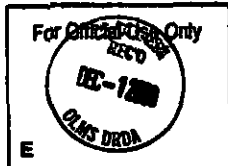


# FORM LM-20

## 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. 438 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

373939

<b>Person Filing</b>	
<b>2. Name and mailing address (include ZIP Code):</b> 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	<b>3. Any other address where records necessary to verify this report are kept:</b> Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
<b>4. Date fiscal year ends:</b> Dec / 8	<b>5. Type of person:</b> a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

<b>Nature of Agreement or Arrangement</b>	
<b>6. Full name and address of employer with whom made (include ZIP Code):</b> Name Organization Truth North Custom Publishing Trade Name, if any P.O. Box, Bldg., Room No., if any Street 735 Broad Street, Suite 708 City Chattanooga State Tennessee ZIP Code + 4 37402	<b>7. Date entered into:</b> 10 / 21 / 2008 <b>8. Name of person(s) through whom made:</b> Name Ann Farmer 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 *A List* President  
(If other title, see instructions)  
Title Other (Specify)  
Founder & CEO

14. Signed *Michelle D. Shepard* Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
Secretary & Treasurer

On 11/24/2008 973-403-9901  
Date Telephone Number

On 11/24/2008 973-403-9901  
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:

10/08 - 11/08

11.c. Extent performed:

10/08

11.d. Name and address through whom performed:

Name L. Nelson Umble  
 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

Additional Name and address through whom performed, if any:

Name  
 Organization  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

12.a. Identify subject groups of employees:

All production and maintenance employees employed by Sunshine Media, Inc. Printing at the Tucson, AZ facility.

12.b. Identify subject labor organizations:

International Brotherhood of Electrical Workers, Local 570