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. C- 00322 1. File Number: Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name A List Peter Title Title Founder & CEO Organization Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 759 Bloomfield Avenue, #301 City City West Caldwell ZIP Code + 4 State ZIP Code + 4 07006 State New Jersey 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. Corporation d. Other (Specify): LLC Dec Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP Code): 7 Date entered into: Name 8. Name of person(s) through whom made: Organization Omega Protein, Inc. Name John D Held Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 2105 City West Boulevard, Suite 500 Name City Houston ZIP Code + 4 77042 Name State Texas **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 continued 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.) 14. Signed Michelle alexander President 13. Signed (If other title, see (If other title, see instructions) instructions) Other (Specify) Manager of Administration

Mer: 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 discuss card signing tactics.		
11.b. Period during which performed:	11.c. Extent performed:	
10/14 - 11/14	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Rian Wathen	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 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:	
NO PETITION	Boilermakes	