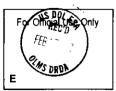
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



C- 00322

1. File Number:

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 Fielations 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.

325233

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: 5. Type of person:						
Dec / 7	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):		7. Date entered into 12 / 28 / 2006				
Name		· · · · · · · · · · · · · · · · · · ·				
Organization Raymour & Flanigan		Name of person(s) through whom made:				
Trade Name, if any		Name Dave Casullo				
P.O. Box, Bldg., Room No., if any		Name				
Street 7230 Morgan Road			Name			
City Liverpool			Name			
State New York	ew York ZIP Code + 4 13088 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 this report penalties in the information contained in this report (including the information contained in this report penalties in the instructions 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	14. Signed	Michellita	m	Treasurer (If other title, see	
Title Other (Specify)	instructions)	Title	Other: (Specify) instructions)			
Founder & CEO			Secretary & Treasurer			
On 2/1/2007 973	-808-6800	On	2/1/2007 9	73-808-6800		
Date	Telephone Number		Date	Telephone Number		
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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 relative to the process of unionization, the						
role of the NLRB, and collective bargaining.						
11.b. Period during which performed:	11.c. Extent performed:					
12/06 - 1/07	1/07					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name James Hulsizer	Name Juan Negroni					
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 759 Bloomfield Avenue, No. 301	Street 759 Bloomfield Avenue, No. 301					
City West Caldwell	City West Caldwell					
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006					
12.a. Identify subject groups of employees	12.b. Identify subject labor organizations:					
NO PETITION - UNIT UNKNOWN	NO PETITION - UNION UNKNOWN					