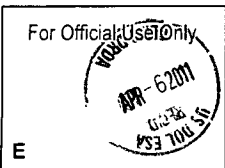


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

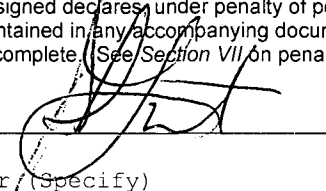
1. File Number: C- 00322


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	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	
City	
State	
ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:
Dec / 11	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	Franklin Square, L.P.
Trade Name, if any dba Kuhn's Market	
P.O. Box, Bldg., Room No., if any	
Street	700 Beulah Road
City	Turtle Creek
State	Pennsylvania
ZIP Code + 4	15145
7. Date entered into: 3 / 9 / 2011	
8. Name of person(s) through whom made:	
Name	Norma Gamrat
Name	
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  President
(If other title, see instructions)
Title Other (Specify)
Founder & CEO

14. Signed  Treasurer
(If other title, see instructions)
Title Other (Specify)
Manager of Administration

On 3/28/2011 973-403-9901
Date Telephone Number

On 3/28/2011 973-403-9901
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:

3/11 - 4/11

11.c. Extent performed:

3/11

11.d. Name and address through whom performed:

Name Peter List
Organization Kulture Consulting, LLC
P.O. Box, Bldg., Room No., if any
Street 759 Bloomfield Avenue, #301
City West Caldwell
State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

All full-time and regular part-time employees employed by the Employer at its Wilkins Township, Turtle Creek, Pennsylvania facility.

12.b. Identify subject labor organizations:

United Food and Commercial Workers International Union, Local 23