U.S. Department of Labor Office & 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

3. Any other address where records necessary to verify this report are kept:



1. File Number:

Person Filing

C- 00322

2. Name and mailing address (include ZIP Code):

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.

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 759 Bloomfield Avenue, #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 / 14	a. Individual b. Partnership	c. Corporati	ion d.X Other (Sp	pecify): LLC		
Nature of Agreement or Arrangemen		r				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 9 / 14 / 2014				
Name		,				
Organization ECORE International		Name of person(s) through whom made:				
Trade Name, if any		Name Annette Emrich-Starry				
P.O. Box, Bldg., Room No., if any		Name				
Street 715 Fountain AVenue		Name				
City Lancaster		Name				
State Pennsylvania	ZIP Code + 4 17601	Name				
Signatures						
Each of the undersigned declares, under the information contained in any account true, correct, and complete. See Section	er penalty of perjury and other applicable panying documents) has been examined on VII on penalties in the instructions.)	penalties of law, by the signatory	, that all of the inform and is, to the best o	ation submitted in this re f the undersigned's knov	port (including rledge and belief,	
13. Signed	President (If other title, see	14. Signed	Michille W	epinder	Treasurer (If other title, see	
Title Ther (Specify)	instructions)	Title _	ther (Specify)	•	instructions)	
Founder & CEO		Manager of Administration				
On 97:	3-403-9901	On /	0.1.2514	973-403-9901		
Date	Telephone Number	_	Date	Telephone Number		
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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 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.					
40. Toward and discontinuous (Fundamental Angella and instructions Without appropriate	must be attached \:				
10. Terms and conditions (Explain in detail; see instructions. Written agreements					
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 tactics.					
11.b. Period during which performed:	11.c. Extent performed:				
9/14	Completed				
11.d. Name and address through whom performed:	Additional Name and addres	ss through whom performed, if any:			
Name Peter List	Name Juan	Negroni			
Organization Kulture Consulting, LLC	Organization Kulture C	onsulting, LLC			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 759 Bloomfield Avenue, #301	Street 759 Bloomfield Avenue, #301				
City West Caldwell	City West Caldwell				
State New Jersey ZIP Code + 4 07006	State New Jersey	ZIP Code + 4 07006			
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:			
Employees employed by the Employer located in Lancaster, PA NO PETITION	Union unknown - NO PETITION				
AND YORK					