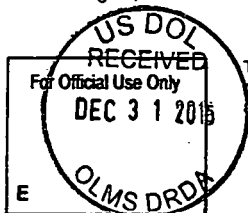


FORM LM-20

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)

602538

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 P.O. Box 2877 City Pawleys Island State South Carolina ZIP Code + 4 29585	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 City State ZIP Code + 4
4. Date fiscal year ends: Dec / 15	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 Quest Diagnostics Trade Name, if any P.O. Box, Bldg., Room No., if any Street 8401 Fallbrook Avenue City West Hills State California ZIP Code + 4	7. Date entered into: 11 / 30 / 2015 8. Name of person(s) through whom made: Name Ribka Fox 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 <u>[Signature]</u> President (If other title, see instructions) Title Other (Specify) Founder & CEO	14. Signed <u>[Signature]</u> Treasurer (If other title, see instructions) Title Other (Specify) Manager of Administration
On 12/10/2015 843-314-0383 Date Telephone Number	On 12/10/2015 843-314-0383 Date Telephone Number

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:

November 2015 - December 2015

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John Henderson

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street P.O. Box 2877

City Pawleys Island

State South Carolina ZIP Code +4 29585

Additional Name and address through whom performed, if any:

Name Adriana Ortiz

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street P.O. Box 2877

City Pawleys Island

State South Carolina ZIP Code +4 29585

12.a. Identify subject groups of employees:

All regular full-time and Part-time Patient Service Technicians, Patient Center Site Coordinators, and Patient Intake Representatives employed by the Employer in its facilities at; (1) 6367 Alvarado Court, Suite 200-B, San Diego, CA 92120, (2) 480 4th Avenue, Suite 101, Chula Vista, CA 91910, (3) 855 31-ci Avenue, Suite 2250, Chula Vista, CA 91910, (4) 563 Telegraph Canyon Rd, Chula Vista, CA 91910, (5) 841 Kuhn Drive, Suite 101, Chula Vista, CA 91914, (6) 860 Jamacha Road, Suite 103, El Cajon, CA 92019,

12.b. Identify subject labor organizations:

United Food and Commercial Workers, Local 135

Item 12.a Continuation From Page 2

(7) 8881 Fletcher Parkway, Suite 285, La Mesa, CA 91920

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