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

For Official Use Only

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.

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1. File Number: C- 00322 326778		
Person Filling 2 Name and mailing address (include ZID Code):	2 Any other address where records peaceast to unif, this count are least	
2. Name and mailing address (include ZIP Code): Name Peter A List	Any other address where records necessary to verify this report are kept:	
A Miles	Name	
Title Founder & CEO	Title	
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	
Date fiscal year ends: 5. Type of person:		
Dec / 7 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC		
<u> </u>		
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code).	7. Date entered into:	
Name	•	
Organization Raymour & Flanigan	8. Name of person(s) through whom made:	
Trade Name, if any	Name Dave Casullo	
P.O. Box, Bldg., Room No., if any	Name	
Street 7230 Morgan Road	Name	
City Liverpool	Name	
State New York ZIP Code + 4 13088	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.)		
President (If other title, se	(11 00101 1100, 000	
Title (Specify) instructions)	Title Other (Specify) instructions)	
Founder & CEO	Secretary & Treasurer	
On 5/14/2007 973-808-6800	On 5/14/2007 973-808-6800	
Date Telephone Number	Date Telephone Number	

<u> </u>	
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:
4/07 - 5/07	4/07
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name James Hulsizer	Name Juan Negron:
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 759 Bloomfield Avenue, No. 301	Street 759 Blocmfield Avenue, No. 301
City West Caldwell	City West Caldwell
State New Jersey ZiP Code + 4 07006	State New Jersey ZIP Code + 4 07006
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
NO PETITION	International Brotherhood of Teamsters, Local 97

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