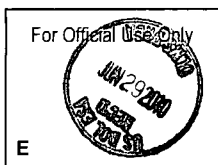


# FORM LM-20

## 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.

431216

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
State New Jersey ZIP Code + 4 07006	City
	State
	ZIP Code + 4
4. Date fiscal year ends: Dec / 10	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: 5 / 20 / 2010
Organization Dunwoody Village	8. Name of person(s) through whom made:
Trade Name, if any	Name Anne G McNally
P.O. Box, Bldg., Room No., if any	Name
Street 3500 West Chester Pike	Name
City Newtown Square	Name
State Pennsylvania ZIP Code + 4 19073-4168	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) Founder & CEO		Title Other (Specify) Manager of Administration	
On 6/21/2010 973-403-9901	Date Telephone Number	On 6/21/2010 973-403-9901	Date 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>Services include providing information to employees with respect to union organizing and card signing tactics.</p>	
<p>11.b. Period during which performed:</p> <p>5/10 - 6/10</p>	<p>11.c. Extent performed:</p> <p>5/10</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 759 Bloomfield Avenue, No. 301</p> <p>City West Caldwell</p> <p>State New Jersey ZIP Code + 4 07006</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Joanne Gitto Davis</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, No. 301</p> <p>City West Caldwell</p> <p>State New Jersey ZIP Code + 4 07006</p>
<p>12.a. Identify subject groups of employees:</p> <p>NO PETITION</p>	<p>12.b. Identify subject labor organizations:</p> <p>NO PETITION</p>

<b>Specific Activities to be Performed (Continuation Page)</b>	
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: 5/10 - 6/10	11.c. Extent performed: 5/10
11.d. Name and address through whom performed: Name   Luisa                      Perez 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 Organization P.O. Box, Bldg., Room No., if any Street City State                                      ZIP Code + 4
12.a. Identify subject groups of employees: NO PETITION	12.b. Identify subject labor organizations: NO PETITION