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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Ukited of personal basic 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)

For Official RECEIVED

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 . File Number C- 66642	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)	
		08/12/2015	Through:	12/31/2016	
A. Person Filing					
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:				
Name (A. M.	Name				
Title	Title				
Organization Hardin, Jesson & Terry, PLC	& Terry, PLC Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any				
P.O. Box 10127					
Street 5000 Rogers Avenue, Suite 500	Street				
City Fort Smith	City Control of the c				
State Arkansas ZIP Code + 4 72903-0127	State		ZIP Cod	g+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	18. Signed	emanika	rudal	Treasurer	
Managing Partner (If other title, see instructions)	1100	r (Specify)		(If other title, see Instructions)	
7/3/7/479-452-2200	Part	ner /12- 479-452-			
On Date Telephone Number	On <u> </u>		·····	**** ** ******************************	
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Name of Person Filling: Hardin, Jesson & Terry, PLC	File Number C- 6660	12			
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: P.O. Box, Building and Room Number, if any				
Employer Atkins Care Center, Inc.					
Trade Name	Street 605 Northwest 7th Street				
Attention To	City Atkins				
Title	State Arkansas ZIP Code + 4 72823				
5.b. Termination Date 09/02/2015 5.c. Amount 30, 466					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 30,466					
C. Statement of Disbursements Report all disbursements made by the repo	orting organization in connection with labor relations advice	or services rendered			
to the employers listed in Part B.	nung organization in connection with labor relations advice	or derinas rendered			
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	Totala				
(a) Name . (b) Salary (c) Expenses (d) T	9. Office and Administrative Expenses				
	10. Publicity	1.00 miles (1911)			
	11. Fees for Professional Services	P. 100 100 100 100 100 100 100 100 100 10			
	12. Loans Made				
	13. Other Disbursements				
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Rems 8-13)				
, Total dispulsements to onicers and employees.					
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 Pald 15.d. Amount					
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					

Form LM-21 (2003)