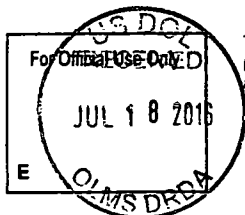


# FORM LM-20

## 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)

625462

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

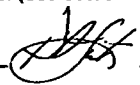
1. File Number: C- 00322

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Peter A List	3. Any other address where records necessary to verify this report are kept:
Title Founder & CEO	Name
Organization Kulture Consulting, LLC	Title
P.O. Box, Bldg., Room No., if any	Organization
Street P.O. Box 2877	P.O. Box, Bldg., Room No., if any
City Pawleys Island	Street
State South Carolina	City
ZIP Code + 4 29585	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends: Dec / 16	
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC	

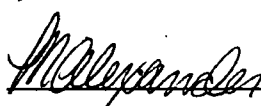
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 6 / 10 / 2016
Organization Adecco	8. Name of person(s) through whom made:
Trade Name, if any	Name Nicole Allen
P.O. Box, Bldg., Room No., if any	Name
Street 306 West 3rd Street	Name
City Jamestown	Name
State New York	Name
ZIP Code + 4 14701	

### 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 7/5/2016 843-314-0383  
Date Telephone Number

14. Signed  Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
Manager of Administration

On 7/5/2016 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 card signing tactics.

11.b. Period during which performed:

June - July 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John Bellis

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 Quentin Nelson

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 employed by the employer. - NO PETITION

12.b. Identify subject labor organizations:

Union Unknown - NO PETITION

Filer: Peter List      Kulture Consulting, LLC	File Number C- 00322
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Met with employees to discuss card signing tactics.</p>	
<p>11.b. Period during which performed:</p> <p>June - July 2016</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name      Joanne                      Gitto Davis</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street p.O. Box 2877</p> <p>City Pawleys Island</p> <p>State South Carolina                      ZIP Code + 4 29585</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State    ZIP Code + 4</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State    ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State    ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Employees employed by the employer. - NO PETITION</p>	<p>12.b. Identify subject labor organizations:</p> <p>Union Unknown - NO PETITION</p>