

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. 88-257, 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)

633604 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 00322 Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name 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 P.O. Box 2877 Street City City Pawleys Island ZIP Code + 4 ZIP Code + 4 29585 State State South Carolina 5. Type of person: 4. Date fiscal year ends: a. Individual b. Partnership c. Corporation d. Other (Specify): LLC Dec 17 Nature of Agreement or Arrangement 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): / 2017 30 8. Name of person(s) through whom made: Organization Fond du Lac Cold Storage Name Ted Chan Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 78 Saw Mill Pond Road Name City Edison ZIP Code + 4 08817 State New Jersey 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.) Treasurer 13. Signed President (If other title, see (If other title, see instructions) instructions) Other (Specify) Other (Specify) Manager of Administration Founder & CEO 2/10/2017 843-314-0383 843-314-0383 2/10/2017 Telephone Number Date Date Telephone Number

Filer Peter List	Kulture Consulting,	LLC	File Number C-	00322
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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 union card signing.

11.b. Period during which performed:	11.c. Extent performed:		
January - February 2017	Completed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Mike Rosado	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 P.O. Box 2877	Street P.O. Box 2877		
City Pawleys Island	City Pawleys Island		
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29585		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Employees employed by the Employer at their	Union Unknown - PRE-PETITION		
facility located at 78 Saw Mill Pond Road in Edison, New Jersey PRE-PETITION			
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