U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT AMENDED

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| UKP  | 100 179  |  |
|--|--|--|
| 1. File Number: <b>C-</b> 00322  |  |  |
|  |  |  |
| Person Filing  | 2 Annually and described an arrange manager to positive this annual are least.   |  |
| Name and mailing address (include ZIP Code):   | 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, Bldg., Room No., if any P.O. Box 2877  | P.O. Box, Bldg., Room No., if any  |  |
| Street   | Street   |  |
| City Pawleys Island  | City   |  |
| State South Carolina ZIP Code + 4 29585  | State ZIP Code + 4   |  |
| 4. Date fiscal year ends: 5. Type of person:   |  |  |
| Dec / 18 a. Individual b. Partnership  | c. Corporation d. Other (Specify): LLC   |  |
|  |  |  |
| Nature of Agreement or Arrangement   |  |  |
| 6. Full name and address of employer with whom made (include ZIP Code):  | 7. Date entered into: 2 / 2 / 2016   |  |
| Name   | ,  |  |
| Organization Oven Artisans Inc.  | 8. Name of person(s) through whom made:  |  |
| Trade Name, if any Orwashers Bakery  | Name Keith Cohen   |  |
| P.O. Box, Bldg., Room No., if any  | Name   |  |
| Street 1187 East 156th Street  | Name   |  |
| City New York  | Name   |  |
| State New York ZIP Code + 4 10474  | Name   |  |
| Signatures   |  |  |
| 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  Title  Other (Specify)  Founder & CEO | penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Title  Other (Specify)  Manager of Administration  Treasurer (If other title, see instructions) |  |
| On 7/5/2019 843-314-0383   | On 7/5/2019 843-314-0383   |  |
| Date Telephone Number  | 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 undertaken, is directly or indirectly:  |                      |  |
| o. Orlock the appropriate box to indicate wheater an object of the advisace anaertaken, is already of indicate.   |                      |  |
| 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.):   |                      |  |
| Oral agreement made through Kulture Consulting, LLC \$315. per hour, plu expenses. No formal agreement relative to duration or amount of hours to   |                      |  |
|   |                      |  |

## Specific Activities to be Performed

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

Traveled to and from employer. Met with employees to discuss collective bargaining and labor disputes; Provided information relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

| 11.b. Period during which performed:   | 11.c. Extent performed:                                     |
|--|---|
| February 2016  | Completed   |
| 11.d. Name and address through whom performed:                                       | Additional Name and address through whom performed, if any: |
| Name John A Negroni  | Name  |
| Organization The Tally Consultancy   | Organization  |
| P.O. Box, Bldg., Room No., if any PO Box 494   | P.O. Box, Bldg., Room No., if any                           |
| Street   | Street  |
| City Norwalk   | City  |
| State Connecticut ZIP Code + 4 06852   | State ZIP Code + 4  |
| 12.a. Identify subject groups of employees:  | 12.b. Identify subject labor organizations:                 |
| Employees at the employer's 1187 East 156th Street, Bronx, NY location.  NO PETITION | NO PETITION   |
|  | UNION UNKNOWN   |
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