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

## 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.

1. File Number: C- 00322			
Person Filing	2 Appropriate and decrease where recording recording to the second state of the second		
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, Bldg., Room No., if any		
Street 759 Bloomfield Avenue, No. 301	Street		
City West Caldwell	City		
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 6 a. Individual b. Partnership	c. Corporation d. Other (Specify): LLC		
Nature of Agreement or Arrangement			
<ol><li>Full name and address of employer with whom made (include ZIP Code):</li></ol>	7. Date entered into: 3 / 27 / 2006		
Name	Name of person(s) through whom made:		
Organization OFS Brightwave			
Trade Name, if any			
P.O. Box, Bldg., Room No., if any	Name		
Street 10 Brightwave Boulevard	Name		
City Carrollton	Name		
State Georgia ZIP Code + 4 30117-5261	Name		
Signa	itures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VII on penalties in the instructions.)  13. Signed  President	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed Treasurer		
(If other title, see	(If other title, see		
Title Specify) instructions)	Title Other (Specify) instructions)		
Founder & CEO	Secretary & Treasurer		
On 5/3/2006 973-808-6800	On 5/3/2006 973-808-6800		
Date Telephone Number	Date Telephone Number		

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Filer:	Peter	List	Kulture Consulting, LLC	File Number C- 00322	
FIICI.	Peter	List	Rulture 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.):

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:

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:	11.c. Extent performed:	
3/06 - 4/06	4/06	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Ronn English	Name Peter List	
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 759 Bloomfield Avenue, No. 301	Street 759 Bloomfield Avenue, No. 301	
City West Caldwell	City West Caldwell	
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All Production and Maintenance employees and all employees in the occupation job classifications at OFS in Carrollton, Georgia.	Communications Workers of America, Local 3250	