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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



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 F elations 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.

362 339	LET BEFORE FREPANING THIS REPORT.
1. File Number: C- 00322	
00322	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. 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, Bldg., Room No., if any
Street 759 Bloomfield Avenue, No. 301	Street
City West Caldwell	City
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 8 a. Individual b. Partnership	c. Corporation 1. 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: 4 / 19 / 2008
Name	8. Name of person(s) through whom made:
Organization Bobby D Provisions	
Trade Name, if any	Name Rod Dente
P.O. Box, Bldg., Room No., if any	Name
Street 160 N. Macquesten Parkway	Name
City Mount Vernon	Name
State New York ZIP Code + 4 10553	Name
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed President (If other title, see instructions)	14. Signed ////////////////////////////////////
Title (Specify)	Title Other (Specify) instructions)
Founder & CEO	Secretary & Treasurer
On 5/27/2008 973-403-9901	On 5/27/2008 973-403-9901
Date Telephone Number	Date Telephone Number

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<u>.</u> 4	Fler 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 inclinectly:
	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 instruction	ons. Written agreements must be attached.)
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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:	11.c. Extent performed:
4/08 - 5/08	4/08
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Mark Lema	Name
Organization Kulture Consulting, LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 759 Bloomfield Avenue, No. 301	Street
Dity West Caldwell	City
State New Jersey ZiP Code + 4 07006	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full-time and regular part-time truck drivers	United Food and Commercial Workers, Local 342

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