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 Directosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322 3(06294			
Person Filling			
2. 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, 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		
4. Date fiscal year ends: 5. Type of person:			
Dec / 8 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 6 / 20 / 2008		
Name			
Organization Performance Food Groups	·		
Trade Name, if any	Name Lloyds Ralphs		
P.O. Box, Bidg., Room No., if any	Name		
Street 255 North Driver Road	Name		
City Shafter	Name		
State California ZIP Code + 4 93263	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 completer (See Section VIII on penalties in the instructions.)  13. Signed  Title  Other (Specify)  Founder & CEO	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Other (Specify)  Secretary & Treasurer  Treasurer (If other title, see instructions)		
On 8/12/2008 973-403-9901  Date Telephone Number	On 8/12/2008 973-403-9901  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 art itral proceeding or a criminal or civil judicial proceeding.

File Number C- 00322

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Kulture Consulting, LLC

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:

Filer Peter List

Presented informational meetings to company employees relative tc the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:	11.c. Extent performed:		
6/08 - 7/08	7/08		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name John Henderson	Name Fernando Rivera		
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Ro⊕m No., if any		
Street 759 Bloomfield Avenue, No. 301	Street 759 Bloomfield 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:		
Truck Drivers and Warehouse employees	United Food and Commercial Workers		

Form LM-20 (2003) Page 2 of 2

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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, 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			
4. Date fiscal year ends: 5. Type of person:				
Dec / 8 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:			
Name	7 / 10 / 2008			
Organization Accord Health	8. Name of person(ii) through whom made:			
Trade Name, if any	Name Jim Mulroy			
P.O. Box, Bldg., Room No., if any	Name			
Street 2500 Boulevard of the Generals	Name			
City Norristown	Name			
State Pennsylvania ZIP Code + 4 19403	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  President (If other title, see instructions)	14. Signed Arbeit (Specify)  Treasurer (If other title, see instructions)			
Founder & CEO	Secretary & Treasurer			
On 8/12/2008 973-403-9901	On 8/12/2008 973-403-9901			
Date Telephone Number	Date Telephone Number			

Filer: Peter List	Kulture Consulting, LLC	File Number C-	00322
9. Check the appropriate b	ox to indicate whether an object of the activities undertaken,	is directly or indirectly:	
a. To persuade em collectively thro	ployees to exercise or not to exercise, or persuade employed ugh representatives of their own choosing.	es as to the manner of exercising, the righ	it to organize and bargain
b. To supply an em such employer,	ployer with information concerning the activities of employee except information for use solely in conjunction with an admi	s or a labor orcanization in connection winistrative or artitral proceeding or a criminative or actimization.	th a labor dispute involving nal or civil judicial proceeding.
10. Terms and conditions (	Explain in detail; see instructions. Written agreements must be	e attached.):	
Company was empl amount of hours	oyed on a per hour basis with no formal to be performed. Fee schedule based on	written agreement relative a per hour rate.	to duration or
Consider Anti-vision As to De			
Specific Activities to be Pe			···
<ol> <li>11. For each activity, separ</li> </ol>	ately list in detail the information required (See instructions):		

- - a. Nature of activity:

Presented informational meetings to company employees relative  $t\alpha$  the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:	11.c. Extent performed:	
7/08 - 8/09	7/08	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Peter List	Name Joanne Gitto Davis	
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 Caliwell	
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:	
Pre-Petition	Pre-Petition	

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