U.S. Department of Labor Office of Labor-Management Standards Weahington, 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 mendatory 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.

. File Number: C- 00322 393763	
	
Person Filling 2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
	Name
Name Peter A List	Training
Title Founder & CEO	Title
Organization Kulture Consulting, LLC	Organization
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., 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: 6. Type of person:	
Dec / 9 a Individual b Partnership	c. Corporation d. Other (Specify): LLC
Nature of Agreement or Arrangement	<u> </u>
6. Full name and address of employer with whom made (Include ZIP Code):	7. Date entered into: 2 / 18 / 2008
Name .	8. Name of person(s) through whom made:
Organization Price Rite	
Trade Name, if any	Name Kathy Freedman
P.O. Box, Bidg., Room No., If any	Name
Street 160 Silas Deane Highway	Name
Chy Wethersfield	Name
State Connecticut ZIP Code + 4 06109	Name
. Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (Sec Section VII on penalties in the instructions.) 13. Signed Title Other (Specify) Founder & CEO	penalties of law, that all of the information submitted in this report (including it by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (if other title, see instructions)

. Flet: 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. 			
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		Specific Activities to be Performed	
		Provide on-going Employee and Labor Relations advi	Ce.
11.b. Period during which performed:	11.c. Extent performed:		
3/09 - 3/10 11.d. Name and address through whom performed:	3/09 Additional Name and address through whom performed, if any:		
Name Mark Lema	Name Juan Negroni		
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC		
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any		
Street 759 Bloomfield Avenue, No. 301	Street 759 Bloomfield Avenue, No. 301		
City West Caldwell	City West Caldwell		
State New Jersey ZIP Code+4 07006	State New Jersey ZIP Code + 4 07006		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Store employees at various locations	UPCW		