

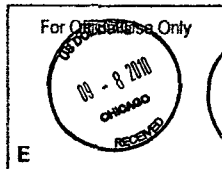
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

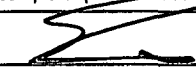

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1. File Number C- 706 310 232 44 / 310 232 45 / 310 232 46	2. Period Covered By This Report From: 5/23/08 Through: 7/2/08	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name EDGARDO VILANUEVA Title PRESIDENT Organization EMSI CONSULTING P.O. Box, Building and Room Number, if any Street 1340 N ASTOR ST #2205 City CHICAGO State IL ZIP Code + 4 60610	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  Title President On 7/26/10 312 623 7890 Date Telephone Number	18. Signed  Title Treasurer On 7/26/10 312 623 7890 Date Telephone Number
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Name of Person Filing: EDUARDO VILLANUEVA	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): Employer: SURUGA USA INC Trade Name: Attention To: HIROTO ITO Title: EXECUTIVE V.P.	Mailing Address: P.O. Box, Building and Room Number, if any: Street: 40 S. ADDISON RD City: ADDISON State: IL ZIP Code + 4: 60101
5.b. Termination Date	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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
EDUARDO VILLANUEVA	17,110	280	
HERNAN BALCAZAN	5793.18	210	
KHANH TRAN	2440	-	
25,843.75		490	
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	
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		