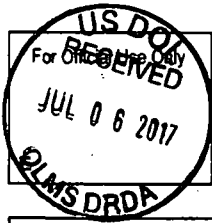


# FORM LM-20

## 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)

652649

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 P.O. Box 2877

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 Medical Facilities of America

Trade Name, if any

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

Street 2917 Penn Forest Boulevard

City Roanoke

State Virginia ZIP Code + 4 24018

7. Date entered into:

5 / 22 / 2017

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

Name Todd Putney

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 6/6/2017

Date

843-314-0383

Telephone Number

On 6/6/2017

Date

843-314-0383

Telephone Number

Filer: Peter List      Kulture Consulting, LLC	File Number C- 00322
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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:	
Met with employees to discuss Employee Relations.	
11.b. Period during which performed:	11.c. Extent performed:
May 2017 - June 2017	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name    Luisa                      Perez	Name    Linda                      Broderick
Organization   Kulture Consulting, LLC	Organization   Kulture Consulting, LLC
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street   P.O. Box 2877	Street   P.O. Box 2877
City   Pawleys Island	City   Pawleys Island
State   South Carolina                      ZIP Code + 4   29585	State   South Carolina                      ZIP Code + 4   29585
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Employees located at Riverside Health & Rehab Danville, VA, location - NO PETITION	Union Unknown - NO PETITION