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

457709

1 . File Number C- 00714	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy)  By This Report (mm/dd/yyyy)						
	From: 01/01/2010 Through: 12/31/2010						
A. Person Filing							
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:						
Name	Name						
Title	Title						
Organization SEO Solutions CO, LLC	Organization						
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any						
Street 4613 E.13th Street	Street						
City Tulsa	City						
State Oklahoma ZIP Code + 4 74112	State ZIP Code + 4						
·							
Signa	tures						
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 03/29/2011 918-836-5111 Telephone Number	On Date Telephone Number						

Name of Person F	iling:							File Number C-	00714		
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 L	RI	Consulting Service	s Inc.								
Trade Name						Street 7	850 South E	lm Place			
Attention To	Ph	il Wi	lson			City	roken Arrow		]		
Title	Pr	esident				State C	klahoma		ZIP Code	+ 4	74011
5.b. Termination	Date				<del></del>	5.c. Amou	nt 31,609				
		FROM ALL EMPLOYERS	31,609				<u> </u>				
								11 1180			
C. Statement of	Disb		sbursements r yers listed in F		the re	porting organia	ration in connection	on with labor relat	ions advice	or s	services rendered
7. Disbursements t	o Off	cers and Employees:	•			1					
(a) Name	7		(b) Salary	(c) Expe	···	<u></u>					<b>-</b>
	<u> </u>		84,315	17,	265	101,580	<del></del>	Administrative Exp	enses		
	<u> </u>			<u></u>			10. Publicity				
	<u> </u>				#			ofessional Service	es		
	<u> </u>						12. Loans Made				Z-,,-
<u> </u>			<u> </u>	<u> </u>			13. Other Disbu				
8. Total disburser	nent	s to officers and employees				101,580	14. Total Disburs	sements (Sum of It	ems 8-13)	_	101,580
D. Schedule of [	isbu	rsements for Reportable		Jse this		lule to report o	nly disbursements	made for the pu	rposes des	cribe	ed in Part D of the
15.a. Employer N	ame	:				15.b. Trad	e Name, If any:				
										$\neg$	
15.c. To Whom P	aid					15.d. Amo	unt T	]			
Г			· · · · · · · · · · · · · · · · · · ·				<b></b>				
Name [ Title					_	15.e. Purp	ose				
Organization											
P.O. Box, Buil	P.O. Box, Building and Room Number, if any										
Street				_		and the state of t					
City		<u> </u>		J		21 S 22 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2		٠			
State Washi	ngt	on ZI	P Code + 4			]					
16. TOTAL DISB	JRS	EMENTS FOR ALL REPOR	RTABLE ACTIV	/ITY		•					

Name of Person Filing:	File Number C- 00714						
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 LRI Consulting Services Inc.							
Trade Name	Street 7850 South Elm Place						
Attention To Phil Wilson	City Broken Arrow						
Title President	State Oklahoma ZIP Code + 4 74011						
5.b. Termination Date 5/3/2101 20/0	5.c. Amount 3,477						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3,477							
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)	Totals						
0 0	Office and Administrative Expenses .						
	10. Publicity						
	11. Fees for Professional Services						
	12. Loans Made						
	13. Other Disbursements						
8. Total disbursements to officers and employees:	0 14. Total Disbursements (Sum of Items 8-13) 0						
D. Schedule of Disbursements for Reportable Activity  Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the						
15.a. Employer Name:	15.b. Trade Name, If any:						
15.c. To Whom Paid	15.d. Amount						
Name 15 a Rumana							
Title	15.e. Purpose						
Organization							
P.O. Box, Building and Room Number, if any							
Street							
City							
State Washington ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filing:	File Number C- 00714							
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 LRI Consulting Services Inc.								
Trade Name	Street 7850 South Elm Place							
Attention To Phil Wilson	City Broken Arrow							
Title President	State Oklahoma ZIP Code + 4 74011							
5.b. Termination Date	5.c. Amount 24,906							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,906								
C. Statement of Disbursements Report all disbursements made by the report	orting organization in connection with labor relations advice or services rendered							
to the employers listed in Part B.	orang organization in connection with table relations across or services for detect							
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals							
	9. Office and Administrative Expenses							
	10. Publicity							
	11. Fees for Professional Services							
	12. Loans Made							
	13. Other Disbursements							
8. Total disbursements to officers and employees: 0 14. Total Disbursements (Sum of Items 8-13) 0								
D. Schedule of Disbursements for Reportable Activity  Use this Schedulinstructions.	le to report only disbursements made for the purposes described in Part D of the							
15.a. Employer Name:	15.b. Trade Name, If any:							
15.c. To Whom Paid	15.d. Amount							
	Total / Wilder							
Name	15.e. Purpose							
Organization								
0.95								
P.O. Box, Building and Room Number, if any								
Street	Street							
City								
State Washington ZIP Code + 4								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

