGE		HARTNETT	7,250		0'	7,250	11. Fees for Pr	ofessional Services		1,000
JAMES	A	LEVYNE	42,691	10,	879	53,570	12. Loans Made	9		0
TIMOTHY	Ţ	CURTIS	23,934	11,	586	35,520	13. Other Disb	ursements		22,300
8. Total disburser	nents	s to officers and employees:				260,509	14. Total Disburg	sements (Sum of Items 8-1	13)	324,071
15.a. Employer N	ame	rsements for Reportable	_	Use this tinstruction			nly disbursements	s made for the purposes	described	in Part D of the
15.c. To Whom P	aid Hila	ary Mec	lain	<del></del>	<del></del>	<u> </u>	nt 5,086			
] ;	-				$\neg$	15.e. Purpo	<del></del>	<del></del>		
Title [						inform	and educate	and supervisory e participants a	bout th	neir (
Suite	11 Sc	and Room Number, if any 0-368 outhern Highlands I	PKWY			pertain Nationa secret represe	n to the Name Labor Red ballot electrication, contaction, contacti	nd responsibilit tional Labor Rel lations Board pr ctions, collecti ollective bargai tices, and union	ations ocedure ve barg ning pr	Act and es such as gaining rocedures,
State Nevac			P Code + 4 [8	9141		_] _				
16. TOTAL DISB	URS	EMENTS FOR ALL REPOR	RTABLE ACTIV	/ITY 15	0,16	51		<del></del>		

Form LM-21 (2003)

a) Name	ers and Employers:	(b) Salary	(c) Expenses	(d) Totals
DAVID	J RITTOF	117,000	5,418	122,418
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Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schodule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: BJC & Associates, INC	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Byron J Clay  Tide  Organization  P.O. Box, Building and Room Number, if any  Street 10108 Fehlberg Court  City St John  State Indiana  ZIP Code + 4 46373	15.d. Amount 66,240  15.e. Purpose  Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.
15.a. Employer Name:  O'Mara & Associates LLC	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Patrick O'Mara  Title  Organization  P.O. Box, Building and Room Number, if any  Street 6 Drakewood Lane  City Novato  State California ZIP Code + 4 94947	15.d. Amount 28,099  15.e. Purpose  Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.
15.a. Employer Name: 15.c. To Whom Paid	15.b. Trade Name, If any:  15.d. Amount 26,585
Name Gerald R O'Brien  Title  Organization  P.O. Box, Building and Room Number, if any  Street 23 Summit Heights  City North Oaks  State Minnesota ZIP Code + 4 55127	15.e. Purpose  Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Arena Communications	
15.c. To Whom Paid	15.d. Amount 24,151
Name Amed Santana	15.e. Purpose
Title	Conduct employee and supervisory group meetings to inform and educate participants about their
Organization	rights, duties, and responsibilities as they pertain to the National Labor Relations Act and
P.O. Box, Building and Room Number, if any Suite 205 Street 279 Shaddow Mountain Rd	National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.
City ElPaso	
Slate Texas ZIP Code + 4 79912	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	[]
P.O. Box, Building and Room Number, if any	
T.O. DOX, Ballang and Toom Names: It any	[
Street	
City	
State ZIP Code + 4	
15.a. Employer Name:	15.b. Trade Name. If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	]
Street	
City	
State ZIP Code + 4	

Name of Person Filing: Raymond Rosenbach			File Number C-	00568
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor rel	lations advice or	services regardles	ss of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	0.0.0	Mailing Address		
Employer Strategia Resources Inc		<u>k, Bidg., Room No</u> Suite 600 We		
Trade Name	— }	7927 Jones I		
Attention To: Anita Lawson		McLean	Tanen br.	
