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.

	427288			
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		
Organization Kulture Consulting, LLC		Organization		
<u>-</u>				
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 / 10	a. Individual b. Partnership	c. Corporation d. Other (Specify): LLC		
Nature of Agreement or Arrangemen	nţ			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 2 / 17 / 2010		
Name				
Organization Rogers Premier		8. Name of person(s) through whom made:		
Trade Name, if any		Name Nelson Rogers		
P.O. Box, Bldg., Room No., if any		Name		
Street 3801 Sunset Avenue, Box 7927		Name		
City Rocky Mount		Name		
State North Carolina	ZIP Code + 4 27804	Name		
Signatures				
Each of the undersigned declares, und the information contained in any accommune, correct, and complete. See Section 13. Signed Title Other (Specify) Founder & CEO	panying documents) has been examined	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Title Other (Specify) Manager of Administration Treasurer (If other title, see instructions)		
On $\frac{3/12/10}{\text{Date}}$ 97.	3-403-9901 Telephone Number	On 3/(2/(0 973-403-9901 Telephone Number		



Filer Peter List Kulture sulting, LLC		File Number C- 00322		
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
<u> </u>				
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.				
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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.				
11.b. Period during which performed:	11.c. Extent performed:			
2/10 - 3/10	3/10			
11.d. Name and address through whom performed:	Additional Name and addres	s through whom performed, if any:		
Name Juan Negroni	Name	1		

11.b. Period during which performed:	11.c. Extent performed:	
2/10 - 3/10	3/10	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Juan Negroni	Name	
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	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All full-time and regular part-time drivers and tarpers in Baltimore, Maryland	International Brotherhood of Teamsters, Local 311	