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. 1215-0188
Expires 11-30-2006



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.

E		LIBEFORE	PREFARING TRIST	REPORT.		
1. File Number: <b>C-</b> 00322						
Person Filing		•				
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 759 Bloomfield Avenue, No. 301		Street				
City West Caldwell		City				
State New Jersey	ZIP Code + 4 07006	State		ZIP Code + 4		
4. Date fiscal year ends:  Dec   6						
¥ .						
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  7. Date entered into:					W-11-11-11	
Name		2 / 15 / 2006				
Organization Brandywine Senior Care		8. Name of person(s) through whom made:				
Trade Name, if any		Name William Paven				
P.O. Box, Bldg., Room No., if any			Name			
Street 525 Fellowship Road, Suite 360		Name				
City Mt. Laurel			Name			
State New Jersey	ZIP Code + 4 08054	Name				
Signatures						
Each of the undersigned eclares, under the information contained in any account true, correct, and complete. (See Section 13. Signed  Title  Cher (Specify)  Founder & CEO	er penalty of perjury and other applicable panying documents) has been examined by VII on penalties in the instructions.)  President (If other title, see instructions)	penalties of la l by the signat 14. Signed Title	on, that all of the info ory and is, to the bes Modelle Other (Specif Secretary & T	t of the undersigned's know	eport (including viedge and belief, Treasurer (If other title, see instructions)	
On 3/10/2006 97	3-808-6800	On	3/10/2006	973-808-6800		
Date	Telephone Number		Date	Telephone Number		

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.					
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 in Neptune, New Jersey, relative to the process of unionization, the role of the NLRB, and collective bargaining. Also advised employees of their Section 7 Rights in Laurelton and Whiting locations.					
11.b. Period during which performed:	11.c. Extent performed:				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name James Hulsizer	Name				
Organization Kulture Consulting, LLC	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 759 Bloomfield Avenue, No. 301	Street				
City West Caldwell	City				
	•	ZID Code L 4			
State New Jersey ZIP Code + 4 07006	State	ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Licensed Practical Nurses in Neptune, New Jersey.	United Food and Commercial Workers, Local 300-S				
Petition withdrawn at Neptune facility.					
All classifications in Laurelton and Whiting, New Jersey, facilities.					