

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

707248

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 P.O. Box 2877
Street
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 Cargill Meat Solutions Corporation
City
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 19

5. Type of person:

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):

Name
Organization Cargill Meat Solutions Corporation
Trade Name, if any Five Star Custom Foods, LTD.
P.O. Box, Bldg., Room No., if any
Street 3709 E 1st Street
City Forth Worth
State Texas ZIP Code + 4 76111

7. Date entered into:

7 / 1 / 2019

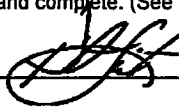
8. Name of person(s) through whom made:

Name Tanya Teeter
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

On 7/22/2019

Date

843-314-0383

Telephone Number

14. Signed



Treasurer
(If other title, see
instructions)

Title Other (Specify)

Manager of Administration

On 7/22/2019

Date

843-314-0383

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.):

Oral agreement made through Kulture Consulting, LLC \$3,500 per day, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.

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 individually and in small groups to answer questions, consistent with the National Labor Relations Act.

11.b. Period during which performed:

Various dates beginning 7/1/2019

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Carlos Ortiz
Organization Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any Suite 210-106
Street 7426 Cherry Ave
City Fontana
State California ZIP Code + 4 92336

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, including group leads, line leads, quality assurance (FSQR) production, maintenance, shipping, receiving, waste water and refrigeration technicians working at the Employer's facility located at 3709 1st Street, Fort Worth, Texas 76111.

Excluded: All other employees, including office clericals, SPS, R&D, guards and supervisors as defined in the Act.

12.b. Identify subject labor organizations:

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL
UNION LOCAL 540