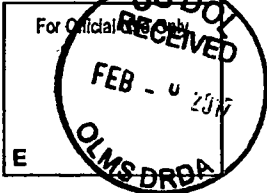


FORM LM-21

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

632356

1. File Number C- <input type="text" value="66642"/>	2. Period Covered By This Report From: <input type="text" value="08/12/2015"/> Through: <input type="text" value="12/31/2016"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/>	<input type="text"/>
Title <input type="text"/>	<input type="text"/>
Organization <input type="text" value="Hardin, Jesson & Terry, PLC"/>	<input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="P.O. Box 10127"/>	
Street <input type="text" value="5000 Rogers Avenue, Suite 500"/>	<input type="text"/>
City <input type="text" value="Fort Smith"/>	<input type="text"/>
State <input type="text" value="Arkansas"/> ZIP Code + 4 <input type="text" value="72903-0127"/>	<input type="text"/>
4. Any other address where records necessary to verify this report are kept:	
Name <input type="text"/>	<input type="text"/>
Title <input type="text"/>	<input type="text"/>
Organization <input type="text"/>	<input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	<input type="text"/>
City <input type="text"/>	<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 <input type="text" value="J. H. A. B."/> Title <input type="text" value="Managing Partner"/> <input type="text"/> On <input type="text" value="2/3/17"/> <input type="text" value="479-452-2200"/> Date Telephone Number	18. Signed <input type="text" value="Stephanie Randall"/> Title <input type="text" value="Other (Specify)"/> <input type="text" value="Partner"/> On <input type="text" value="2/3/17"/> <input type="text" value="479-452-2200"/> Date Telephone Number
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Name of Person Filing: Hardin, Jesson & Terry, PLC	File Number C- 66642
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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	Atkins Care Center, Inc.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	605 Northwest 7th Street
Attention To		City	Atkins
Title		State	Arkansas ZIP Code + 4 72823

5.b. Termination Date	09/02/2015	5.c. Amount	30,466
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 30,466

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

8. Total disbursements to officers and employees:		9. Office and Administrative Expenses	
		10. Publicity	
		11. Fees for Professional Services	
		12. Loans Made	
		13. Other Disbursements	
		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 <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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