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 regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless and the purposes of the advice or services regardless of the services	Name of Person Filing:		File Number C- 00714	4	·
Sa. Name and Address:  Sa. Name and Address:  Employer LRI Consulting Services Inc.  Trade Name  Attention To Ehi1	B. Statement of Receipts Report all receipts from employers in connection	with labor relation	s advice or services regardless of the purp	poses of the advice	
Employer _RI Consulting Services Inc. Trade Name Street					
Trade Name Attention To Phil   Wilson   City   Broken Arrow   Title   President   State   Oklahoma   ZIP Code + 4   74011    Sb. Termination Date   8/31/201   Sc. Amount   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: (e) Salary (c) Expenses (d) Totals   (e) Name   O	5.a. Name and Address of Employer (including trade name, if any).		_		
Attention To Phil   Wilson   City   Broken Arrow   Title   President   Slate   Oklahoma   ZIP Code + 4   74011    5.b. Termination Date   8/31/2010   5.c. Amount   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) Salay (c) Expenses (d) Totals	Employer LRI Consulting Services Inc.				
Title President State Oklahoma ZIP Code + 4 74011  5.b. Termination Date (8/31/2010) 5.c. Amount (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 employees (siet of Part B. O.) Salary (c) Expenses (f) Totals (2) Salary (c) Expenses (f) Totals (c) Salary (c) Expenses (	Trade Name	Street 78	350 South Elm Place		
5.b. Termination Date 8/31/2010 5.c. Amount 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 employees: (a) Name (b) Salary (c) Expenses (d) Totals	Attention To Phil Wilson	City B <sub>1</sub>	roken Arrow		
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  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements  8. Total disbursements to officers and employees: 0 14. Total Disbursements (Sum of Items 8-13)  C. 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. Trade Name 15. Trade Name 15. Amount 15. Purpose 15. Purpose 15. Purpose	Title President	State O	zlahoma ZIP Co	de + 4 74011	
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  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements  8. Total disbursements to officers and employees: 15. Total disbursements for Reportable Activity 15. Employer Name: 15. To Whom Paid 15. D. Trade Name, If any: 15. P. O. Box, Building and Room Number, If any Street City State Washington  2i P Code + 4  15. State Washington  2i P Code + 4  15. State Washington  2i P Code + 4	5.b. Termination Date 8/31/201 <i>C</i> )	5.c. Amount	4,262		
To be employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 15. Total disbursements to officers and employees:  15. Total disbursements for Reportable Activity 15. Trade Name, If any:  15. Tritle  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  17. Disbursements (b) Salary (c) Expenses (d) Totals  16. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15. Frade Name, If any:  15. Frade Name, If any	6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,262			_	
To the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name:  15. c. To Whom Paid Name  15. d. Amount  15. e. Purpose  15. e. Purpose  15. e. Purpose  Street City State [Washington]  21. Disbursements (b) Salary (c) Expenses (d) Totals (d) Salary (e) Expenses (d) Totals (e) Expenses (d) Totals (f) Expenses (h) Quantity (f) Expenses (d) Totals (f) Companies (p) Publicity (f) Expenses (d) Totals (f) Publicity (f) Expenses (d) Total Disbursements (g) Under the purposes described in Part D of the instructions. (f) Publicity (f) Expenses (d) Pub					
To the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name:  15. c. To Whom Paid Name  15. d. Amount  15. e. Purpose  15. e. Purpose  15. e. Purpose  Street City State [Washington]  21. Disbursements (b) Salary (c) Expenses (d) Totals (d) Salary (e) Expenses (d) Totals (e) Expenses (d) Totals (f) Expenses (h) Quantity (f) Expenses (d) Totals (f) Companies (p) Publicity (f) Expenses (d) Totals (f) Publicity (f) Expenses (d) Total Disbursements (g) Under the purposes described in Part D of the instructions. (f) Publicity (f) Expenses (d) Pub					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 15. Total disbursements to officers and employees: 0 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Isse 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 Name 15.c. To Whom Paid Name 15.c. Amount 15.c. Purpose 15.c. Purpose 15.c. Purpose		reporting organiza	ation in connection with labor relations adv	ice or services rende	ered
(a) Name (b) Salary (c) Expenses (d) Totals    O	· ·				
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:  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  14. Total Disbursements (Sum of Items 8-13)  15. Trade Name, If any:  15.b. Trade Name, If any:  15.c. To Whom Paid  15.d. Amount  15.e. Purpose		<del>-</del>			
11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 8. Total disbursements to officers and employees: 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:  15.c. To Whom Paid Name Organization  P.O. Box, Building and Room Number, if any  Street City State Washington  2IP Code + 4		0 0			
12. Loans Made  13. Other Disbursements  8. Total disbursements to officers and employees:  0 14. Total Disbursements (Sum of Items 8-13)  0. 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  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  2IP Code + 4		4			
B. Total disbursements to officers and employees:  0 14. Total Disbursements (Sum of Items 8-13)  0 2. 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  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  13. Other Disbursements  14. Total Disbursements (Sum of Items 8-13)  15.b. Trade Name, If any:  15.b. Trade Name, If any:  15.c. Purpose					
B. Total disbursements to officers and employees:  O 14. Total Disbursements (Sum of Items 8-13)  O 2. 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  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4					
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  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4					
Is.a. Employer Name:    15.b. Trade Name, If any:	8. Total disbursements to officers and employees:	0	14. Total Disbursements (Sum of Items 8-13	·)	
instructions.  15.a. Employer Name:    15.b. Trade Name, If any:					
15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  Is.d. Amount  15.e. Purpose	· · · · · · · · · · · · · · · · · · ·	nedule to report on	ly disbursements made for the purposes d	lescribed in Part D of	f the
Name   15.e. Purpose   15.e. P	15.a. Employer Name:	15.b. Trade	Name, If any:		
Name   15.e. Purpose   15.e. P		7			
Name   15.e. Purpose   15.e. Purpose	15 o To Whom Doid	15 d Amou	at [ ]		
Title Organization  P.O. Box, Building and Room Number, if any Street City State Washington  Title  Is.e. Purpose		13.d. Amod			
Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4	Name	15.e. Purpo	se		1
P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4	Title				
Street City State Washington ZIP Code + 4	Organization				
Street City State Washington ZIP Code + 4					
City State Washington ZIP Code + 4	P.O. Box, Building and Room Number, if any				
City State Washington ZIP Code + 4		and the second			
State Washington ZIP Code + 4	Street				
	City				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	State Washington ZIP Code + 4				
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Fili	ng:						Fil	le Number C- 00714		
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 Addre	ss c	f Employer (including trade n	ame, if any).				failing Address: uilding and Room Nu	ımber, if any		
Employer LR	I (	Consulting Service	es Inc.							
Trade Name						Street 78	350 South Elm	Place		
Attention To Phil Wilson City Broken Arrow										
Title	re	esident		· · · · · · · · · · · · · · · · · · ·		State O	clahoma	ZIP Code	÷ + 4	74011
5.b. Termination D	ate	5/28/2010				5.c. Amoun	24,059	]		
6. TOTAL RECEIP	S	ROM ALL EMPLOYERS	24,059							
C Statement of D	a h.		liahaananta	mada hu	the re	norting organiza	ation in connection w	ith labor relations advis		convices rendered
C. Statement of D	SDI		oyers listed in		ine re	eporting organiza	ation in connection w	vith labor relations advic	e o	services rendered
7. Disbursements to	Offic	ers and Employees:	(h) Colony	(c) Exper	neae le	d) Totala				
(a) Name	П		(b) Salary	1	ol	0	9 Office and Adm	inistrative Expenses	Т	
	Н				╡		10. Publicity	Insulative Expenses	+	
	П						11. Fees for Profes	ssional Services	+	
	П				一		12. Loans Made		1	
							13. Other Disburse	ments	1	
8. Total disburseme	ents	to officers and employees	S:		$\Box$	0	14. Total Disbursem	ents (Sum of Items 8-13)		0
					·		·			
D. Schedule of Dis	bu	rsements for Reportable	Activity	Use this instruction		dule to report on	ly disbursements ma	ade for the purposes de	scrib	ed in Part D of the
15.a. Employer Na	ne:					15.b. Trade	Name, If any:			
15.c. To Whom Pai	d					15.d. Amou	nt			
Name			······································			15.5				
Title			***************************************	***************************************	_	15.e. Purpo	se			
<u> </u>						_,				1
Organization										
DO B B-114		and Branch Market 19								
P.O. Box, Buildi	ng a	and Room Number, if any								Para Para Para Para Para Para Para Para
Street										and an analysis of the state of
City				i						
State Washin	a+		IP Code + 4							
			L			<u> </u>				
16. TOTAL DISBUI	₹SE	MENTS FOR ALL REPO	RTABLE ACTI	VIIY						

