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.

1. File Number: C- 00322			
Person Filing	WD 0 - 1 )		
2. Name and mailing address (include ZIP Code):		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 / 11	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: 1 / 5 / 2011	
Name			
Organization Strategic Resources, Inc.		8. Name of person(s) through whom made:	
Trade Name, if any		Name Anita Lawson	
P.O. Box, Bldg., Room No., if any		Name	
Street 7927 Jones Beach Dr., Ste. 600 West		Name	
City McLean		Name	
State Virginia	ZIP Code + 4 22102	Name	
Signatures			
the information contained in any accommune, correct, and complete. See Section  13. Signed  Title  Other (Specify)  Founder & CEO	parying documents) has been examined on viii on penalties in the instructions.)  President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed     Michelle Objact   Treasurer (If other title, see instructions)	
On 2/3/2011 973	3-403-9901 Telephone Number	On 2 3 2011 973-403-9901  Date Telephone Number	
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and the second s				
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.				
	T			
11.b. Period during which performed:	11.c. Extent performed:			
1/11 / 1/11	1/11			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Ronn English	Name			
Organization Kulture Consulting, LLC	Organization			

Street

City

State

Local 553

ZIP Code + 4 07006

P.O. Box, Bldg., Room No., if any

12.b. Identify subject labor organizations:

International Brotherhood of Electrical Workers,

City

P.O. Box, Bldg., Room No., if any

West Caldwell

12.a. Identify subject groups of employees:

State New Jersey

Street 759 Bloomfield Avenue, No. 301

All full-time and regular part-time employees located in Fort Bragg, North Carolina.

ZIP Code + 4