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

	RE	à P CEI	<b>₽</b> ρπχ VED	\
E	FEB	2 2	2017	1

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil

PED 2 2 2017  E  READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.  Penalties as provided by 29 U.S.C. 439 of 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.					
1. File Wilmber C- 00322					
Person Filing					
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, Bidg., Room No., if any				
Street p.O. Box 2877	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 / 16 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: 11 / 7 / 2016				
Name	8. Name of person(s) through whom made:				
Organization XPO Logistics Freight, Inc.					
Trade Name, if any	Name Dan Egeler				
P.O. Box, Bidg., Room No., if any	Name				
Street 2211 Old Earhart Road	Name				
City Ann Arbor	Name				
State Michigan ZIP Code + 4 48105	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 Malexander Treasurer (If other title, see instructions)				
Title Other (Specify)	Title Other (Specify)				
Founder & CEO	Manager of Administration				
On 1/31/2017 843-314-0383	On 1/31/2017 843-314-0383				
Date Telephone Number	Date Telephone Number				

rias Peter Dist Kulture Consulting, DDC	7 IIO Mariber 9 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:	11.c. Extent performed:				
November - December 2016	Completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Ronn English	Name				
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC				
P.O. Box, Bidg., Room No., if any	P.O. Box, 8ldg., Room No., if any				
Street P.O. Box 2877	Street P.O. Box 2877				
City Pawleys Island	City Pawleys Island				
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29585				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Employees employed by the employer at the San Bernadino, California, facility; located at 13364 Marlay Avenue, Fontana, CA NO PETITION	Union unknown - NO PETITION				
	•				
	1				