

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

375019

| | | | | |
|-------------------------|--|--------------------------------|----------|--------------------------------|
| 1. File Number C- 00531 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) | Through: | Month/Day/Year (mm/dd/yyyy) |
| | | 01 / 01 / 2008 | | 12 / 31 / 2008 |

A. Person Filing

3. Name and mailing address (include ZIP Code):

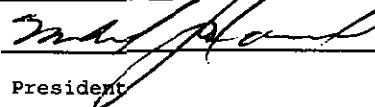
Name Michael J O'Donnell
Title President
Organization Pinnacle Organization Services, Inc.
P.O. Box, Building and Room Number, if any
Street 11515 E Dela O Rd.
City Scottsdale
State Arizona ZIP Code + 4 85255

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 01 / 16 / 2008 Date 4804199790 Telephone Number | President (if other title, see instructions) | 18. Signed _____ Title Treasurer On 01 / 20 / 2009 Date 4804199790 Telephone Number | Treasurer (If other title, see instructions) |
|--|---|--|---|

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| Name of Person Filing: Michael O'Donnell | File Number C- 00531 |
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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 Dyno Nobel Trade Name Attention To Terry Gleason Title Vice President of Human Resources | Mailing Address: P.O. Box, Building and Room Number, if any Street 2650 Decker Lake Blvd. City Salt Lake City State Utah ZIP Code +4 84119 |
| 5.b. Termination Date 12-31-08 | 5.c. Amount 41,686 |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 41,686 | |

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|--|------------|--------------|------------|--|--------|
| 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 | | |
| Michael J O'Donnell | 33,000 | 8,686 | 41,686 | 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: | | | 41,686 | 14. Total Disbursements (Sum of Items 8-13) | 41,686 |

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| 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: None | 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 | | |