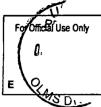
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20
***GREEMENT 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)

602537

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Di.				
1. File Number: C- 00322				
Person Filing				
2. 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 P.O. Box 2877	Street			
City Pawleys Island	City			
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4			
Date fiscal year ends: 5. Type of person:				
Dec / 15 a Individual b Partnership	Partnership c. Corporation d X 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 / 10 / 2015			
Name	, . ,			
Organization Robert Wood Johnson University Hospital	8. Name of person(s) through whom made:			
Trade Name, if any	Name Martin Everhart			
P.O. Box, Bldg., Room No., if any	Name			
Street 18 Somerset Street	Name			
City New Brunswick	Name			
State New Jersey ZIP Code + 4 08901	Name			
Signatures				
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,			
13. Signed President	14. Signed Malanda Treasurer			
(If other title, see	(If other title, see			
Title Other (Specify) instructions)	Title Other (Specify) instructions)			
Founder & CEO	Manager of Administration			
On 12/21/2015 843-314-0383	On 12/21/2015 843-314-0383			
Date Telephone Number	Date Telephone Number			

rue. Peter hist kulture consulting, and	THE NUMBER OF THE STATE OF THE			
C. Cheat the appropriate has to indicate whether an object of the activities undertaken in directly as indicately.				
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 card signing tactics.	,			
11.b. Period during which performed:	11.c. Extent performed:			
December 2015	Completed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name John Henderson	Name Peter List			
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:			
Registered Nurses employed by the employer at its Somerset NJ, location NO PETITION	OPBIU - NO PETITION			
	•			

File Number C- 00322

Specific Activities to be Performed (Continuation Page)

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Met with employees to discuss card signing tactics.

11.b. Period during which perfor	med:	11.c. Extent performed:		
December 2015		Completed		
11.d. Name and address through	h whom performed:	Additional Name and address through whom performed, if any:		
Name Rian	Wathen	Name		
Organization Kulture Cons	ulting, LLC	Organization		
P.O. Box, Bldg., Room No., if an	у	P.O. Box, Bldg., Room No., if any		
Street P.O. Box 2877		Street		
City Pawleys Island		City		
State South Carolina	ZIP Code + 4 29585	State	ZIP Code + 4	
Additional Name and address thr	ough whom performed, if any:	Additional Name and address through whom performed, if any:		
Name		Name		
Organization		Organization		
P.O. Box, Bldg., Room No., if any	•	P.O. Box, Bidg., Room No., if any		
Street		Street		
City		City		
State	ZIP Code + 4	State	ZIP Code + 4	
12.a. Identify subject groups of er	nployees:	12.b. Identify subject labor organizations:		
Registered Nurses emp Somerset NJ, location	ployed by the employer at its n NO PETITION	OPEIU - NO PETITION		
			•	
			:	