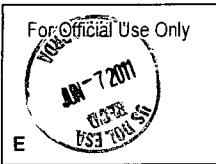


FORM LM-20

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.

460633

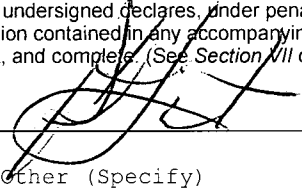
1. File Number: C- 00322

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, No. 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: Dec / 11	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 Party Rental, Ltd. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 275 North Street City Teterboro State New Jersey ZIP Code + 4 07608	7. Date entered into: 5 / 12 / 2011 8. Name of person(s) through whom made: Name Gary Halperin 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 Other (Specify)
Founder & CEO

On 5/31/2011 973-403-9901
Date Telephone Number

14. Signed 

Title Other (Specify)
Manager of Administration

On 5/31/2011 973-403-9901
Date Telephone Number

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:	
Company was engaged to provide communications, positive employee relations and human resources advice and services with the employer's non-bargaining unit personnel. Since becoming active with employees, the topic of unionization has come up in two locations; information has been given regarding union card signing tactics and unionization.	
11.b. Period during which performed:	11.c. Extent performed:
5/11 - 6/11	5/11
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Peter List	Name Mark Lema
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, #301	Street 759 Bloomfield Avenue, #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:
Employees located at the employers Laurel, MD; Pennsauken, NJ; Teterboro, NJ*, locations.	NO PETITION
*non-bargaining unit personnel.	

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
---	----------------------

Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Company was engaged to provide communications, positive employee relations and human resources advice and services with the employer's non-bargaining unit personnel. From time to time, when employees have asked, or the topic of a union raised, the questions are answered and/or topic addressed.</p>	
<p>11.b. Period during which performed:</p> <p>5/11 - 6/11</p>	<p>11.c. Extent performed:</p> <p>5/11</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Juan Negroni</p> <p>Organization Kulture Consulting, LLLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, No. 301</p> <p>City West Caldwell</p> <p>State New Jersey ZIP Code + 4 07006</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Luisa Perez</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, No. 301</p> <p>City West Caldwell</p> <p>State New Jersey ZIP Code + 4 07006</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>NO PETITION</p>	<p>12.b. Identify subject labor organizations:</p> <p>NO PETITION</p>