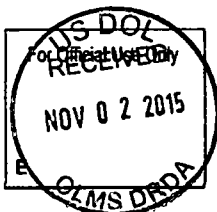


FORM LM-20

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)

600504

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

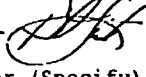
1. File Number: C- 00322

Person Filing	
2. Name and mailing address (include ZIP Code):	3. 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: Dec / 15	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

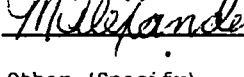
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 10 / 12 / 2015
Name	8. Name of person(s) through whom made:
Organization Barneys New York	Name Marc H Perlowitz
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 575 Fifth Avenue, 14th Floor	Name
City New York	Name
State New York ZIP Code + 4 10017	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 
Title Other (Specify)
Founder & CEO

President
(If other title, see
instructions)

14. Signed 
Title Other (Specify)
Manager of Administration

Treasurer
(If other title, see
instructions)

On 10/21/2015 843-314-0383
Date Telephone Number

On 10/21/2015 843-314-0383
Date Telephone Number

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:

October 2015

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name Ronn English

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 Quentin Nelson

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 sales associates, alteration associates, shipping/receiving associates, and cash office associates employed by the Employer in Las Vegas, Nevada.

12.b. Identify subject labor organizations:

Western States Regional Joint Board, Workers United A/W, SEIU