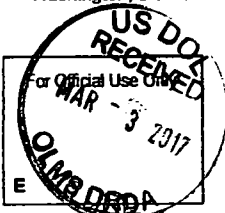


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT
AMENDED

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



This report is mandatory under P.L. 85-257, 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)

634595
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: | 5. Type of person: |
| Dec / 16 | 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 | XPO Logistics Freight, Inc. |
| Trade Name, if any | |
| P.O. Box, Bldg., Room No., if any | |
| Street | 2211 Old Barhart Road |
| City | Ann Arbor |
| State | Michigan |
| ZIP Code + 4 | 48105 |
| 7. Date entered into: 10 / 10 / 2016 | |
| 8. Name of person(s) through whom made: | |
| Name | Dan Egeler |
| 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 [Signature] President
(If other title, see instructions)
Title Other (Specify)
Founder & CEO

On 1/31/2017 843-314-0383
Date Telephone Number

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

On 1/31/2017 843-314-0383
Date Telephone Number

| | |
|--|----------------------|
| 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.):

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: Met with employees to discuss Employee Relations. | |
| 11.b. Period during which performed: October 2016 | 11.c. Extent performed: Completed |
| 11.d. Name and address through whom performed: Name Quentin Nelson 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 John Bellis 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: Employees employed by the employer located at 1449 Oakland Road, Lawrenceville, GA. - NO PETITION | 12.b. Identify subject labor organizations: International Brotherhood of Teamsters- NO PETITION |