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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

531645

551445			
1. File Number: C- 00322			
Page of Siller			
Person Filling			
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, #301	Street 305 Eisenhower Parkway		
City West Caldwell	City Livingston		
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07039		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 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: 6 / 10 / 2013		
Name	· · · · · · · · · · · · · · · · · · ·		
Organization United Natural Foods, Inc.	Name of person(s) through whom made:		
Trade Name, if any	Name Joseph J Traficanti		
P.O. Box, Bldg., Room No., if any	Name		
Street 313 Iron Horse Way	Name		
City Providence	Name		
State Rhode Island ZIP Code + 4 02908	Name		
Signatures			
Each of the undersigned declares, under smally 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 VIII on penalties in the instructions.) 13. Signed President (If other title, see instructions) Title Other (Specify) Manager of Administration			
On 6/19/2013 973-403-9901 Date Telephone Number	On 6/19/2013 973-403-5901 Telephone Number		



reer Peter List	Kulture Consulting, LLC		Fire Number C 00322	•
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				

•			
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.			
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	•		
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.			
*** * · · · · · · · · · · · · · · · · ·	المناب المستقد المستعدد المستع		
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	ions):		
a. Nature of activity:			
Met with employees to discuss union card signing activity.			
•			
11.b. Period during which performed:	11.c. Extent performed:		
6/13	6/13		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Peter List	Name Luisa Perez		
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 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:		

S.W..

All full time and part-time drivers and warehousemen employed at 100 Lakeview Court,

International Brotherhood of Teamsters, Local 528