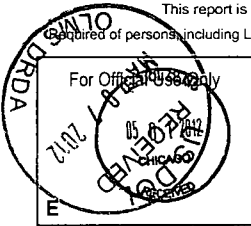


FORM LM-21

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

486958

1. File Number C- <u>569</u>	2. Period Covered By This Report From: <u>11 / 14 / 2007</u> Through: <u>12 / 06 / 2007</u>
------------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Bradley White</u> Title <u>President</u> Organization <u>Interlate Systems</u> P.O. Box, Building and Room Number, if any Street <u>145 S. Lincolnway</u> City <u>North Aurora</u> State <u>Illinois</u> ZIP Code + 4 <u>60542</u>	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City 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 <u>[Signature]</u> Title <u>President</u> On <u>04 / 18 / 2012</u> Date <u>(630) 966-0214</u> Telephone Number	President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u> On <u> / / </u> Date <u> </u> Telephone Number	Treasurer (If other title, see instructions)
--	---	---	---

Name of Person Filing: Bradley White	File Number C-
--------------------------------------	----------------

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). Employer <u>LRI Consulting</u> Trade Name _____ Attention To _____ Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>7850 South Elm Place</u> City <u>Broken Arrow</u> State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>
5.b. Termination Date <u>12/06/2007</u>	5.c. Amount <u>4,642</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>4,642</u>	

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		
					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:					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 _____	15.e. Purpose	
Title _____		
Organization _____		
P.O. Box, Building and Room Number, if any _____		
Street _____		
City _____		
State <u>Washington</u> ZIP Code + 4 _____		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		