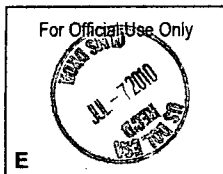


# FORM LM-21

## 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

432515

1. File Number C- <u>695</u>	2. Period Covered By This Report From: <u>06</u> / <u>23</u> / <u>2008</u> Through: <u>06</u> / <u>26</u> / <u>2008</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name <u>Rosalyn</u> <u>Warren</u> Title <u>President/Owner</u> Organization <u>R. Warren, Inc.</u>  P.O. Box, Building and Room Number, if any <u></u> Street <u>6001 Tall Pine Blvd.</u> City <u>Little Rock</u> State <u>Arkansas</u> ZIP Code + 4 <u>72204-8531</u>	4. Any other address where records necessary to verify this report are kept:  Name <u></u> <u></u> Title <u></u> Organization <u>LRI Consulting Services, Inc.</u>  P.O. Box, Building and Room Number, if any <u></u> Street <u>7850 S Elm Place, Suite E</u> City <u>Broken Arrow</u> State <u>Oklahoma</u> ZIP Code + 4 <u>74011</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>Rosalyn Warren</u> Title <u>President</u> On <u>07</u> / <u>01</u> / <u>2010</u> <u>501-565-3525</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On <u></u> / <u></u> / <u></u> <u></u> Date Telephone Number
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Name of Person Filing: Rosalyn Warren	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 Services, Inc.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	24 Corporate Plaza, Suite 100
Attention To		City	Newport Beach
Title		State	California ZIP Code + 4 92660
5.b. Termination Date 06/26/2008		5.c. Amount 4,675	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,675			

**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			
Rosalyn Warren	4,030	645	4,675	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:			4,675	14. Total Disbursements (Sum of Items 8-13)	4,675	

**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: CRC - Cooperative Response Center		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 Note: Project sub-contracted to R. Warren, Inc. thru LRSI for LRI Consulting Services, Inc.	
Street			
City			
State Washington ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			