

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT
AMENDED

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 00322

Person Filing

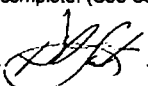

2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name	Peter A List	Name	
Title	Founder & CEO	Title	
Organization	Kulture Consulting, LLC	Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street P.O. Box	2877	Street	
City	Pawleys Island	City	
State	South Carolina	State	
ZIP Code + 4	29585	ZIP Code + 4	
4. Date fiscal year ends:		5. Type of person:	
Dec / 16		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):		7. Date entered into:	
Name		11 / 15 / 2016	
Organization XPO Logistics Supply Chain, Inc.		8. Name of person(s) through whom made:	
Trade Name, if any		Name Dan Egeler	
P.O. Box, Bldg., Room No., if any		Name	
Street 2211 Old Earhart Road		Name	
City Ann Arbor		Name	
State Michigan		Name	
ZIP Code + 4 48105			

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)	14. Signed 	Treasurer (If other title, see instructions)
Title Other (Specify) Founder & CEO		Title Other (Specify) Manager of Administration	
On 1/31/2017	843-314-0383	On 1/31/2017	843-314-0383
Date	Telephone Number	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 Employee Relations.

11.b. Period during which performed:

November - December 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Kirk Cummings

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

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 at the Lockport, NY, facility located at 4890 IDA Park Drive. - NO PETITION

12.b. Identify subject labor organizations:

Union unknown - NO PETITION