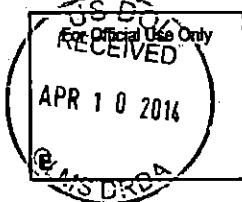


FORM LM-21

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

554119

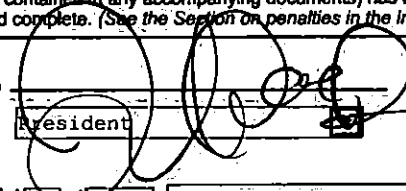
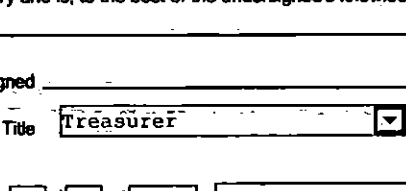
1. File Number C- <input type="text" value="66020"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="01/01/2014"/>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
--	--	-----------------------------	-----------------------------

12 81 13

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="EVELYN"/> <input type="text" value="D"/> <input type="text" value="FRAGOSO"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="OWNER"/>	Name <input type="text"/>
Organization <input type="text" value="QUALITY LABOR SOLUTIONS INC"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="2700. COURTLEIGH DR"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="BAKERSFIELD"/>	Street <input type="text"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="93309"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 	18. Signed 
Title <input type="text" value="President"/>	Title <input type="text" value="Treasurer"/>
On <input type="text" value="04/01/2014"/> <input type="text" value="661.735.5211"/>	On <input type="text"/> <input type="text"/>
Date Telephone Number	Date Telephone Number

Name of Person Filing:	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 LABOR RELATIONS INSTITUTION	P.O. Box, Building and Room Number, if any P.O. BOX 1529
Trade Name L.R.I	Street 7850 SOUTH ELM PLACE
Attention To PHILIP <input type="checkbox"/> WILSON	City BROKEN ARROW
Title PRESIDENT	State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74103

5.b. Termination Date 5.c. Amount **27,541**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 27,541

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	
EVELYN <input type="checkbox"/> D FRAGOSO	21,000	6,541	27,541	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: 27,541				14. Total Disbursements (Sum of Items 8-13) 27,541

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: PRIMA BRAND GERAWAN FARMING INC.	15.b. Trade Name, if any:
15.c. To Whom Paid Name EVELYN <input type="checkbox"/> D FRAGOSO Title Organization P.O. Box, Building and Room Number, if any Street 2700 COURTLEIGH DR City BAKERSFIELD State California <input checked="" type="checkbox"/> ZIP Code + 4 93309	15.d. Amount 27,541 15.e. Purpose ENGAGED IN COMMUNICATE TO EMPLOYEES REGARDING EXCERSISNG THEIR RIGHT TO ORGANIZE AND BARGAIN COLLECTIVLEY

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 27,541