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.

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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, Bidg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., if any	
Street	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 / 18 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: 7 / 12 / 2018	
Name _	,	
Organization Bakerly NORAC USA	8. Name of person(s) through whom made:	
Trade Name, if any	Name Brian C Regnier	
P.O. Box, Bldg., Room No., if any	Name	
Street 4300 East Branden Blvd.	Name	
City Forks	Name	
State Pennsylvania ZIP Code + 4 18040	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VII on penalties in the instructions.) 13. Signed Title Other (Specify) Founder & CEO On 7/8/2018 843-314-0383	14. Signed Title Other (Specify) Manager of Administration Treasurer (If other title, see instructions)	
On 7/8/2018 843-314-0383 Date Telephone Number	On 7/8/2018 843-314-0383 Date Telephone Number	
Date Telephone Number	Date releptione number	

er: Peter List Kulture (Consulting, LLC	File Number C- 00322
Check the appropriate box to indicate v	whether an object of the activities undertaken,	s directly or indirectly:
a. To persuade employees to exe	ercise or not to exercise, or persuade employee	s as to the manner of exercising, the right to organize and bargain
	ativae at their awa chancing	
collectively through representa	auves of their own choosing.	
b. To supply an employer with info	ormation concerning the activities of employee	or a labor organization in connection with a labor dispute involving istrative or arbitral proceeding or a criminal or civil judicial proceed.
b. To supply an employer with info	ormation concerning the activities of employee	or a labor organization in connection with a labor dispute involving istrative or arbitral proceeding or a criminal or civil judicial proceeding or a criminal or civil proceeding or a criminal or civil proceeding o
b. To supply an employer with info	ormation concerning the activities of employee	or a labor organization in connection with a labor dispute involving istrative or arbitral proceeding or a criminal or civil judicial proceed attached.):
b. To supply an employer with information such employer, except information. Terms and conditions (Explain in deta	ormation concerning the activities of employee ation for use solely in conjunction with an admi	e attached.): written agreement relative to duration or
b. To supply an employer with information such employer, except information. Terms and conditions (Explain in deta	ormation concerning the activities of employee ation for use solely in conjunction with an admi	e attached.): written agreement relative to duration or

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - 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:
July-August 2018	Ongoing
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
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., if any
Street	Street
City Pawleys Island	City
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Included: All full-time and regular part-time Production and Maintenance employees employed at the employers Forks, PA facility.	International Brotherhood of Teamsters, and Bakery, Confectionery, Tobacco workers and Grain Millers, International Union, BCTGM Local 6
Excluded: All Temporary, Professional, Office Clerical, Managers, Guards and Supervisors as defined in the ACT.	