

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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.

Report 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)

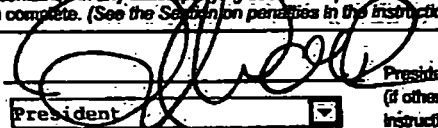
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- <input type="text" value="66020"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="07/01/2014"/>
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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  Title <input type="text" value="President"/> <input type="text" value="President"/> (if other title, see instructions)	18. Signed _____ Title <input type="text" value="Treasurer"/> <input type="text" value="Treasurer"/> (if other title, see instructions)
On <input type="text" value="04/01/2014"/> <input type="text" value="661.735.5211"/> Date Telephone Number	On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Telephone Number

Amended

→ Signature Breads ^{as}