	}	Virginia	<del></del>	  ZIP Code + 4   22102
Tite Manager	, , ,	viiginia		22102
5.b. Termination Date Aug 2012 ( pain in 2013)	5.c. Amou	int 16,341		
5.a. Name and Address of Employer (including trade name, if any).	P.O. Box	Mailing Address G.Bidg., <u>Room N</u> o		
Employer  Bellagio		PO Box 7700		
Trade Name	Street			
Attention To: Mary Kenneth	City [	LasVegas		<u></u>
Title VP Human Resources	State N	Nevada		ZIP Code + 4 89177
5.b. Termination Date Oct 2012 (pd in 2013)	5.c. Amou	int 27,971		
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address		
		xBldaRoom.No		
Employer Taylor Motors	ݐ 내	P O Box 128	<u>-</u>	
Trade Name	Street			
Attention To: Greg Delancey	City [	Hazel		
Tite Human Resources	State F	Kentucky		ZIP Code + 4 42049
5.b. Termination Date May 2013	5.c. Amou	int 38,799		
5.a. Name and Address of Employer (including trade name, if any).	P.O. Box	Mailing Address		
		Mailing Address c, Bldg., Room No 2nd Floor		
Employer Gabriel Performance Products		r, Bldg., Room No	o., if any	
Employer Gabriel Performance Products Trade Name	Street 6	k, Bldg., Room No 2nd Floor 500 State Rd	o., if any	
Employer Gabriel Performance Products  Trade Name RAllen	Street 6	k,Bldg,Room No 2nd Floor 500 State Rd Ashtabula	o., if any	ZIP Code + 4 4 4 0 0 4
Employer Gabriel Performance Products Trade Name	Street 6 City A	k Bldg Room No 2nd Floor 500 State Rd Ashtabula	o., if any	ZIP Code + 4 44004
Employer Gabriel Performance Products  Trade Name RAllen	Street 6 City A	x Bldg Room No 2nd Floor 500 State Ro Ashtabula Dhio	o., if any	ZIP Code + 4 44004
Employer Gabriel Performance Products  Trade Name Attention To: Kenneth R Allen  Title President	Street 6 City A State C	x Bldg, Room No 2nd Floor 500 State Ro Ashtabula Dhio unt 66,239	o., if any	ZIP Code + 4 44004
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).	Street 6 City A State C	x Bldg Room No 2nd Floor 500 State Ro Ashtabula Dhio	o., if any	ZIP Code + 4 44004
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities	Street 6 City A State C  5.c. Amou	K, Bldq., Room No 2nd Floor 500 State Rd Ashtabula Dhio unt 66,239 Mailing Address K, Bldq., Room No	o., if any	ZIP Code + 4 44004
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name	Street 6 City A State C  5.c. Amou	x Bldq. Room No 2nd Floor 500 State Ro Ashtabula Dhio unt 66,239 Mailing Address & Bldq. Room No	o., if any	ZIP Code + 4 44004
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski	Street 6 City A State C  5.c. Amou	K, Bldq., Room No. 2nd Floor 600 State Rd Ashtabula Dhio Mailing Address K, Bldq., Room No. 600 Hoffman Vatertown	o., if any	
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name	Street 6 City A State C  5.c. Amou	x Bldq. Room No 2nd Floor 500 State Ro Ashtabula Dhio unt 66,239 Mailing Address & Bldq. Room No	o., if any	ZIP Code + 4 44004  ZIP Code + 4 53094
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski	Street 6 City A State C  5.c. Amou  P.O. Box  Street 6 City W State W	K, Bldq., Room No. 2nd Floor 600 State Rd Ashtabula Dhio Mailing Address K, Bldq., Room No. 600 Hoffman Vatertown	o., if any	
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski  Title Vice Pres. Legal Affairs	Street 6 City A State C  5.c. Amou  P.O. Box Street 6 City W State W	Ashtabula Ohio  Mailing Address Ashtabula Ohio  Mailing Address Ashtabula Ashtabula Ohio  Mailing Address Ashtabula Matertown Matertown  Matertown  Mailing Address Mailing Address  Mailing Address	Dr Dr	
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski  Title Vice Pres. Legal Affairs  5.b. Termination Date June 2013  5 a. Name and Address of Employer (including trade name, if any).	Street 6 City A State C  5.c. Amou  P.O. Box Street 6 City W State W	K, Bldg, Room No. 2nd Floor 500 State Ro Ashtabula Dhio Int 66,239 Mailing Address K, Bldg, Room No. 500 Hoffman Natertown Visconsin Int 166,240	Dr Dr	
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski  Title Vice Pres. Legal Affairs  5.b. Termination Date June 2013  5 a. Name and Address of Employer (including trade name, if any).  Employer Excalibur	Street 6 City A State C  5.c. Amou  P.O. Box  Street 6 City W State W  5.c. Amou	Mailing Address Mailing Address Matertown Mailing Address Matertown Mailing Address Matertown Matertown Matertown Mailing Address Mailing Address Mailing Address Matertown Matertown Matertown Mailing Address	Dr D	
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski  Title Vice Pres. Legal Affairs  5.b. Termination Date June 2013  5 a. Name and Address of Employer (including trade name, if any).  Employer Excalibur  Trade Name	Street 6 City A State C  5.c. Amou  P.O. Box  Street 6 City W State W  5.c. Amou  P.O. Box	A Bldg Room No. 2nd Floor 500 State Ro Ashtabula Dhio Unt 66,239  Mailing Address A Bldg Room No. 500 Hoffman Vatertown Unit 166,240  Mailing Address A Bldg Room No. 81800 Las Veg	Dr D	
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski  Title Vice Pres. Legal Affairs  5.b. Termination Date June 2013  5 a. Name and Address of Employer (including trade name, if any).  Employer Excalibur  Trade Name  Attention To: Barbara Hewitt	Street 6 City A State C  5.c. Amou  P.O. Box  Street 6 City W State W  5.c. Amou  P.O. Box  City 1	Mailing Address Mailing Address Matertown Misconsin Mailing Address Mailing Address Matertown Misconsin Matertown Misconsin Mailing Address Ma	Dr D	ZIP Code + 4 53094
Employer Gabriel Performance Products  Trade Name  Attention To: Kenneth R Allen  Title President  5.b. Termination Date May 2013  5.a. Name and Address of Employer (including trade name, if any).  Employer Bethesda Luthheran Communities  Trade Name  Attention To: Jeffrey A Kaczmarski  Title Vice Pres. Legal Affairs  5.b. Termination Date June 2013  5 a. Name and Address of Employer (including trade name, if any).  Employer Excalibur  Trade Name	Street 6 City A State C  5.c. Amou  P.O. Box  Street 6 City W State W  5.c. Amou  P.O. Box  City 1	A Bldg Room No. 2nd Floor 500 State Ro Ashtabula Dhio Unt 66,239  Mailing Address A Bldg Room No. 500 Hoffman Vatertown Unit 166,240  Mailing Address A Bldg Room No. 81800 Las Veg	Dr D	

Name of Person Filing: Raymond Rosenbach		File Number C- 00568
Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice	or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	
Employer John Deere Reman Springfield	P.Q. Box, Bldg., Room	n No., if any
Trade Name	Street 4500 E Mu	grand Way
Attention To: Chelsea Hafso	City Springfie	
	State Missouri	ZIP Code + 4 65803
Employee Rotation Constant		
5.b. Termination Date July 2013	5.c. Amount 35,076	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addr P.O. Box, Bldg., Room	
Employer Bally Gaming Inc	Suite 603	INU., II daiy
Trade Name	Street 37 Elkay I	Or .
Attention To: Michael Nickolich	City Chester	
Title Senior Director of Operations	State New York	ZIP Code + 4 10918
5.b. Termination Date August 2013	5.c. Amount 37, 057	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	Transition in the second secon
5.a. Name and Address of Employer (including trade, it any).	малид Add P.O. Во <u>х.</u> Віда <u>., R</u> oo <u>п</u>	
Employer		
Trade Name	Street	
Attention To:	City	
Title	State	ZIP Code + 4
S.b. Termination Date	5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	
	Mailing Addi	
Employer	P.O. Box, Bidg., Room	
Employer	P.O. Box, Bidg, Room	
Employer  Trade Name  Attention To:	P.O. Box, Bldg., Room Street City	No., if any
Employer	P.O. Box, Bidg, Room	
Employer  Trade Name  Attention To:	P.O. Box, Bldg., Room Street City	No., if any
Employer  Trade Name  Attention To:  Title	P.O. Box, Bldg., Room Street City State	ZIP Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date	P.O. Box, Bldg., Room Street City State  5.c. Amount	ZIP Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer	P.O. Box, Bldg., Room  Street  City  State  5.c. Amount  Mailing Addr., P.O. Box, Bldg., Room	ZIP Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street	ZIP Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Addr., P.O. Box, Bldg., Room  Street  City  City	ziP Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street	ZIP Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Addr., P.O. Box, Bldg., Room  Street  City	ziP Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Addr., Room  Street  City State  Street  Mailing Addr., Room  Street  Mailing Addr., Room  Mailing Addr., Room  Mailing Addr.	zip Code + 4  zip Code + 4  zip Code + 4  zip Code + 4
Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Addr., Room  Street  City State  5.c. Amount  Street  City State	ziP Code + 4  ziP Code + 4  ziP Code + 4  ziP Code + 4
Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Employer	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Addr., Room  Street  City State  5.c. Amount  Mailing Addr., Room  Street  City State  5.c. Amount  Mailing Addr., Room  P.O. Box, Bldg., Room	zip Code + 4  zip Code + 4  zip Code + 4  zip Code + 4
Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name  Trade Name	Street City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street  Street  Street  Street  Street  Street  Street	ziP Code + 4  ziP Code + 4  ziP Code + 4  ziP Code + 4
Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To:  Trade Name Attention To:	P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street  City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street  City State  State  City State  City State  City City  State  City City  Street  City City  Street  City  Ci	ess: No., if any  ZIP Code + 4  ZIP Code + 4  ZIP Code + 4
Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name  Trade Name	Street City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street City State  5.c. Amount  Mailing Adda P.O. Box, Bldg., Room  Street  Street  Street  Street  Street  Street  Street	ziP Code + 4  ziP Code + 4  ziP Code + 4  ziP Code + 4