U.S. Department of Labor Office of Labor-Management Standards Washington ISC 20219

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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OLMS DEST

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-Managament Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322 Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name A List Peter Title Title Founder & CEO Organization Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street P.O. Box 2877 City City Pawleys Island State ZIP Code + 4 ZIP Code + 4 29585 State South Carolina 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership Corporation d.X Other (Specify): LLC 16 Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2016 3 Name 8. Name of person(s) through whom made: Organization Net-A-Porter Name Joanne **Bennett** Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 725 Darlington Avenue City Mahwah Name ZIP Code + 4 07430 State New Jersey 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.) President 13. Signed (If other title, see (If other title, see instructions) instructions) Other (Specify) Other (Specify) Title Title Manager of Administration Founder & CEO 3/25/2016 843-314-0383 3/25/2016 843-314-0383 Telephone Number Date Telephone Number Date

Fig. 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		
Company was employed on a per hour basis with no formal written agreement relative to duration of amount of hours to be performed. Fee schedule based on a per hour rate.		
Specific Activities to be Performed		
11. For each activity, separately fist in detail the information required (See instructions):		
a. Nature of activity:		
Met with employees to discuss card signing tactics.		
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11.b. Period during which performed:	11.c. Extert performed:	
March - April 2016	Completed  Additional Name and address through whom performed, if any:	
11.d. Name and address through whom performed:	Name John Bellis	
Name Matt Antonek	Teams 55722	
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., 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:	
Unit Unknown - NO PETITION	Union Unknown - NO PETITION	
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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 performed:   11.c. Existent performed:   Completed		T
11.d. Name and address through whom performed:  Name Carlos Ortiz  Organization Kulture Consulting, LLC  P.O. Box, Bldg., Room No., if any  Street P.O. Box 2877  Cty Pawleys Island  State South Carolina ZIP Code + 4 29585  State ZIP Code + 4  Additional Name and address through whom performed, if any:  Name  Organization  P.O. Box, Bldg., Room No., if any  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  Additional Name and address through whom performed, if any:  Name  Organization  P.O. Box, Bldg., Room No., if any  Street  City  Street  City  Street  City  Street  City  State  ZIP Code + 4  12.b. Identify subject groups of employees:	11.b. Period during which performed:	11.c. Extent performed:
Name Carlos 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  State ZIP Code + 4  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  Additional Name and address through whom performed, if any:  Name  Organization  P.O. Box, Bldg., Room No., if any  Street  City  Street  City  Street  City  State  ZIP Code + 4  12.a. Identify subject groups of employees:	March - April 2016	
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  Organization  P.O. Box, Bldg., Room No., if any  Additional Name and address through whom performed, if any:  Name  Organization  P.O. Box, Bldg., Room No., if any  Street  City  Street  City  State  ZIP Code + 4  12.a. Identify subject groups of employees:  12.b. Identify subject labor organizations:	11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
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Name Organization Organization P.O. Box, Bldg., Room No., if any Street Street City State ZIP Code + 4  12.a. Identify subject groups of employees: Name Name Name Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4  12.b. Identify subject labor organizations:	Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:
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Street City City State ZIP Code + 4 State ZIP Code + 4  12.a. Identify subject groups of employees: 12.b. Identify subject labor organizations:	Organization	Organization
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12.a. Identify subject groups of employees:  12.b. Identify subject labor organizations:	City	City
	State ZIP Code + 4	State ZIP Code + 4
Unit Unknown - NO PETITION  Union Unknown - NO PETITION	12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
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