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



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)

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READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
WE DEOF	
1. File Number: C- 00322	
Person Filing 2 Name and mailing address (include 7/9 Code):	Any other address where records necessary to verify this report are kept:
2. Name and mailing address (include ZIP Code):	
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, Bidg., 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
Date fiscal year ends: 5. Type of person:	
Dec / 17 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 / 3 / 2017
Name	8. Name of person(s) through whom made:
Organization Arbor Recycling Inc.	
Trade Name, if any	Name Ralph Martucci
P.O. Box, Bldg., Room No., if any	Name
Street 1111 Grinnell Place	Name
City Bronx	Name ·
State New York ZIP Code + 4 10474	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.)	her a
13. Signed President (If other title, see	14. Signed ### Treasurer (If other title, see
Title Other (Specify) instructions)	Title Other (Specify) instructions)
Founder & CEO	Manager of Administration
On 1/18/2017 843-314-0383	On 1/18/2017 843-314-0383
Date Telephone Number	Date Telephone Number

rie. 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		
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 For each activity, separately list in detail the information required (See instructions): Nature of activity: 		
Presented informational meetings to company employees relative to the process of unionization, the		
role of the NLRB, and collective bargaining.		
11.b. Period during which performed:	11.c. Extent performed:	
January 2017	On-going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Rian Wathen	Name Juan Negroni	
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 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. Identify subject labor organizations:	
All warehouse laborers, drivers, drivers helpers, mechanics in both the Bronx location and the 135 Pine Aire Drive Bayshore location.	Toy and Novelty Workers	
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