

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

AMENDED

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. (LMI)

622405
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

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code +

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 Waverly Health & Rehab
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 456 East Main Street
City Waverly
State Virginia ZIP Code + 4 23890

7. Date entered into:

3 / 31 /

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 the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge, 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)

On 5/16/2016 843-314-0383
Date Telephone Number

14. Signed

Title Other (Specify)
Manager of Administration

On 5/16/2016 843-314-0383
Date Telephone Number

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:

March - To Be Determined

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Luisa Perez

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 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:

Employees located at the Waverly, VA, location -
NO PETITION

12.b. Identify subject labor organizations:

Union Unknown - NO PETITION