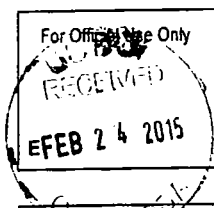


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

577747

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number C- 00322

Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter A List
Title Founder & CEO
Organization Kulture Consulting, LLC
P.O. Box, Bldg., Room No., if any
Street P.O. Box 2877
City Pawleys Island
State South Carolina ZIP Code + 4 29585

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 15

5. Type of person:

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):

Name
Organization Hunter Defense Technologies, Inc.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 30500 Aurora Road, Suite 100
City Solon
State Ohio ZIP Code + 4 44139

7. Date entered into:

2 / 2 / 2015

8. Name of person(s) through whom made:

Name Rita Thomas
Name
Name
Name
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)

Title Other (Specify)

Founder & CEO

On

2/20/2015

Date

843-314-0383

Telephone Number

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Manager of Administration

On

2/20/2015

Date

843-314-0383

Telephone Number

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
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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	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.</p>	
<p>11.b. Period during which performed:</p> <p>2/15</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Peter List</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P.O. Box 2877</p> <p>City Pawleys Island</p> <p>State South Carolina ZIP Code + 4 29585</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Rian Wathen</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P.O. Box 2877</p> <p>City Pawleys Island</p> <p>State South Carolina ZIP Code + 4 29585</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time assemblers, assembler brazers, panel harness assembler, welders, assembler panel harness, installers, sheet metal fabricators, painters, material handlers, test technicians, maintenance technicians, quality technicians, Ecu Power Electrician, label/tag production, electrical assembler set-up, CNC Mill Setup Operator and lead persons at the Geneva, Ohio, facility.</p>	<p>12.b. Identify subject labor organizations:</p> <p>International Brotherhood of Teamsters, Local 377</p>