

# 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

658674

1. File Number: C- 00322

### Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter A List

Title Founder & CEO

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any P.O. Box 2877

Street

City Pawleys Island

State South Carolina ZIP Code + 4 29585

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 17

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Five Star Custom Foods, LTD.

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 3709 E 1st Street

City Forth Worth

State Texas ZIP Code + 4 76111

7. Date entered into:

11 / 27 / 2017

8. Name of person(s) through whom made:

Name Mark Curran

Name

Name

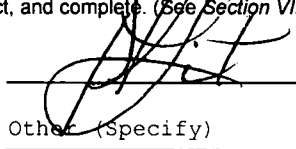
Name

Name

### Signatures

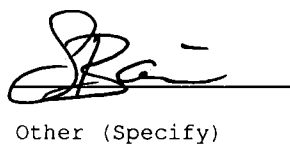
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

  
Title Other (Specify)  
Founder & CEO

President  
(If other title, see  
instructions)

14. Signed

  
Title Other (Specify)  
Manager of Administration

Treasurer  
(If other title, see  
instructions)

On 12/12/2017 843-314-0383

Date

Telephone Number

On 12/12/2017 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.

#### 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:  
November-December 2017

11.c. Extent performed:  
Completed

11.d. Name and address through whom performed:

Name Juan Negroni  
Organization Kulture Consulting, LLC  
P.O. Box, Bldg., Room No., if any P.O. Box 2877  
Street  
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 P.O. Box 2877  
Street  
City Pawleys Island  
State South Carolina ZIP Code + 4 29585

12.a. Identify subject groups of employees:

Included: All full-time and regular part-time employees including QA's, group leads, line leads, production, maintenance, shipping, receiving, waste water and refrigeration working at 3709 East 1st Street, Fort Worth, TX 76111.

Excluded: All other employees, office clerical, PSS1, guards and supervisors as defined by the Act.

12.b. Identify subject labor organizations:

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL  
UNION LOCAL 540