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



C- 00322

2. Name and mailing address (include ZIP Code):

1. File Number:

Person Filing

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.

3. Any other address where records necessary to verify this report are kept:

Example 2 Specify: LLC		
Box, Bldg., Room No., if any ZIP Code + 4 Corporation d. Cher (Specify): LLC		
ZIP Code + 4 Corporation d. Comporation d. Compora		
ZIP Code + 4 Corporation d. Other (Specify): LLC		
Corporation d. Other (Specify): LLC		
Corporation d. Other (Specify): LLC		
te entered into:		
3 / 19 / 2015		
me of person(s) through whom made:		
Paul Tornaquindici		
•		
•		
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.)		
gned Malyande Treasurer (If other title, see		
Other (Specify) instructions) Manager of Administration		
gor or maintactacton		
On 4/3/2015 843-314-0383		
Date Telephone Number		
E E E		

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.		
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.		
	:	
<u> </u>		
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 in the workplace.		
11.b. Period during which performed: 3/15	11.c. Extent performed: Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Juan Negroni	Name	
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:	
Store employees located at the Bristol and Waterbury, CT, stores. NO PETITION	UNION UNKNOWN - NO PETITION	