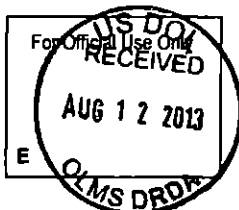


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

533119

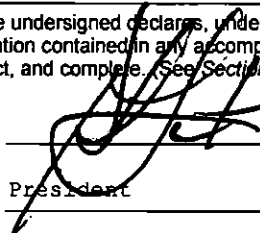
1. File Number: C- 00322


Person Filing	
2. Name and mailing address (include ZIP Code): Name Peter A List Title Founder & CEO Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any Street 759 Bloomfield Avenue, #301 City West Caldwell State New Jersey ZIP Code + 4 07006	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street 305 Eisenhower Parkway City Livingston State New Jersey ZIP Code + 4 07039
4. Date fiscal year ends: /	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Baptist Medical System Trade Name, if any P.O. Box, Bldg., Room No., if any Street 215 E. Quincy, Suite 200 City San Antonio State Texas ZIP Code + 4 78215	7. Date entered into: 7 / 8 / 2013 8. Name of person(s) through whom made: Name Sarah Spinharney Name Name Name

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 Section VII on penalties in the instructions.)

13. Signed 
Title President
President
(If other title, see instructions)

14. Signed 
Title Other (Specify)
Manager of Administration
Treasurer
(If other title, see instructions)

On 8/1/2013 923-403-9901
Date Telephone Number

On 8/1/2013 923-403-9901
Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

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 agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

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 to present information about unions and union card signing tactics.

11.b. Period during which performed:

7/13

11.c. Extent performed:

7/13

11.d. Name and address through whom performed:

Name Robin Buesching

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name Sue Rosen

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

12.a. Identify subject groups of employees:

RNs and LVNs - NO PETITION

12.b. Identify subject labor organizations:

NO PETITION