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

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 401960 1. File Number: C- 00322 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Peter A List Title Title Founder & CEO Organization Kulture Consulting, LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 759 Bloomfield Avenue, No. 301 City City West Caldwell State New Jersey ZIP Code + 4 07006 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Corporation d. Other (Specify): LLC Dec Individual b. Partnership **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2009 8. Name of person(s) through whom made: Organization Crompco, LLC Name Tom Souls Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 1815 Gallagher Road City Plymouth Meeting Name ZIP Code + 4 19462 State Pennsylvania Name

Signatures							
the informat	tion contained in any a		s) has been examine			rmation submitted in this to the undersigned's known	
.13. Signed	Othe (Specify		President (If other title, see instructions)	14. Signed	Other (Specif	Dejand_	Treasurer (If other title, see instructions)
	Founder & CEO	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Secretary & I	reasurer	
On	8/17/09 Date	973-403-9901 Telephone Numbe		On	8/17/09 Date	973 - 403 - 9901 Telephone Numbe	r

- #	
Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indi	rectly:
<ul> <li>To persuade employees to exercise or not to exercise, or persuade employees as to the manufacture of their own choosing.</li> </ul>	ner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employees or a labor orga such employer, except information for use solely in conjunction with an administrative or arbit	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	
Company was employed on a per hour basis with no formal written ag	reement relative to duration or
amount of hours to be performed. Fee schedule based on a per hour	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Met with employees about union and card signing tactics.	

11.b. Period during which performed:	11.c. Extent performed:			
7/09	7/09			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Peter List	Name			
Organization Kulture Consulting, LLC	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 759 Bloomfield Avenue, No. 301	Street			
City West Caldwell	City			
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
NO PETITION	International Brotherhood of Teamsters - NO PETITION			

Form LM-20 (2003) Page 2 of 2