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. 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. 1. File Number: C- 00322 Person Filina 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name A List Peter Title Title Founder & CEO Organization Kulture Consulting, LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box 2877 P.O. Box, Bldg., Room No., if any Street Street City City Pawleys Island State South Carolina ZIP Code + 4 29585 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Dec 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): 7. Date entered into: 10 / 2018 8. Name of person(s) through whom made: Organization Brose North America, Inc. Name Gloria Blanchard Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 3933 Automation Avenue City Auburn Hills Name State Michigan ZIP Code + 4 48326 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 VIII on penalties in the instructions.) President 13. Signed 14. Signed Treasurer (If other title, see (If other title, see

instructions)

Other (Specify)

Date

6/4/2018

Manager of Administration

843-314-0383

Telephone Number

Title

Title

On

Other

Speg

843-314-0383

Telephone Number

Founder & CEO

Date

6/4/2018

instructions)

Filor Du Table Tab		File Number C 00222
Filer: Peter List Kulture 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.		
40. Tomo and conditions (Cynlein in detail, and instructions Welton agreements must be attached):		
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.		
Considir Antivities to be Deformed		
Specific Activities to be Performed 44. For each positivity, accountably list in detail the information required (Con instructions).		
Sor 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.		
		}
41 b. Desiad during which performed	11 a Cutant parformed	
11.b. Period during which performed: May-June	11.c. Extent performed: Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Kirk Cummings	Name	
Organization Kulture Consulting, LLC	Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Pawleys Island	City	
State South Carolina ZIP Code + 4 29585	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All full-time and regular part-time Production workers employed by the employer at its Auburn Hills, MI location.	United Auto Workers Local 1268	