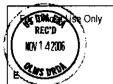
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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 chminal 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 30 2520  |  |
|---|--|
| Person Filing   |  |
| 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:  |  |
|   | hip 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: 10 / 11 / 2006   |
| Name  |  |
| Organization Tri County Industries, Inc.  | 8. Name of person(s) through whom made:  |
| Trade Name, if any  | Name Edward Vogel  |
| P.O. Box, Bldg., Room No., if any   | Name   |
| Street 121 Brickyard Road   | Name   |
| City Mars   | Name   |
| State Pennsylvania ZIP Code + 4 16046   | Name   |
| Signatures  |  |
| the information contained in any accompanying documents) has been exam true, correct, and complete. See Section VII on penalties in the instructions. | able penalties of law, that all of the information submitted in this report (including ined by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed    Treasurer |
| 13. Signed President (If other title, see   | (If other title, see   |
| Title Sther (Specify) instructions)   | Title Other (Specify) instructions)  |
| Founder & CEO   | Secretary & Treasurer  |
| On 11/6/2006 973-808-6800   | On 11/6/2006 973-808-6800  |
| Date Telephone Number   | Date Telephone Number  |

| 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  1. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly.  1. 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:   | 11.c. Extent performed   |  |
| 10/06 - 11/06  | 10/06  |  |
| 11.d. Name and address through whom performed:   | Additional Name and address through whom performed, if any:  |  |
| Name Peter List  | 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:  |  |
| All full-time and regular part-time drivers, mechanics/maintenance, welders, operators, painters, and laborer employed by the employer at the Grove City, Pennsylvania, location.  | United Steel, Paper and Forestry, Rubber,<br>Manufacturing, Erergy, Allied Industrial and<br>Service Workers International Union, AFL-CIO, CLC |  |
|  |  |  |