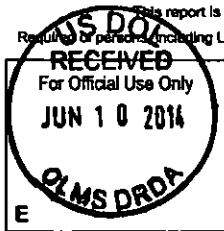


# FORM LM-21

## 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



557346

1. File Number C- <u>66058</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<u>01</u> / <u>01</u> / <u>2011</u>		<u>12</u> / <u>31</u> / <u>2011</u>

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <u>Versala</u> <input checked="" type="checkbox"/> <u>Parish</u>	Name <input type="text"/> <input type="text"/>
Title <u>Consultant</u>	Title <input type="text"/>
Organization <u>Quick Response Management</u>	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <u>9684 Cornell Street</u>	Street <input type="text"/>
City <u>Taylor</u>	City <input type="text"/>
State <u>Michigan</u> ZIP Code + 4 <u>48180</u>	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 <u>Versala Parish</u> President (if other title, see instructions)	18. Signed _____ Treasurer (if other title, see instructions)
Title <u>Other (Specify)</u> <u>Consultant</u>	Title <u>Other (Specify)</u> <input type="text"/>
On <u>05</u> / <u>15</u> / <u>2014</u> <u>248-225-4432</u>	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Date Telephone Number	Date Telephone Number

Name of Person Filing: Versala Parish	File Number C-
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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	Labor Relations Inst. (Mission Healthcare)	P.O. Box, Building and Room Number, if any	
Trade Name		Street	7850 S. Elm Place, Ste. E
Attention To	Phillip <input type="checkbox"/> Wilson	City	Broken Arrow
Title	President	State	Oklahoma ZIP Code + 4 74011

5.b. Termination Date	January 2012	5.c. Amount	10,500
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 28,110

**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"/>					9. Office and Administrative Expenses
<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)

**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:
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Versala Parish		File Number C-	
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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>Labor Relations Inst. (Lynabloomster)</u> <span style="margin-left: 20px;"><u>EBI, LLC</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">FIP</span></span>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>7850 S. Elm Place, Ste. E</u>	
Attention To: <u>Phillip</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 <u>July 2011</u>		5.c. Amount <u>17,610</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	