U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT AMENDED

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 CAREFUL	LLY BEFORE PREPARING THIS REPORT. 706.158
1. File Number: C- 00322	
Person Filing \(\)	
2. 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 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: 11 / 12 / 2018
Name	,
Organization Marathon Cheese Corporation	8. Name of person(s) through whom made:
Trade Name, if any	Name David Keefe
P.O. Box, Bldg., Room No., if any PO Box 185	Name
Street 304 East Street	Name
City Marathon	Name
State Wisconsin ZIP Code + 4 54448	Name
Signa	tures
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.)	penalties of law, that all of the information submitted in this report (including
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see
Title Other (Specify) instructions)	Title Other (Specify) instructions)
Founder & CEO	Manager of Administration
On 7/5/2019 843-314-0383	0- 7/5/2019 843-314-0383

Date

Date

Telephone Number

Telephone Number

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322	
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 exercise collectively through representatives of their own choosing.	exercising, the right to organize and bargain	
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.):		
Oral agreement made through Kulture Consulting, LLC \$375. per hour, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.		

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Traveled to and from employer. Met with employees to discuss collective bargaining and labor disputes; Provided information relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:	11.c. Extent performed:
Various Dates Beginning 11/12/18	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Peter List	Name Ronn English
Organization Kulture Consulting, LLC	Organization The Alton Group
P.O. Box, Bldg., Room No., if any PO Box 2877	P.O. Box, Bldg., Room No., if any #433
Street	Street 712 Bancroft Road
City Pawleys Island	City Walnut Creek
State South Carolina ZIP Code + 4 29585	State California ZIP Code + 4 94598
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full-time and regularly scheduled part-time production, maintenance, shipping, receiving and warehouse employees employed by the employer at its Mountain Home, ID location.	United Food & Commercial Workers Local 368

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Specific Activities to be Performed (Continuation Page)

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Traveled to and from employer. Met with employees to discuss collective bargaining and labor disputes; Provided information relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:	11.c. Extent performed:
Various Dates Beginning 11/12/18	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Rian Wathen	Name
Organization Independent Center for Worker Education	Organization
P.O. Box, Bidg., Room No., if any #201	P.O. Box, Bldg., Room No., if any
Street 8206 Rockville Road	Street
City Indianapolis	City
State Indiana ZIP Code + 4 46214	State ZIP Code + 4
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:
Name	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full-time and regularly scheduled part-time production, maintenance, shipping, receiving and warehouse employees employed by the employer at its Mountain Home, ID location.	United Food & Commercial Workers Local 368