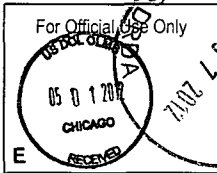


FORM LM-21

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

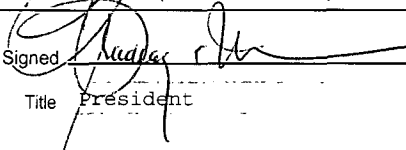
496959

1. File Number C-569	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 11 / 14 / 2007	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 06 / 2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Bradley White Title President Organization Interlate Systems P.O. Box, Building and Room Number, if any Street 145 S. Lincolnway City North Aurora State Illinois ZIP Code + 4 60542	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street 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  Title President On 04 / 18 / 2012 (630) 966-0214 Date Telephone Number	18. Signed _____ Title Treasurer On / / Date Telephone Number
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Name of Person Filing: Bradley White	File Number C-
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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:
P.O. Box, Building and Room Number, if any

Employer LRI Consulting
Trade Name
Attention To
Title

Street 7850 South Elm Place
City Broken Arrow
State Oklahoma ZIP Code + 4 74011

5.b. Termination Date 12/06/2007 5.c. Amount 4,009

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,009

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

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses
10. Publicity
11. Fees for Professional Services
12. Loans Made
13. Other Disbursements
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
Street
City
State Washington ZIP Code + 4

15.e. Purpose
THIS FORM HAS BEEN FILED JUST TO REPORT PARTIAL PAYMENTS MADE FOR SERVICES RENDERED BETWEEN 11/14/2007 AND 12/06/2007.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY