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

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT AMENDED**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



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)

and organizations, order decision 200(3) or the cases-maintain	genion repetuing and production received and medical (control y
4	LLY BEFORE PREPARING THIS REPORT. 706 724
1. File Number: C- 00322	
Person Filing	
Name and mailing address (include ZIP Code):	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 2877	P.O. Box, Bldg., Room No., if any
Street	Street
City Pawleys Island	City
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 18 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC	
Nature of Agreement or Arrangement	
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 8 / 23 / 2018
Name	8. Name of person(s) through whom made:
Organization PRG Enterprises, Inc.	
Trade Name, if any Save-A-Lot Food Store	Name Harry Singh
P.O. Box, Bldg., Room No., if any	Name
Street 100 Pike Street	Name
City Port Jervis	Name
State New York ZIP Code + 4 12771	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)	14. Signed Treasurer (If other title, see instructions)
Title Other (Specify)	Title Other (Specify)
Founder & CEO	Manager of Administration
On 7/5/2019 843-314-0383	On 7/5/2019 843-314-0383

Date

Date

Telephone Number

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:		
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.):		
Oral agreement made through Kulture Consulting, LLC \$375 per hour, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Traveled to and from employer. Met with management and employees to discuss collective bargaining and labor disputes; Provided information relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.		
11.b. Period during which performed:	11.c. Extent performed:	
August-September 2018	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Quentin Nelson	Name	
Organization Noslen & Associates, LLC	Organization	
P.O. Box, Bldg., Room No., if any PO Box 561	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Blackwood	City	
State New Jersey ZIP Code + 4 08012	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
<pre>INCLUDED: All full-time and regular part-time grocery, produce, dairy, frozen, meat, and fornt-end employees and cashiers.</pre>	UFCW Local 1262	
EXCLUDED: All other employees, including store managers, assistant managers, office clerical and/or confidential employees, temporary employees and guards, and professional employees and supervisors as defined by the Act.		

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