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.

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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, Bidg., Room No., if any	P.O. Box, Bldg., Roam 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			
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into 2 / 18 / 2008		
Name	Name of person(s) through whom made:		
Organization Price Rite	Name Kathy Freedman		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any			
Street 160 Silas Deane Highway	Name		
City Wethersfield	Name		
State Connecticut ZIP Code + 4 06109	Name		
Signa	itures		
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 /// Kalle & Wyanden Treasurer (If other title, see		
Title Other (Specify) Founder & CEO	Title Other (Specify) Instructions) Secretary & Treasurer		
On 3.11.08 973-808-6800	On 3·1.08 973-808-6800		
Date Telephone Number	Date Telephone Number		

٠[.	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.):					
		or basis with no formal Fee schedule based on		relative to	duration or

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Advised employees of their Section 7 Rights.

11.b. Period during which performed: 2/08 - 3/08	11.c. Extent performed: 2/08			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Mark Lema	Name Juan Negroni			
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 Blocmfield Avenue, No. 301			
Street 759 Bloomfield 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:			
Store employees	NO PETITION - NO UNION			

Form LM-20 (2003)