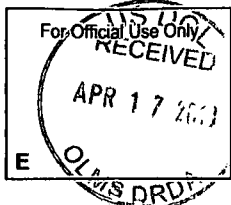


FORM LM-21

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

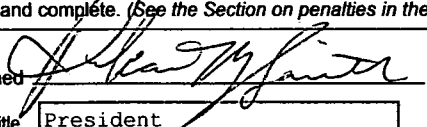
675379

1. File Number C- <input type="text"/> 6625	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2017 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Rebecca <input type="text"/> M <input type="text"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> Owner	Name <input type="text"/> <input type="text"/>
Organization <input type="text"/> Rock Creek Consulting	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 554 Mahard Dr	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Twin Falls	Street <input type="text"/>
State <input type="text"/> Idaho ZIP Code + 4 <input type="text"/> 83301	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 <input type="text"/> President	President (if other title, see instructions)	18. Signed _____ Title <input type="text"/> Treasurer	Treasurer (If other title, see instructions)
On <input type="text"/> 3 / <input type="text"/> 31 / <input type="text"/> 2018 <input type="text"/> 702-494-8416 Date Telephone Number		On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number	

Name of Person Filing:	File Number C- 66125
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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 LRI Consulting Services	P.O. Box, Building and Room Number, if any
Trade Name	Street 7850 South Elm St Suite E
Attention To Phillip <input type="checkbox"/> Wilson	City Broken Arrow
Title President	State Oklahoma ZIP Code + 4 74011

5.b. Termination Date **12/31/2017** 5.c. Amount **\$57,577**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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	
Rebecca <input type="checkbox"/> Smith	7577			9. Office and Administrative Expenses 50000
<input type="checkbox"/>				10. Publicity
<input type="checkbox"/>				11. Fees for Professional Services
<input type="checkbox"/>				12. Loans Made
<input type="checkbox"/>				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

See Attached

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 style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
15.c. To Whom Paid	15.d. Amount <input style="width: 100px;" type="text"/>
Name <input style="width: 100px;" type="text"/> <input type="checkbox"/> <input style="width: 100px;" type="text"/>	15.e. Purpose
Title <input style="width: 150px;" type="text"/>	
Organization <input style="width: 250px;" type="text"/>	
P.O. Box, Building and Room Number, if any	
Street <input style="width: 150px;" type="text"/>	
City <input style="width: 100px;" type="text"/>	
State Washington ZIP Code + 4 <input style="width: 50px;" type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LRI Consulting Services, Inc.

File Number C- 00525 66125

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: Burgess Health Center	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rebecca Smith Title President Organization Rock Creek Consulting LLC P.O. Box, Building and Room Number, if any Street 554 Mahard Dr City Twin Falls State NV ZIP Code + 4 83301	15.d. Amount 14,002 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: C.R. England	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rebecca Smith Title President Organization Rock Creek Consulting LLC P.O. Box, Building and Room Number, if any Street 554 Mahard Dr City Twin Falls State NV ZIP Code + 4 83301	15.d. Amount 27,027 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Martin Transporation Systems	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rebecca Smith Title President Organization Rock Creek Consulting LLC P.O. Box, Building and Room Number, if any Street 554 Mahard Dr City Twin Falls State NV ZIP Code + 4 83301	15.d. Amount 16,548 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.