<sup>3</sup>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 Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 00322 **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Peter A List Title Title Founder & CEO Organization 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 305 Eisenhower Parkway City West Caldwell City Livingston ZIP Code + 4 07039 State New Jersey ZIP Code + 4 07006 State New Jersey 5. Type of person: 4. Date fiscal year ends: d. Other (Specify): LLC Individual b. Partnership c. Corporation Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2012 Name 8. Name of person(s) through whom made: Organization Rogers Premier Name Jim Pittman Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 3801 Sunset Avenue, Box 7927 City Rocky Mount Name

State North Carolina ZIP C	code + 4 27804	Name	
Signatures			
Each of the undersigned declares, under penalty the information contained in any accompanying of true, correct, and complete (See Section VII on post of the contained in any accompanying of true, correct, and complete (See Section VII on post of the contained in any accompanying true, correct, and complete (See Section VII on post of the contained in any accompanying true, correctly of the contained in any accompanying true, correctly on the correctly of the correct	locuments) has been ex	14. Signed Michell all Manden Treasurer	
Founder & CEO On 2/23/2012 973-403-9 Date Telephor	901 e Number	Manager of Administration  On $2/33/2013$ 973-403-9901  Date Telephone Number	

Filer Peter List Kulture Consulting, LLC	File Number C- 00322		
Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain		
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 instruct	ions):		
a. Nature of activity:  Conducted meetings with employees to discuss Labor Relations. Also conducted one-on-one meetings with			
employees.	Reference. The conducted one on one meetings whom		
11.b. Period during which performed:	11.c. Extent performed:		
2/12 11.d. Name and address through whom performed:	2/12 Additional Name and address through whom performed, if any:		
Name Juan Negroni	Name		
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:		
NO PETITION - Burlington, NJ	NO PETITION		