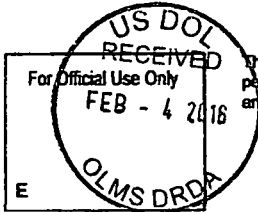


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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)

603915

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322

Person Filing	
2. 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 P.O. Box 2877	Street
City Pawleys Island	City
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4
4. Date fiscal year ends: Dec / 16	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):	7. Date entered into: 1 / 22 / 2016
Name	8. Name of person(s) through whom made:
Organization Butte Sand and Gravel	Name Darren Morehead
Trade Name, if any Butte Sand Trucking Company	Name
P.O. Box, Bldg., Room No., if any P.O. Box 749	Name
Street 10373 South Butte Road	Name
City Sutter	Name
State California ZIP Code + 4 95982	

### 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 [Signature] President  
(If other title, see instructions)  
Title Other (Specify)  
Founder & CEO

On 2/2/16 843-314-0383  
Date Telephone Number

14. Signed [Signature] Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
Manager of Administration

On 2/2/16 843-314-0383  
Date 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.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Met with employees to discuss card signing tactics.	
11.b. Period during which performed: January - February 2015	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name    Ronn                      English 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	Additional Name and address through whom performed, if any: Name 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
12.a. Identify subject groups of employees: Pre-Petition - NO PETITION	12.b. Identify subject labor organizations: Union Unknown - NO PETITION