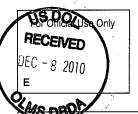
U.S. Department of Labor Office of Labor-Management Standards พี่พิลshington, DC 20210

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

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



1. File Number:

Person Filing

C- 00322

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.

2. Name and mailing address (include ZIP Code):				3. Any other address where records necessary to verify this report are kept:		
Name Pete	r A	List		Name		
Title Foun	der & 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 Cal	dwell			City		
State New Jersey ZIP Code + 4			07006	State	ZIP Code + 4	
4. Date fiscal yea	r ends:	5. Type of person:				
Dec	/ 10	a. Individual	b. Partnership	c. Corporation d. Oth	ner (Specify): LLC	
Nature of Agree	ment or Arrangemen	nt				
6. Full name and address of employer with whom made (include ZIP Code):				7. Date entered into: 11 / 9 / 2010		
Name				,		
Organization Lamb Partners				8. Name of person(s) through whom made:		
Trade Name, if any Sugar House Casino				Name Paul	Seeman	
P.O. Box, Bldg., Room No., if any				Name		
Street 900 No	rth Michigan A	ve., Ste. 1900)	Name		
City Chicago				Name		
State Illinoi	S	ZIP Code + 4	60611	Name		
			Signat	ures		
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	J/h/		(ii otilei title, see	14. Signed	(ii other title, see	
Title Other	(Specify)		instructions)	Title Other (Specify) instructions)		
Four	der & CEO			Manager of	Administration	
On <u>12</u>	8/10 97	3-403-9901		on 12/8/10	973-403-9901	
·	Date	Telephone Number		Date	Telephone Number	
orm LM-20 (2003)					Page 1 o	 f 2

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 organized 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 union card signing activity.						
11.b. Period during which performed:	11.c. Extent performed:					
11/10 - 12/10	11/10					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name James Hulsizer	Name Quentin Nelson					
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:					
Employees located at Sugar House Casino located in Philadelphia, PA	NO PETITION					