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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

Month/Day/Year

This report is mandatory under P.L. 86-257, as arriended. 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



1 . File Number C- 00322

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

Month/Day/Year

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O. Box, Building and Room Number, if any
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w, that all of the information submitted in this report (including the tory and is, to the best of the undersigned's knowledge and belief, true,
Med. 1 MOO
Signed Treasurer (If other title, see instructions)
Signe

Name of Person Filing: Peter List			File Number C- 00322		
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.					
5.a. Name and Address of Employer (including trade name, if any).		P.O. Bo	Mailing Address: x, Building and Room Number, if any		
Employer American Woodmark Corporat	ion				
Trade Name		Street	3102 Shawnee Drive	·	
Attention To Dave Tanger		City	Winchester		
Title		State	Virginia ZIP Code	9+4 22601	
5.b. Termination Date 12/20/2005		5.c. Am	ount 11,759		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 48,298					
C. Statement of Disbursements Report all disburse	ements made by the rep	ortina oraz	nization in connection with labor relations advice	e or services rendered	
to the employers li					
7. Disbursements to Officers and Employees: (a) Name (b) Sa	lary (c) Expenses (d)	Totals			
			Office and Administrative Expenses		
			10. Publicity		
			11. Fees for Professional Services		
			12. Loans Made		
			13. Other Disbursements		
8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)					
D. Schedule of Disbursements for Reportable Activi	instructions.	ule to repo	rt only disbursements made for the purposes de	iscribed in Part D of the	
15.a. Employer Name:		15.b. T	rade Name, If any:		
North American Employers Group			[
15.c. To Whom Paid		15 d A	mount 48,298		
		10.0.7	40,230		
Name , , , ,	· · · · · · · · · · · · · · · · · · ·	15.e. P	urpose		
Title			ursements were made to the Offi ultants, and employees to North		
		Emp1	oyers Group for the purpose of ce and expenses.		
P.O. Box, Building and Room Number, if any				!	
Street 759 Bloomfield Avenue, No. 30	01	1		:	
City West Caldwell				!	
State New Jersey ZIP Cod	e+4 07006]			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABL	E ACTIVITY 48,298	•		:	

Form LM-21 (2003)

	File Number C- 00322
B. Statement of Receipts Report all receipts from employers in connection vadvice or services.	vith labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Waste Management, Inc.	
Trade Name	Street 1001 Fannin, Suite 400
Attention To: Mark Schwartz	City Houston
Title V.P. & Assistant General Counsel	State Texas ZIP Code + 4 77002
5.b. Termination Date 1/3/2006	5.c. Amount 26, 50.L
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Roo ո No., if any
Employer Delaware Valley Concrete Company, Inc.	· :
Trade Name	Street 248 East County Line Road
Attention To: Mario Diliberto	City Hatboro
Title	State Pennsylvania ZIP Code + 4 19040
5.b. Termination Date 3/21/2005	5.c. Amount 10,038
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bidg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	_ P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Hade Name	
Attention To:	City
	City State ZIP Code + 4
Attention To: Title 5.b. Termination Date	
Attention To:	State ZIP Code + 4 5.c. Amount
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Kulture Consulting, LLC

759 Bloomfield Avenue * No. 301 * West Caldwell * NJ 07006 973-808-6800 (O) * 973-808-1414 (F)

January 31, 2006

Ms. Kay F. Bethea U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards, Room N-5119 200 Constitution Avenue, NW Washington, DC 20210

Dear Ms. Bethea:

Re: Company Name Change

Please be advised that we have changed our name from Sunbelt Organization Services to Kulture Consulting, LLC. Our address and phone number remain the same. Please update your records accordingly.

Please contact me with any questions you may have.

Sincerely,

Michelle Evans

Manager of Administration

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Enclosure