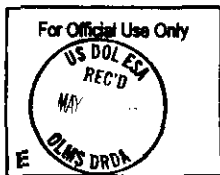


FORM LM-21

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. 438 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

1. File Number C- <u>441</u> <u>387014</u>	2. Period Covered By This Report From: <u>1/1/06</u> Through: <u>12/31/06</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>NORMAN S BURN</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>OWNER/MGR</u>	Name <u></u>
Organization <u>BURN ASSOCIATES</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>9059 S.W. Peiling St</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Tigard</u>	Street <u></u>
State <u>OR</u> ZIP Code + 4 <u>97224-5783</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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>Norman S Burn</u> President (If other title, see instructions) Title <u>President</u>	18. Signed <u>n/a</u> Treasurer (If other title, see instructions) Title <u>Treasurer</u>
On <u>5/12/06</u> <u>503-620-4538</u> Date Telephone Number	On <u>1/1/06</u> <u></u> Date Telephone Number

Burr & Associates

CONSULTANTS TO MANAGEMENT

9059 SW Reiling Street
Tigard, Oregon 97224-5783
Phone & Fax 503-620-4538
nburr120@comcast.net

May 12, 2007

U.S. Department of Labor
Office of Labor-Management Standards
Room N-5613
200 Constitution Avenue, NW
Washington, D. C. 20210



Re: LM-21

Dear Sir or Madam:

Enclosed please find an original and one copy of Burr & Associates completed and signed form LM-21 for the calendar year of 2006. I have retired as of the end of 2006, therefore, you can discontinue my file.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Norman S. Burr".

Norman S. Burr
Owner/Manager

Encls.