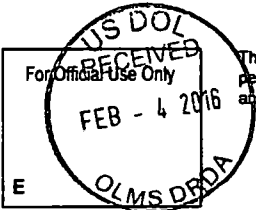


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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)

603912

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 / 16

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 Unilab Corporation dba
Trade Name, if any Quest Diagnostics (Temecula)
P.O. Box, Bldg., Room No., if any
Street 8401 Fallbrook Avenue
City West Hills
State California ZIP Code + 4 91307

7. Date entered into:


1 / 16 / 2016

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


Name Ribka Fox
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  President
(If other title, see instructions)
Title Other (Specify)
Founder & CEO

On 2/2/2016 843-314-0383
Date Telephone Number

14. Signed  Treasurer
(If other title, see instructions)
Title Other (Specify)
Manager of Administration

On 2/2/2016 843-314-0383
Date Telephone Number

Filer: Pēter 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:

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:

January - February 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Ronn English

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

Additional Name and address through whom performed, if any:

Name Adriana Ortiz

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

12.a. Identify subject groups of employees:

All full-time and regular part-time Patient Service Representatives I, II, III and IV, Site Leads, Floats and Group Leads employed by the Employer at its facilities located at (1) 3853 West Stetson Avenue, Suite 101, Hemet, California; (2) 6485 Day Street, Suite 102, Riverside, California; (3) 276,9 Jefferson Avenue, Suite 109, Temecula, California; (4) 31515 Rancho Pueb0" Road, Suite 104, Temecula, California; (5) 28780 Single Oak Drive, Suite 165, Temecula, California; (6) 12730 Heacock Street, Suite 2, Moreno Valley, California;

12.b. Identify subject labor organizations:

United Food and Commercial Workers, Locals 135 and 1167

Item 12.a Continuation From Page 2

(7) 29798 Haun Road, Suite 206, Menifee, California; (8) 521 East Elder Street, Suite 201, Fallbrook, California; (9) 902 Sycamore Avenue, Suite 201, Vista, California; (10) 488 East Valley Parkway, Suite 314, Escondido, California; and (11) 15725 Pomerado Road, Suite 208, Poway, California.