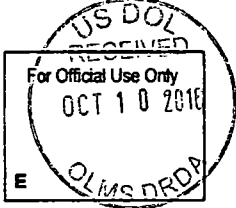


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

628782


1. File Number: C- 00322

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Peter A List
Title	Founder & CEO
Organization	Kulture Consulting, LLC
P.O. Box, Bldg., Room No., if any	
Street	P.O. Box 2877
City	Pawleys Island
State	South Carolina
ZIP Code + 4	29585
3. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:
Dec / 16	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC


Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization	XPO Logistics, Inc.
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	4035 Piedmont Parkway
City	High Point
State	North Carolina
ZIP Code + 4	27265
7. Date entered into: 9 / 14 / 2016	
8. Name of person(s) through whom made:	
Name	Richard Valitutto
Name	
Name	
Name	
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 instructions)
Title Other (Specify)
Founder & CEO

On 9/27/2016 843-314-0383
Date Telephone Number

14. Signed  Treasurer
(If other title, see instructions)
Title Other (Specify)
Manager of Administration

On 9/27/2016 843-314-0383
Date Telephone Number

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
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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: 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: September - October 2016	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name Kirk Cummings Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any Street P.O. Box 2877 City Pawleys Island State South Carolina ZIP Code + 4 29585	Additional Name and address through whom performed, if any: Name Juan Negroni Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any Street P.O. Box 2877 City Pawleys Island State South Carolina ZIP Code + 4 29585
12.a. Identify subject groups of employees: All full-time and regular part-time warehouse and logistics employees including Carpenters, Clerks, Coordinators, Inventory Clerks, Inventory Cycle Counters, Maintenance Techs, Material Handlers, Pick/Packers, PIT Operators, QA Clerks, Receivers, Receiving Inspectors II, Receiving Inspectors III, Shipping Clerks, Subject Matter Resources and Warehousing Leads employed by the Employer at its North Haven, Connecticut, facility.	12.b. Identify subject labor organizations: International Brotherhood of Teamsters, Local 443

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.</p>	
<p>11.b. Period during which performed:</p> <p>September - October 2016</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Peter List</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P.O. Box 2877</p> <p>City Pawleys Island</p> <p>State South Carolina ZIP Code + 4 29585</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Carlos Ortiz</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P.O. Box 2877</p> <p>City Pawleys Island</p> <p>State South Carolina ZIP Code + 4 29585</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time warehouse and logistics employees including Carpenters, Clerks, Coordinators, Inventory Clerks, Inventory Cycle Counters, Maintenance Techs, Material Handlers, Pick/Packers, PIT Operators, QA Clerks, Receivers, Receiving Inspectors II, Receiving Inspectors III, Shipping Clerks, Subject Matter Resources and Warehousing Leads employed by the Employer at its North Haven, Connecticut, facility.</p>	<p>12.b. Identify subject labor organizations:</p> <p>International Brotherhood of Teamsters, Local 443</p>