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. 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.

1. File Number: C- 00322			
Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Peter A List	Name		
Title Founder & CEO	Title		
Organization Kulture Consulting, LLC	Organization		
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., if any		
Street	Street		
City Pawleys Island	City		
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 17 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC			
Nature of Agreement or Arrangement	· ·		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 10 / 4 / 2017		
Name .	Name of person(s) through whom made:		
Organization Supermarket Associates, LLC	Name Matthew Ray		
Trade Name, if any	•		
P.O. Box, Bldg., Room No., if any	Name		
Street 533 Doherty Ave	Name		
City Modesto	Name 1		
State California ZIP Code + 4 95354	Name		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VII on penalties in the instructions.)  13. Signed  Title  Other (Specify)  Founder & CEO	14. Signed  Title  Other (Specify)  Manager of Administration  Manager of Administration  Title (including the information submitted in this report (including the including the information submitted in this report (including the including the information submitted in this report (including the including the information submitted in this report (including the including the information submitted in this report (including the including the information submitted in this report (including the including the information submitted in this report (including the including the information submitted in this report (including the information submitted in the information submitted in this report (including the information submitted in this report (including the information submitted in the information submitted in this report (including the information submitted in this report (including the information submitted in th		
On 10/19/2017 843-314-0383	On 10/19/2017 843-314-0383		
Date Telephone Number	Date Telephone Number		
Form I M-20 (2003)	Page 1 of 2		

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 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:  Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.				
11.b. Period during which performed:	11.c. Extent performed:			
October-November 2017	On-going			
11.d. Name and address through whom performed:	Additional Name and addres	s through whom performed, if any:		
Name Kirk Cummings	Name Carlos	Ortiz		
Organization Kulture Consulting, LLC	Organization Kulture Co	onsulting, LLC		
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bidg., Room No., if any P.O. Box 2877			
Street	Street			
City Pawleys Island	City Pawleys Island	i		
State South Carolina ZIP Code + 4 29585	State South Carolin.	a ZIP Code + 4 29585		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Included: All warehouse, stocker, order selector and order puller employees employed at Supermarket Associates at its facility currently located in Modesto, CA.	International Brot	herhood of Teamsters Local 386		

Excluded: All others, including temporary employees, clerical, janitors, maintenance, and supervisors as defined by the Act.