

Required by the National Labor Relations Act, 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)



557347

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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 Wilson	City	Broken Arrow
Title	President	State	Oklahoma ZIP Code + 4 74011

5.b. Termination Date	January 2012	5.c. Amount	16,819
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	60,953
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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	
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.

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<p>Employer <u>Labor Relations Inst. (Lyngblomsten)</u></p> <p>Trade Name <u></u></p> <p>Attention To: <u>Phillip</u> <u>Wilson</u></p> <p>Title <u>President</u></p>	<p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>7850 S. Elm Place, Ste. E</u></p> <p>City <u>Broken Arrow</u></p> <p>State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u></p>
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5.b. Termination Date June 2012 5.c. Amount 44,134

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

<p>Employer <u></u></p> <p>Trade Name <u></u></p> <p>Attention To: <u></u> <u></u></p> <p>Title <u></u></p>	<p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>
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5.b. Termination Date 5.c. Amount 0

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

<p>Employer <u></u></p> <p>Trade Name <u></u></p> <p>Attention To: <u></u> <u></u></p> <p>Title <u></u></p>	<p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>
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5.b. Termination Date 5.c. Amount

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5.b. Termination Date 5.c. Amount