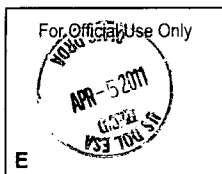


FORM LM-21

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

457 709

1. File Number C- 00714	2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: [] [] [] Title: [] Organization: SEO Solutions CO, LLC P.O. Box, Building and Room Number, if any: [] Street: 4613 E.13th Street City: Tulsa State: Oklahoma ZIP Code + 4: 74112	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: [Signature] Title: President On: 03/29/2011 918-836-5111 Date Telephone Number	18. Signed: _____ Title: _____ On: ____/____/____ _____ Date Telephone Number
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Name of Person Filing:	File Number C- 00714
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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 <input style="width: 80%;" type="text" value="LRI Consulting Services Inc."/> Trade Name <input style="width: 80%;" type="text"/> Attention To <input style="width: 40%;" type="text" value="Phil"/> <input style="width: 40%;" type="text" value="Wilson"/> Title <input style="width: 80%;" type="text" value="President"/>	Mailing Address: P.O. Box, Building and Room Number, if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="7850 South Elm Place"/> City <input style="width: 80%;" type="text" value="Broken Arrow"/> State <input style="width: 40%;" type="text" value="Oklahoma"/> ZIP Code + 4 <input style="width: 40%;" type="text" value="74011"/>
5.b. Termination Date <input style="width: 200px;" type="text"/>	5.c. Amount <input style="width: 100px;" type="text" value="31,609"/>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 31,609	

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				
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="84,315"/>	<input style="width: 100%;" type="text" value="17,265"/>	<input style="width: 100%;" type="text" value="101,580"/>		9. Office and Administrative Expenses	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		10. Publicity	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		11. Fees for Professional Services	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		12. Loans Made	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		13. Other Disbursements	<input style="width: 100%;" type="text"/>	
8. Total disbursements to officers and employees:				101,580	14. Total Disbursements (Sum of Items 8-13)		101,580

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: <input style="width: 90%;" type="text"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid Name <input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/> Title <input style="width: 80%;" type="text"/> Organization <input style="width: 80%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 40%;" type="text"/> State <input style="width: 40%;" type="text" value="Washington"/> ZIP Code + 4 <input style="width: 40%;" type="text"/>	15.d. Amount <input style="width: 100px;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- 00714
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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 <u>LRI Consulting Services Inc.</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street	<u>7850 South Elm Place</u>	
Attention To <u>Phil</u> <input type="checkbox"/> <u>Wilson</u>	City	<u>Broken Arrow</u>	
Title <u>President</u>	State	<u>Oklahoma</u>	ZIP Code + 4 <u>74011</u>
5.b. Termination Date		5.c. Amount <u>24,906</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>24,906</u>			

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Office and Administrative Expenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Publicity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fees for Professional Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Loans Made
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:
<input type="text"/>	<input type="text"/>
15.c. To Whom Paid	15.d. Amount
Name <input type="text"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>
Title <input type="text"/>	15.e. Purpose
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 <u>Washington</u> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- 00714
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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 <input type="text" value="LRI Consulting Services Inc."/> Trade Name <input type="text"/> Attention To <input type="text" value="Phil"/> <input type="checkbox"/> <input type="text" value="Wilson"/> Title <input type="text" value="President"/>		Mailing Address: P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="7850 South Elm Place"/> City <input type="text" value="Broken Arrow"/> State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74011"/>	
5.b. Termination Date <input type="text" value="8/31/2010"/>		5.c. Amount <input type="text" value="4,262"/>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,262			

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	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			<input type="text" value="0"/>	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="0"/>

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="checkbox"/> <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" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- 00714
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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 <input type="text" value="LRI Consulting Services Inc."/>	P.O. Box, Building and Room Number, if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text" value="7850 South Elm Place"/>		
Attention To <input type="text" value="Phil"/> <input type="text" value="Wilson"/>	City <input type="text" value="Broken Arrow"/>		
Title <input type="text" value="President"/>	State <input type="text" value="Oklahoma"/>	ZIP Code + 4 <input type="text" value="74011"/>	
5.b. Termination Date <input type="text" value="5/28/2010"/>		5.c. Amount <input type="text" value="24,059"/>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,059			

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	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			<input type="text" value="0"/>	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="0"/>

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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" value="Washington"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- 00714
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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 <input type="text" value="LRI Consulting Services Inc."/>	P.O. Box, Building and Room Number, if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text" value="7850 South Elm Place"/>		
Attention To <input type="text" value="Phil"/> <input type="text" value="Wilson"/>	City <input type="text" value="Broken Arrow"/>		
Title <input type="text" value="President"/>	State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74011"/>		
5.b. Termination Date <input type="text" value="11/09/2010"/>		5.c. Amount <input type="text" value="6,504"/>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,504			

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		
<input type="text"/>	<input type="text"/>	0	0	0	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:					0	14. Total Disbursements (Sum of Items 8-13)
					0	0

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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" value="Washington"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- 00714
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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 <u>LRI Consulting Services Inc.</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street	<u>7850 South Elm Place</u>	
Attention To <u>Phil</u> <input type="checkbox"/> <u>Wilson</u>	City	<u>Broken Arrow</u>	
Title <u>President</u>	State	Oklahoma	ZIP Code + 4 <u>74011</u>
5.b. Termination Date <u>08/11/2010</u>		5.c. Amount <u>2,475</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2,475			

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		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
8. Total disbursements to officers and employees:				0	0
				14. Total Disbursements (Sum of Items 8-13)	0

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:
<input type="text"/>	<input type="text"/>
15.c. To Whom Paid	15.d. Amount
Name <input type="text"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>
Title <input type="text"/>	15.e. Purpose
Organization <input type="text"/>	<div style="border: 1px solid black; height: 150px;"></div>
P.O. Box, Building and Room Number, if any	
<input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <u>Washington</u> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- 00714
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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 <input type="text" value="LRI Consulting Services Inc."/>	P.O. Box, Building and Room Number, if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text" value="7850 South Elm Place"/>		
Attention To <input type="text" value="Phil"/> <input type="text" value="Wilson"/>	City <input type="text" value="Broken Arrow"/>		
Title <input type="text" value="President"/>	State <input type="text" value="Oklahoma"/>	ZIP Code + 4 <input type="text" value="74011"/>	
5.b. Termination Date <input type="text" value="11/14/2010"/>		5.c. Amount <input type="text" value="4,288"/>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,288			

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				
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	9. Office and Administrative Expenses	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>		
8. Total disbursements to officers and employees:				<input type="text" value="0"/>	14. Total Disbursements (Sum of Items 8-13)		<input type="text" value="0"/>

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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" value="Washington"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	