Name of Person Filing:	File Number C- 00714						
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 LRI Consulting Services Inc.							
Trade Name	Street 7850 South Elm Place						
Attention To Phil Wilson	City Broken Arrow						
Title President	State Oklahoma ZIP Code + 4 74011						
5.b. Termination Date 11/09/2010	5.c. Amount   6,504						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,504							
C. Statement of Disbursements Report all disbursements made by the reputo 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)							
0 0	0 9. Office and Administrative Expenses						
	10. Publicity						
	11. Fees for Professional Services						
	12. Loans Made						
	13. Other Disbursements						
8. Total disbursements to officers and employees: 0 14. Total Disbursements (Sum of Items 8-13) 0							
D. Schedule of Disbursements for Reportable Activity  Use this Schedu instructions.	ale to report only disbursements made for the purposes described in Part D of the						
15.a. Employer Name:	15.b. Trade Name, If any:						
15.c. To Whom Paid	15.d. Amount						
Name	15.e. Purpose						
Title							
Organization							
P.O. Box, Building and Room Number, if any							
Street							
City							
State Washington ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filing:	File Number C- 00714							
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 LRI Consulting Services Inc.								
Trade Name	Street 7850 South Elm Place							
Attention To Phil Wilson	City Broken Arrow							
Title President	State Oklahoma ZIP Code + 4 74011							
5.b. Termination Date 08/11/2010	5.c. Amount 2,475							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2,475	Control of the Contro							
· · · · · · · · · · · · · · · · · · ·								
C. Statement of Disbursements Report all disbursements made by the rep 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)	Totals							
0 0	0 9. Office and Administrative Expenses							
	10. Publicity							
	11. Fees for Professional Services							
	12. Loans Made							
	13. Other Disbursements							
8. Total disbursements to officers and employees:	0 14. Total Disbursements (Sum of Items 8-13) 0							
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the							
15.a. Employer Name:	15.b. Trade Name, If any:							
15.c. To Whom Paid	15.d. Amount							
Name	15.e. Purpose							
Title	Total algorithms							
Organization	]							
P.O. Box, Building and Room Number, if any								
Street								
City								
State Washington ZIP Code + 4	. [ ]							

