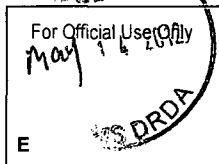


FORM LM-20

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)

497101
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey

ZIP Code + 4 07006

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 305 Eisenhower Parkway

City Livingston

State New Jersey

ZIP Code + 4 07039

4. Date fiscal year ends:

Dec / 12

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 United Natural Foods, Inc.

Trade Name, if any

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

Street 313 Iron Horse Way

City Providence

State Rhode Island

ZIP Code + 4 02908

7. Date entered into:

4 / 16 / 2012

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

Name Joseph J Traficanti

Name

Name

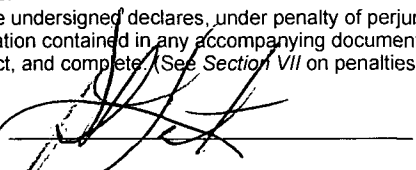
Name

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



President
(If other title, see
instructions)

Title Other (Specify)

Founder & CEO

14. Signed



Treasurer
(If other title, see
instructions)

Title Other (Specify)

Manager of Administration

On 5-7-12
Date

973-403-9901
Telephone Number

On 5-7-12
Date

973-403-9901
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:

Conducted meetings with management and employees to provide basic information about the National Labor Relations Act as well as a Q&A session.

11.b. Period during which performed:

4/12

11.c. Extent performed:

4/12

11.d. Name and address through whom performed:

Name Peter List

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 Juan Negrone

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

12.a. Identify subject groups of employees:

All full-time and regular part-time warehouse employees, including fork lift operators, reach operators, dry, pallet and chill employees, back stockers, repack employees, freezer employees, order selectors, shipping and receiving employees, quality control employees, maintenance employees and sanitation employees employed at the Moreno Valley, California, location.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters, Local 166

| | |
|---|--|
| Specific Activities to be Performed (Continuation Page) | |
| <p>11. For each activity, separately list in detail the information required (See instructions):</p> <p style="margin-left: 20px;">a. Nature of activity:</p> <p style="margin-left: 40px;">Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.</p> | |
| <p>11.b. Period during which performed:</p> <p style="margin-left: 40px;">4/12</p> | <p>11.c. Extent performed:</p> <p style="margin-left: 40px;">4/12</p> |
| <p>11.d. Name and address through whom performed:</p> <p>Name Luisa Perez</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, #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 John Henderson</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, #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</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> |
| <p>12.a. Identify subject groups of employees:</p> | <p>12.b. Identify subject labor organizations:</p> |