

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 Dis illosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPAILING THIS REPORT.

1. File Number: C- 00322 297602				
Person Fiting	2 Amusehar address days and a said this same task last			
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			
Date fiscal year ends: 5. Type of person:				
Dec / 6 a. Individual b. Partnership c. Corporation (I. 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: 6 / 26 / 2006			
Name				
Organization Commercial Transportation, Inc.	8. Name of person(s) through whom made:			
Trade Name, if any	Name Anthony Coppola, Jr.			
P.O. Box, Bldg., Room No., if any	Name			
Street 7700 State Road	Name			
City Philadelphia	Name			
State Pennsylvania ZIP Code + 4 19136	Name			
Signatures				
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 Title Other (Specify) Founder & CEO	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 instructions)			
On 8.10.200 973-808-6800 Date Telephone Number	On 8 10 00 973-808-6800 Date Telephone Number			

Street 759 Bloomfield Avenue, No. 301

ZIP Code + 4 07006

City

Drivers

West Caldwell

12.a. Identify subject groups of employees:

State New Jersey

Filer Peter List Kulture Consulting, LLC File Number C- 00322	Filer: Peter	ulting, LLC File Number (Peter List Kulture Consulting.	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.			
	nployees 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	s 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 instruc	tions):		
a. Nature of activity:	,		
Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.			
	The state of the s		
11.b. Period during which performed:	11.c. Extent performed:		
6/06 - 7/06	7/06		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name James Hulsizer	Name		
Organization Kulture Consulting, LLC	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		

Form LM-20 (2003) Page 2 of 2

Street

City

State

12.b. Identify subject labor organizations:

ZIP Code + 4

International Brotherhood of Teamsters, Local 830