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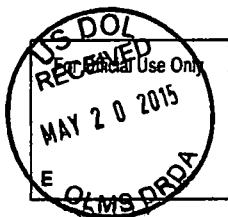Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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

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)

For Official Use Only

MAY 20 2015

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

593219

1. File Number: C- 00322

Person Filing

2. 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 P.O. Box 2877	Street
City Pawleys Island	City
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 15	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: 4 / 27 / 2015
Name	
Organization Sozio, Inc.	8. Name of person(s) through whom made:
Trade Name, if any	Name Annette Peixoto
P.O. Box, Bldg., Room No., if any	Name
Street 51 Ethel Road West	Name
City Piscataway	Name
State New Jersey ZIP Code + 4 08854	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 5/8/2015   843-314-0383
   Date   Telephone Number

14. Signed _____   Treasurer (If other title, see instructions)
Title   Other (Specify)
Manager of Administration
On 5/8/2015   843-314-0383
   Date   Telephone Number

Form LM-20 (2003)

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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.

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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:
April 2015	Completed

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Juan Negroni	Name
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 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:
NO PETITION	NO PETITION