Name of Person Filing:	File Number C- 00714							
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 LRI Consulting Services Inc.								
Trade Name	Street 7850 South Elm Place	7850 South Elm Place						
Attention To Phil Wilson	City Broken Arrow							
Title President	State Oklahoma ZIP Code +	4 74011						
5.b. Termination Date 11/14/2010	5.c. Amount 4,288							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,288								
	· · · · · · · · · · · · · · · · · · ·							
	eporting organization in connection with labor relations advice of	or services rendered						
to the employers listed in Part B.								
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expense	d) Totals							
0	0 9. Office and Administrative Expenses							
	10. Publicity							
	11. Fees for Professional Services							
	12. Loans Made							
	13. Other Disbursements							
8. Total disbursements to officers and employees:	0 14. Total Disbursements (Sum of Items 8-13)	0						
D. Schedule of Disbursements for Reportable Activity  Use this Scinstructions	dule to report only disbursements made for the purposes descr	ibed in Part D of the						
15.a. Employer Name:	15.b. Trade Name, If any:							
		7						
15.c. To Whom Paid	15.d. Amount							
Name								
Title	15.e. Purpose							
Organization								
	<b>-</b>							
P.O. Box, Building and Room Number, if any								
Short								
Street								
City	_ []							
State Washington ZIP Code + 4								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								