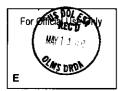
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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.

1. File Number: C- 00322	326796				
Person Filing		 			
Name and mailing address (include ZIP Code):		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 759 Bloomfield Avenue, No. 301		Street			
City West Caldwell		City			
State New Jersey	ZIP Code + 4 07006	State		ZIP Code + 4	
Thate fiscal year ends: 5. Type of person:					
Dec / 7	a. Individual b. Partnership	c. Corp	oration d X Other	(Specify): LLC	
Nature of Agreement or Arrangemen					
6. Full name and address of employer with whom made (include ZIP Code)		7. Date entered into: 4 / 6 / 2007			
Name		• • • • • • • • • • • • • • • • • • • •			
Organization Indian Creek Electric, Inc.		Name of person(s) through whom made:			
Trade Name, if any		Name Tim Johnson			
P.O. Box, Bldg., Room No., if any		Name			
Street 20 South 2nd Street		Name			
City Souderton		Name			
State Pennsylvania	ZIP Code + 4 18964	Name			
Signatures					
Each of the undersigned declares, under the information contained in any accommand, correct, and complete. (See Section 2)	panying documents) has been examined	penalties of by the signa	law, that all of the info	ormation submitted in this report (including st of the undersigned's knowledge and be	ng elief,
13. Signed President (If other title, see instructions)		14. Signed	1000	Treasurer (If other title instructions	
Title Other (Specify) Founder & CEO	·	Title	Other (Special Secretary & '	<u> </u>	
On 5/3/2007 973	3-808-6800	On	5/3/2007	973-808-6800	
Date	Telephone Number		Date	Telephone: Number	

Filer: 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 en collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain					
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 instruct	tions):					
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:					
4/07 - 5/07	4/07					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Peter List	Name					
Organization Kulture Consulting, LLC	Organization					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Roorn No., if any					
Street 759 Bloomfield Avenue, No. 301	Street					
Street 759 Bloomfield Avenue, No. 301 City West Caldwell	Street					
City West Caldwell	City					
City West Caldwell State New Jersey ZIP Code + 4 07006	City State ZIP Code + 4					