

# 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.

5361099

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:

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5. Type of person:

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):

Name  
Organization Kenover Marketing  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 9 29th Street  
City Brooklyn  
State New York ZIP Code + 4 11232

7. Date entered into:

9 / 29 / 2013

8. Name of person(s) through whom made:

Name David Landsberg  
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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

Manager of Administration

On

10/14/2013  
Date

973-403-9901  
Telephone Number

On

10/14/2013  
Date

973-403-9901  
Telephone Number

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

<b>Specific Activities to be Performed</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Conducted meetings with management and employees to discuss Employee Relations.</p>	
<p>11.b. Period during which performed:</p> <p>9/13 - 10/13</p>	<p>11.c. Extent performed:</p> <p>10/13</p>
<p>11.d. Name and address through whom performed:</p> <p>Name    Juan                                  Negroni</p> <p>Organization    Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street    759 Bloomfield Avenue, #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    Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street    759 Bloomfield Avenue, #301</p> <p>City    West Caldwell</p> <p>State    New Jersey                                  ZIP Code + 4    07006</p>
<p>12.a. Identify subject groups of employees:</p> <p>Employees located at the Employers facility in Brooklyn, New York</p>	<p>12.b. Identify subject labor organizations:</p>