U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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

E 19747				
1 . File Number C-	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 02 / 01 / 2010 Through: 01 / 31 / 2011			
A. Person Filing				
Name and mailing address (include ZIP Code):	A Annahara dalam da anahara da an			
Name Mary L Holden	Any other address where records necessary to verify this report are kept: Name			
Title Sole Proprietor	Title			
Organization Mary L Holden, HR/ER Consultant	Organization			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
Street 1090 Willow Grove Ct.	Street			
City Rochester Hill's	City			
State Michigan ZIP Code + 4 48307-2588	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)			
On 05 / 09 / 2011 248 459 5700 Date Telephone Number	On Date Telephone Number			
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Form LM-21 (2003)	Page 1 of 2			

Name of Person Filing: Mary Holden	File Number C-		
B. Statement of Receipts Report all receipts from employers in connection with or services.	alabor relations advice or services regardless of the purpos	es of the advice	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any		
Employer LRI Consulting Services, Inc.	P.O. Box, Building and Room Number, if any		
Trade Name	Street 7.850 S. Elm Place		
Attention To Phil Wilson	City Broken Arrow	ACT CO STORY LOTTER COMMANDE	
Title President	State Oklahoma ZIP Code	+ 4 74011	
5.b. Termination Date 02/17//2010	5.c. Amount 39, 094		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 39,094			
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice	or services rendered	
7. Disbursements to Officers and Employees:			
(a) Name (b) Salary (c) Expenses (d) 1	Totals		
	Office and Administrative Expenses		
	10. Publicity		
	11. Fees for Professional Services		
	12. Loans Made		
	13. Other Disbursements		
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)		
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D. Schedule of Disbursements for Reportable Activity Use this Schedule	e to report only disbursements made for the purposes desc	cribed in Part D of the	
instructions.			
15.a. Employer Name:	15.b. Trade Name, If any:		
LRI Consulting Services, Inc.			
15.c. To Whom Paid	15.d. Amount		
Name Mary L Holden	15.e. Purpose		
Title sole proprietor	To provide consultation and give spec	odhae to	
to the second section of the second s	employees regarding their rights to organize and		
Organization Mary L. Holden, HR/ER Consultant	bargain collectively.		
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P.O. Box, Building and Room Number, if any		to constitution of the con	
Street 1090 Willow Grove Ct.		* 3.	
City Rochester Hills			
State Michigan ZIP Code + 4 48307-2588			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		The second secon	

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Employer LRI Consulting Services, Inc.	Sold Sold Sold Free Free Free Free Free Free Free Fre			
Trade Name	Street 7850 S. Elm Place			
Attention To Phil Wilson	City Broken Arrow			
Title President	State Ok1ahoma ZIP Code	+ 4 7.4011		
5.b. Termination Date 4/22/2010	5.c. Amount 9,000			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,000				
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C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice	or services rendered		
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12 Advant 1	15.d. Amount			
	15.e. Purpose			
Title sole proprietor	To provide consultation and give spec	eches to		
Organization Mary L Holden, HR/ER Consultant	employees regarding their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 1090 Willow Grove Ct.				
State Michigan ZIP Code + 4 48307-2588*		Z. C.		
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Employer LRI Consulting Services, Inc.				
Trade Name	Street 7.850 S. Elm	Place		
Attention To Phil Wilson	City Broken Arrow		ed Sylves and Balleton representations of the Control Sylves of th	
Title President	State Oklahoma	ZIP Code +	+ 4 74011	
5.b. Termination Date 9/14/2010	5.c. Amount 23, 200			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,200				
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C. Statement of Disbursements Report all disbursements made by the repo	-ti executestion in connection	···ith labor relations advise	icon randarad	
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15.c. To Whom Paid	15.d. Amount			
Name Mary L Holden	15.e. Purpose			
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Organization Mary L Holden, HR/ER Consultant	employees regardi bargain collective	ig their rights to c	organize and	
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Street 1090 Willow Grove Ct				
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P.O. Box, Building and Room Number, if any Employer LRI Consulting Services, Inc			
Trade Name	Street 7,850 S. Elim Place		
Attention To Phil Wilson	City Broken Arrow		
Title President	State Oklahoma ZIP Code + 4 74011		
5.b. Termination Date 12/8/2010	5.c. Amount 8., 8000		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,800			
C. Statement of Disbursements Report all disbursements made by the reportion	ing 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) Tot	als		
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	15.b. Trade Name, if any:		
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!	15.d. Amount		
Name Mary L Holden	15.e. Purpose		
Title sole proprietor	To provide consultation and give speeches to		
Organization Mary La Holden, HR/ER Consultant	employees regarding their rights to organize and bargain collectively:		
Females in the control of the contro			
P.O. Box, Building and Room Number, if any			
Street 1090 Willow Grove Ct.			
City Rochester Hills			
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Trade Name	Street 7,85,0 S. Elm Pl		***************************************	
Attention To Phil Wilson	City Broken Arrow			
Title President	State Oklahoma	ZIP Code + 4	74011	
5.b. Termination Date 10/4/2010	5 a Amount 120% E 00%			
A TOTAL DECEMBER SPORT	5.c. Amount 10, 500			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,500				
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City Rochester Hills				
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