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



AMENDED

This report is mandatory under P.L. 86-257, as amended. Faiture 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 Ofher Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322					
Person Filing					
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			
111111111111111111111111111111111111111					
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. Corpo	ration d.X Other (Specify): LLC	
	<u> </u>				
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 11 / 2 / 2015			
Name		Name of person(s) through whom made:			
Organization Chetak New York, LLC		Name Deepak A Amin			
Trade Name, if any			_		
P.O. Box, Bldg., Room No., if any			Name		
Street 1090 Springfield Road		Name			
City Union		Name			
State New Jersey	ZIP Code + 4 07083	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		14. Signed / Clear Treasurer (If other title, see instructions)			
Title Other (Specify) instructions) Founder & CEO		Title Other (Specify) Manager of Administration			
	3-314-0383	On	3/3/2016	843-314-0383	
On 3/3/2016 84 Date	Telephone Number	On	Date	Telephone Number	
Date				-	

Fler 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:					
Met with employees to discuss card signing.					
	La Cartedoni				
11.b. Period during which performed: November 2015	11.c. Extent performed: Ongoing				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Juan Negroni	Name Luisa Perez				
Constitute Consulting LLC	Organization Kulture Consulting, LLC				
Organization Kulture Consulting, LLC	Organization Marcaco Comparatory III				
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. tdentify subject labor organizations:				
All full time and regular part time employees located in Edison, New Jersey NO PETITION	RWDSU - NO PETITION				
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