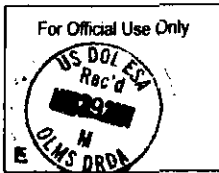


FORM LM-21

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

1. File Number C- <u>384</u> <u>S25 351</u>	2. Period Covered By This Report From: <u>01 / 01 / 2006</u> Through: <u>12 / 31 / 2006</u>
---	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Charles Wiggins</u> Title <u>Labor Relations Consultant</u> Organization <u>Wiggins consulting</u> P.O. Box, Building and Room Number, if any _____ Street <u>8017 McKee Blvd</u> City <u>Oklahoma City</u> State <u>Oklahoma</u> ZIP Code + 4 <u>73132-4102</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>Charles Wiggins</u> Title <u>Sole Proprietor</u> President (if other title, see instructions) On <u>03 / 26 / 2006</u> <u>405-203-4367</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> Treasurer (If other title, see instructions) On <u> / / </u> _____ Date Telephone Number
--	---

Name of Person Filing: Charles Wiggins	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:
Employer Recticel Interiors N.A.LLC	P.O. Box, Building and Room Number, if any
Trade Name	Street 5600 Bow Pointe Drive
Attention To Joesph Dederian	City Clarkston
Title Director of Human Resources	State Michigan ZIP Code + 4
5.b. Termination Date 12/18/2006	5.c. Amount 17,172
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 62,015	

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 Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing Charles Wiggins		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:	
Employer Averitt Express, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To: Elise Leeson		City	
Title Director of Human Resources		State ZIP Code + 4	
5.b. Termination Date 12/15/2006		5.c. Amount 14,897	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer I3 Logistics		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5825 glenridge Dr. Bldg3 suite#101	
Attention To: Larry Bivens		City Atlanta	
Title Vice President of Operation		State Georgia ZIP Code + 4 30328	
5.b. Termination Date		5.c. Amount 15,376	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer SMART Alabama, LLC		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 121 Shinyoung Drive	
Attention To: Gary Sport		City LuVerne	
Title General Affairs Manager		State Alabama ZIP Code + 4 36069	
5.b. Termination Date 10/30/2006		5.c. Amount 10,128	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Hwashin America Corporation		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 661 Montogemery Highway	
Attention To: Rhonda Simmons		City Greenville	
Title Human resources Manager		State Alabama ZIP Code + 4 48346-3155	
5.b. Termination Date 10/06/2006		5.c. Amount 4,442	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	