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

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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.

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1. File Number: C- 00322 340894						
		or a				
Person Filing		I = 1				
Name and mailing address (include ZIP Code):			3. 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:	<u> </u>				
Dec / 8 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):			7. Date entered into 12 / 19 / 2007			
Name			8. Name of person(::) through whom made:			
Organization Marjam Supply Company, Inc.						
Trade Name, if any			Name Carmen Arguelles			
P.O. Box, Bldg., Room No., if any			Name			
Street 615 West Deliah Road			Name			
City Pleasantville		Name				
State New Jersey	ZIP Code + 4 08232	Name				
Signatures						
Each of the undersigned declares, under the information contained in any accompative, correct, and complete. See Section 13. Signed Title Other (Specify) Founder & CEO	penalty of perjury and other applicable inying documents) has been examined VII on penalties in the instructions.) President (If other title, see instructions)	penalties of I by the signal 14. Signed Title	aw, that all of the infortory and is, to the best Other (Specify Secretary & T:	y)	report (including owledge and belief, Treasurer (If other title, see instructions)	
On 1/15,7008 973-	-808-6800	On	1.15.2018	973-808-6800		
117.200	Celephone Number	Oil.	Date	Telephone Number	 r	

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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 mainer 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 artistral 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:						
12/07 - 1/08	1/08						
11.d. Name and address through whom performed:	Additional Name an: 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						
Street 759 Bloomfield Avenue, No. 301	Street						
City West Caldwell	City						
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4						
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:						
All full-time and regular part-time drivers and warehouse employees employed by the Employer at its Pleasantville, NJ, location.	International Brotherhood of Teamsters, Local 837						