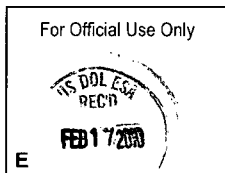


FORM LM-21

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

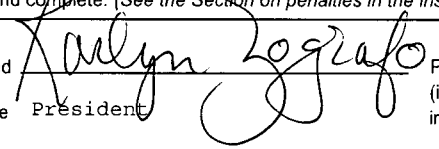
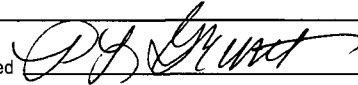
414248

1. File Number C- 00386	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2009	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2009
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Patti Grant Title Secretary Organization Preventive Personnel Management of Ore P.O. Box, Building and Room Number, if any PO Box 547 Street City Lake Oswego State Oregon ZIP Code + 4 97034	4. Any other address where records necessary to verify this report are kept: Name n/a 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 02 / 03 / 2010 Date 503 699-1300 Telephone Number	18. Signed  Title Other (Specify) Secretary On 02 / 03 / 2010 Date 503 699-1300 Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Patti Grant	File Number C- 00386
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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:
Employer TREE TOP, INC.	P.O. Box, Building and Room Number, if any PO Box 248
Trade Name	Street
Attention To Scott Washburn	City Selah
Title	State Washington ZIP Code + 4 98942
5.b. Termination Date 9/2/09	5.c. Amount 8,310
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,310	

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	8,310
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	8,310

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: n/a	15.b. Trade Name, If any: none	
15.c. To Whom Paid	15.d. Amount 0	
Name n/a	15.e. Purpose	
Title	n/a	
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		