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 11-30-2008



This report is mandatory under P.L. 88-257, 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 Felations 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.

Parson Piling 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept. Name Peter	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. Name and mailing address (include ZIP Code): Name Peter A List Title Founder & CEO Organization Kulture Consulting, LLC Organization Kulture Consulting, LLC Organization Kulture Consulting, LLC Organization Kulture Consulting, LLC P.O. Box, Bidg., Roum No., if any Street City State New Jersey ZIP Code + 4 Or006 State State ZIP Code + 4 Or006 State State ZIP Code + 4 Ordanization Name Name Address of employer with whom made (include ZIP Code): Name Organization Smarte Carte Trade Name, if any D.O. Box, Bidg., Room No., if any Street Trade Name, if any Name Street Name Street Signetures Signetures Signetures Signetures Title Other (Specify) Title Other (Specify) Founder & CEO On 12/15/2008 973-403-9901 On 12/15/2008 973-403-9901 On 12/15/2008 973-403-9901	1. File Number: C- 00322 373 957		
2. Name and mailing address (include ZIP Code): Name Peter A Liet Title Founder & CEO Organization Kulture Consulting, LLC P.O. Box, Bidg., Room No., if any Street City State New Jersey ZIP Code + 4 07006 State Title Name New Jersey ZIP Code + 4 07006 State ZIP Code + 4 A Date fiscal year ends: Dec / 8 Individual b Partnership c Corporation 1 X Other (Specify): LLC Name of person(a) through whom made: Name Organization Name Name A Date fiscal year ends: Dec / 8 Individual b Partnership c Corporation 1 X Other (Specify): LLC Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Smarte Carte Trade Name, if any Street 4455 White Bear Parkway City 8t. Paul Signe Minnesota ZIP Code + 4 55110 Name Signetures Each of the undersigned declares, under penalty of perjury and other applicable of law, that ill of the information submitted in this report (including true, correct, and confidence, Geo Section VII on penalties in the instructions) Title Other (Specify) Founder & CEO Organization 13. Signed It is gined I			
Name Peter A List Title Founder & CEO Crganization Kulture Consulting, LLC P.O. Box, Bidg., Roam No., if any Street 759 Bloomfield Avenue, No. 301 City West Caldwell State New Jersey ZIP Code + 4 07006 State ZIP Code + 4 4. Date fiscal year ends: Dec			
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	Founder & CEO	Secretary & Treasurer	
Date Telephone Number Date Telephone Number	On 12/15/2008 973-403-9901	On 12/15/2008 973-403-9901	
	Date Telephone Number	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:	
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:
11/08 - 12/08	11/08
11.d. Name and address through whom performed: Name Juan Negroni	Additional Name and address through whom performed, if any: Name Mark Lema
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Roum No., if any
Street 759 Bloomfield Avenue, No. 301	Street 759 Bloomfield Avenue, No. 301
City West Caldwell	City West Cal _i iwell
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:
Baggage Handlers	Service Employees International Union, Local 74
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Form LM-20 (2003)