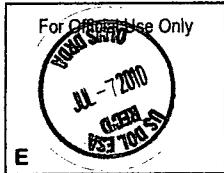


FORM LM-21

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

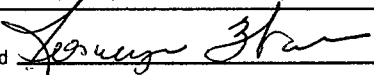
432514

1. File Number C- 695	2. Period Covered By This Report From: 04/24/2007 Through: 04/27/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Rosalyn <input type="checkbox"/> Warren Title President/Owner Organization R. Warren, Inc. P.O. Box, Building and Room Number, if any Street 6001 Tall Pine Blvd. City Little Rock State Arkansas ZIP Code + 4 72204-8531	4. Any other address where records necessary to verify this report are kept: Name <input type="checkbox"/> <input type="checkbox"/> Title <input type="checkbox"/> Organization <input type="checkbox"/> P.O. Box, Building and Room Number, if any Street <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

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 President On 7/1/2010 501-565-3525 Date Telephone Number	18. Signed _____ Title Treasurer On <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Date Telephone Number
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Name of Person Filing: Rosalyn Warren

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).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer Labor Relation Institute Consulting Service

Trade Name

Street

7850 S Elm Place, Suite E

Attention To

Phillip

Wilson

City

Broken Arrow

Title

CEO/President

State

Oklahoma

ZIP Code + 4

74011

5.b. Termination Date 04/27/2007

5.c. Amount 7,313

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,313

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

Rosalyn	Warren	5,600	1,313	6,913	9. Office and Administrative Expenses	
Robert	Warren	400	0	400	10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				7,313	14. Total Disbursements (Sum of Items 8-13)	7,313

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:

Railcrew Xpress

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Rosalyn

Warren

Title

President/Owner

Organization

R. Warren, Inc

P.O. Box, Building and Room Number, if any

Street

6001 Tall Pine Blvd

City

Little Rock

State

Arkansas

ZIP Code + 4

72204-8531

15.d. Amount 7,313

15.e. Purpose

Provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.
Intern Consultant Robert Warren - 4 days - Incomplete Internship.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 7,313