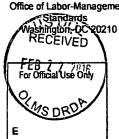
U.S. Department of Labor Office of Labor-Management

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 penaties 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					
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 P.O. Box 2877		Street			
City Pawleys Island		City			
State South Carolina	ZiP Code + 4 29585	State		ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:					
Dec / 16	a. Individual b. Partnership	с. Согра	oration d.X Other (S	Specify): LLC	
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 2 / 2 / 2015			
Name		8. Name of person(s) through whom made:			
Organization Orwashers Bakery					
Trade Name, if any		Name Keith Cohen			
P.O. Box, Bidg., Room No., if any		Name			
Street 1187 East 156th Street		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.)					
13. Signed President (If other title, see			14. Signed /// Treasurer (If other title, see instructions)		
Title Other (Specify) instructions)		Title Other (Specify) instructions)			
Founder & CEO			Manager of Adı	ministration	
On 2/16/2016 84	3-314-0383	On	2/16/2016	843-314-0383	
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 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 acquaint them with the NLRB election process and to answer questions.						
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11.b. Period during which performed:	11.c. Extent performed:					
February 2016	Completed					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
	Name					
_						
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:					
Employees located at 1187 East 156th Street,	NO PETITION - UNION UNKNOWN					
Bronx, NY NO PETITION						

