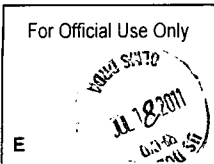


FORM LM-20

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.

4463636

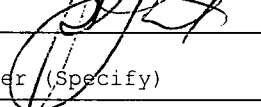
1. File Number: C- 00322

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 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: 6 / 20 / 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

President
(If other title, see
instructions)

14. Signed 

Title Other (Specify)
Manager of Administration

Treasurer
(If other title, see
instructions)

On 7.12.2011 973-403-9901
Date Telephone Number

On 7.12.11 973-403-9901
Date 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.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Presented information to company drivers with regard to NLRB's secret-ballot election process, the history of the company's unionization, the Teamsters' Constitution and strike manual.	
11.b. Period during which performed: 6/11 - 7/11	11.c. Extent performed: 6/11
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Peter List	Name Luisa Perez
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:
Company drivers located at the employers Teterboro, NJ, location	International Brotherhood of Teamsters

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
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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>Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.</p>	
<p>11.b. Period during which performed:</p> <p>6/11 - 7/11</p>	<p>11.c. Extent performed:</p> <p>6/11</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 07004</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>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>Employees located at the employers Teterboro, NJ, location</p>	<p>12.b. Identify subject labor organizations:</p>