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. 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

433636								
1 . File Number C- 00556	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Through:							
A. Person Filing								
Name and mailing address (include ZIP Code): Name Javier Rojas	Any other address where records necessary to verify this report are kept: Name							
Title President	Title							
Organization Permanent Solutions	Organization							
P.O. Box, Building and Room Number, if any Suite 104 Street 19186 Fort Street City Riverview State Michigan ZIP Code + 4 48193	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4							
Signa	atures							
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ies of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,							
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)							
On 07 / 01 / 2005 313 - 218 - 0371 Date Telephone Number	On 07/01/2005 Telephone Number							

Name of Person Filing: Javier Rojas				File Number C- 00556	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 N	ati	onal Beef									
Trade Name					Street	Street 2000 east trail street					
Attention To	Mi	ke Ec	kman		City	City Dodge City					
. Title	CE)		· · · · · · · · · · · · · · · · · · ·	State Kansas ZIP Code + 4 67801-9018						
5.b. Termination	Date	1/8/2010]	5.c. Am	5.c. Amount 348,421 -348,42)					
6. TOTAL RECEI	rts	FROM ALL EMPLOYERS	34 8 , 421	348	421						
C. Statement of I	isb				reporting org	aniza	tion in connection with labor relations advice	e or	services rendered		
7 Dichurcements to	∩ffi	to the empto cers and Employees:	yers listed in F	ап в.							
(a) Name	Oni	cers and Employees.	(b) Salary	(c) Expenses	(d) Totals						
Johan		Pena	29,250	1,012	2 30,2	262	9. Office and Administrative Expenses		0		
Alex		Santana	58,500	2,08	7 60,5	87	10. Publicity				
Fernando		Rivera	58,500	16,960	0 75,4	160	11. Fees for Professional Services				
Luz		Ceballos	9,000	1,20	2 10,2	202	12. Loans Made	\prod			
Miriam		Navarro	33,750	3,17	7 36,9	27	13. Other Disbursements	\prod			
8. Total disbursen	ents	to officers and employees			213,4	138	14. Total Disbursements (Sum of Items 8-13)		213,438		
Two pages Total 348,421											
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:											
			7	To by Trade Trains, I dry,							
AF - T- When Did											
15.c. To Whom Paid 15.d. Amount 1											
Name 15.e. Purpose				6 e							
Title Organization											
Organization							•				
P.O. Box, Building and Room Number, if any											
Street											
Street City											
State Washi	nat	on ZI	P Code + 4								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY											

Form LM-21 (2003)

Name of Person Filing: Javier Rojas File Nu						6			
B. Statement of Receipts Report all receipts from or services.	employers in	connection wi	ith labor relatio	ns advice or serv	ices regardless of the pur	poses	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 National Beef				1.3. Sox, Suitaing the Noom Names, it dry					
Trade Name				Street 2000 east trail street					
Attention To Mike Ecl	Mike Eckman			Dodge City					
Title CEO			State K	State Kansas ZIP Code + 4 67801-9					
5.b. Termination Date 1/8/2010			5.c. Amou	nt 348,421					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	348,421								
			· · · · · · · · · · · · · · · · · · ·						
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									
Ines Murray	22,600	1,365	23,965	9. Office and	Administrative Expenses		. 0		
Amed Santana	80,900	6,512	87,412	10. Publicity			0		
Jason Rodriquez	21,150	2,456	23,606	11. Fees for Pr	rofessional Services				
	0	0	(12. Loans Mad	e				
	0	0	(13. Other Disb	ursements	\bot			
8. Total disbursements to officers and employees:			134,983	14. Total Disbur	sements (Sum of Items 8-1	3)	134,983		
Two pages JoTal 348, 421									
D. Schedule of Disbursements for Reportable A	•	Use this Scheo instructions.	dule to report o	nly disbursement	s made for the purposes	describ	oed in Part D of the		
15.a. Employer Name:				15.b. Trade Name, If any:					
]		
15.c. To Whom Paid			15.d. Amo	unt					
Name	15.e. Purp	ose							
Title									
Organization			-						
P.O. Box, Building and Room Number, if any				Y					
				<u> -</u> .	-				
Street									
City									
State Washington ZIF	Code + 4		¬						
16. TOTAL DISBURSEMENTS FOR ALL REPOR		/ITY	<u> </u>						
	/10111								

Form LM-21 (2003)