

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.

465999

1. File Number: C- 00322

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Peter A List	3. Any other address where records necessary to verify this report are kept:
Title Founder & CEO	Name
Organization Kulture Consulting, LLC	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 759 Bloomfield Avenue, No. 301	P.O. Box, Bldg., Room No., if any
City West Caldwell	Street 305 Eisenhower Parkway
State New Jersey ZIP Code + 4 07006	City Livingston
	State New Jersey ZIP Code + 4 07039
4. Date fiscal year ends: Dec / 11	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 8 / 4 / 2011
Organization	8. Name of person(s) through whom made:
Trade Name, if any Genco	Name Mark Boyer
P.O. Box, Bldg., Room No., if any	Name
Street 100 Papercraft Park	Name
City Pittsburgh	Name
State Pennsylvania ZIP Code + 4 15238	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		14. Signed	
Title	Other (Specify) Founder & CEO	Title	Other (Specify) Manager of Administration
On	8/30/11	On	8/30/11
Date	973-403-9901	Date	973-403-9901
	Telephone Number		Telephone Number

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:

Services include meetings with employees to refresh their knowledge about union card signing tactics.

11.b. Period during which performed:

8/11 - 9/11

11.c. Extent performed:

8/11

11.d. Name and address through whom performed:

Name John Henderson

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name Ronn English

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

12.a. Identify subject groups of employees:

Employees employed by the employer at its
Pharmaceutical Division located in Milwaukee, WI
- NO PETITION

12.b. Identify subject labor organizations:

NO PETITION

Specific Activities to be Performed (Continuation Page)

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Services include meetings with employees to refresh their knowledge about union card signing tactics.

11.b. Period during which performed:

8/11 - 9/11

11.c. Extent performed:

8/11

11.d. Name and address through whom performed:

Name Peter List

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

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12.a. Identify subject groups of employees:

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