

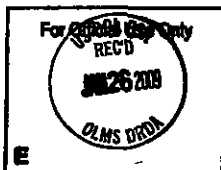
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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

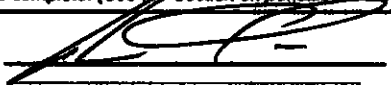
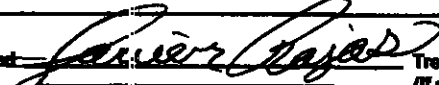
378020

1. File Number C- 00556	2. Period Covered By This Report From: 06/15/2008 Through: 07/31/2008
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Javier <input type="text"/> Rojas	Name <input type="text"/> <input type="text"/> <input type="text"/>
Title <input type="text"/> Treasure	Title <input type="text"/>
Organization <input type="text"/> Permanent Solutions	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/> 8104	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text"/> 19186 Fort Street	Street <input type="text"/>
City <input type="text"/> Riverview	City <input type="text"/>
State <input type="text"/> Michigan ZIP Code + 4 <input type="text"/> 48192	State <input type="text"/> ZIP Code + 4 <input type="text"/>
4. Any other address where records necessary to verify this report are kept:	
Name <input type="text"/> <input type="text"/> <input type="text"/>	
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	

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 <input type="text"/> President		Title <input type="text"/> Treasurer	
On <input type="text"/> 01/04/2008 <input type="text"/> 313-218-0371	Date Telephone Number	On <input type="text"/> 01/04/2008 <input type="text"/> 313-218-0371	Date Telephone Number

Name of Person Filing: Javier Rojas

File Number C- 00556

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 Millard Refrigration Services

Trade Name

Street 4715 South 132nd street

Attention To Nick

Dayan

City Omaha

Title VP Human Resources

State Michigan

ZIP Code + 4 68137

5.b. Termination Date 7/31/2008**5.c. Amount** 121,782**6. TOTAL RECEIPTS FROM ALL EMPLOYERS** 121,782**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

Lusia	Perez	61,500	2,294	63,794	9. Office and Administrative Expenses	
Amed	Santana	46,567	518	47,085	10. Publicity	
Richard	Torres	9,500	1,403	10,903	11. Fees for Professional Services	
					12. Loans Made	
			0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:				121,782	14. Total Disbursements (Sum of items 9-13)	121,782

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

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.d. Amount**15.e. Purpose****16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**