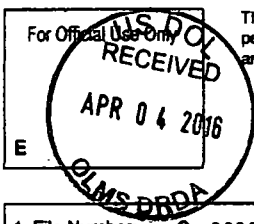


FORM LM-20

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)

619897

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	AMC Fire Protection
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	1530 Glen Avenue, Unit One
City	Moorestown
State	New Jersey
ZIP Code + 4	08057
7. Date entered into:	
3 / 29 / 2016	
8. Name of person(s) through whom made:	
Name	Frank Lawson
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)	14. Signed 	Treasurer (If other title, see instructions)
Title	Other (Specify) Founder & CEO	Title	Other (Specify) Manager of Administration
On	4/12/2016	On	4/12/2016
Date		Date	
	843-314-0383		843-314-0383
	Telephone Number		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:

March - April 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

Name James Hulsizer
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 full-time and regular part-time sprinkler fitter employees including journeymen, apprentices, and helpers who perform sprinkler work (to include the installation, maintenance, inspection and/or repair of automatic fire sprinkler systems) out of the Employer's Moorestown, NJ office, and who perform this work within the geographic jurisdiction of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the U.S. and Canada, Sprinkler Fitters Local 669, U.A. AFLO-CIO.

12.b. Identify subject labor organizations:

United Association of Journeymen and Apprentices of Plumbing and Pipefitting, Local 669