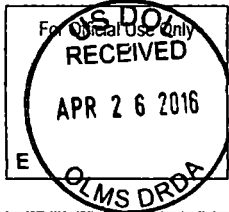


FORM LM-21

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

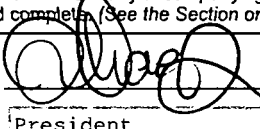
618735

1. File Number C-66020	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2015	Through: 12/31/2015

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	EVELYN FRAGOSO
Title	OWNER
Organization	QUALITY LABOR SOLUTIONS
P.O. Box, Building and Room Number, if any	
Street 6255 CONDON AVE	
City	LOS ANGELES
State	California ZIP Code + 4 90056
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 	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 04/01/2016	310.729.6773	On ____/____/____	____/____/____
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: EVELYN FRAGOSO

File Number C- 66020

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 LABORATORY CORP

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

531 S. Spring St

Burlington

NC

27215

5.b. Termination Date

5.c. Amount 58,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 58,000

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

Name

15.d. Amount

Title

15.e. Purpose

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY