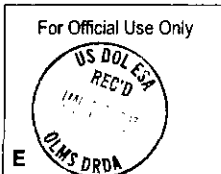


FORM LM-21

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

1. File Number C- 00386	325 353	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
		From:	01 / 01 / 2006	Through: 12 / 31 / 2006

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 Patti L Grant	Name none
Title Secretary	Title
Organization Preventive Personnel Mgmt of Oregon, Inc	Organization
P.O. Box, Building and Room Number, if any P.O. Box 547	P.O. Box, Building and Room Number, if any
Street	Street
City Lake Oswego	City
State Oregon ZIP Code + 4 97034	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	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 03 / 09 / 2007 503-699-1300	Date Telephone Number	On 03 / 09 / 2007 503-699-1300	Date Telephone Number

Name of Person Filing: Patti Grant	File Number C- 00386
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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). Employer Beko Membrane Technology Corp. Trade Name Attention To Marcus Mueller Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 738 SE Glenwood Dr. City Bend State Oregon ZIP Code + 4 97702
5.b. Termination Date 05-19-2006	5.c. Amount 8,703
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,703	

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	
None				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)
				8,703

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: n/a	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 0	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		