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 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 Number: C- 00322 Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Peter A List Title Title Founder & CEO Organization Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 759 Bloomfield Avenue, No. 301 Street City City West Caldwell ZIP Code + 4 ZIP Code + 4 07006 State New Jersey State 5. Type of person: 4. Date fiscal year ends: Partnership c. Corporation d. Other (Specify): LLC Dec Individual b. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 20 2010 8. Name of person(s) through whom made: Organization Penn National Gaming, Inc. Name Karen Raffo Trade Name, if any Charles Town Races & Slots Name P.O. Box, Bldg., Room No., if any Name Street P.O. Box 551 City Charles Town Name ZIP Code + 4 State West Virginia 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 Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Title Founder & CEO Manager of Administration

973-403-9901

Telephone Number

973-403-9901

Filer 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 collectively through representatives of their own choosing.	exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employees or a labor organization such employer, except information for use solely in conjunction with an administrative or arbitral pro	
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 agreem amount of hours to be performed. Fee schedule based on a per hour rat	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): <ul> <li>a. Nature of activity:</li> <li>Conducted meetings with employees to discuss unions and labor relation</li> </ul>	as.

11.b. Period during which performed:  9/10 - 10/10	11.c. Extent performed: 9/10	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Joanne Gitto Davis	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	
City 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:	
NO PETITION	NO PETITION	

Form LM-20 (2003)