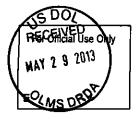
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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.

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, Bidg., Room No., if any			
Street 759 Bloomfield Avenue, #301	Street 305 Eisenhower Parkway			
City West Caldwell	City Livingston			
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07039			
Date fiscal year ends: 5. Type of person:				
Dec / 13 a. Individual b. Partnership	c. Corporation d. Other (Specify): LLC			
Nature of Agreement or Arrangement				
Full name and address of employer with whom made (include ZIP Code): 7. Date entered into:				
Name	5 / 1 / 2013			
Organization United Natural Foods, Inc.	on United Natural Foods, Inc. 8. Name of person(s) through whom made:			
Trade Name, if any	Name Joseph J Traficantí			
P.O. Box, Bldg., Room No., if any	Bldg., Room No., if any Name			
Street 313 Iron Horse Way	Name			
City Providence	Name			
State Rhode Island ZIP Code + 4 02908	Name			
Signatures				
Each of the undersigned deglares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VI on penalties in the instructions.) 13. Signed Title President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Manager of Administration Treasurer (if other title, see instructions)			
On 5/14/13 973-403-9901 Date Telephone Number	On 5/14/13 973-403-9901 Telephone Number			
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Filer Peter List Kulture Consulting, LLC	File Number C- 00322				
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.					
and the second s					
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 employer role of the NLRB, and collective bargaining.	ees relative to the process of unionization, the				
11.b. Period during which performed:	11.c. Extent performed:				
4/13 - 5/13	5/13				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Peter List	Name Luisa Perez				
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 759 Bloomfield Avenue, #301	Street 759 Bloomfield Avenue, #301				
City West Caldwell	City West Caldwell				
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
All full-time and regular part-time truck drivers employed by the Employer at its facility located at 22150 Goldencrest Drive, Moreno Valley, CA	International Brotherhood of Teamsters, Local 63				
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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:

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:		
5/13		5/13			
1.d. Name and address through whom performed:		Additional Name and addres	Additional Name and address through whom performed, if any:		
Name Juan	Negroni	Name	Name		
Organization Kulture Consulting, LLC		Organization			
P.O. Box, Bldg., Room No.,	if any	P.O. Box, Bidg., Room No., if any			
Street 759 Bloomfield	Avenue, #301	Street			
City West Caldwell		City			
State New Jersey	ZIP Code + 4 07006	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.,	P.O. Box, Bldg., Room No., if any		
Street		Street			
Dity		City			
State	ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:			
employed by the Em	regular part-time truck drivers ployer at its facility located st Drive, Moreno Valley, CA	International Brot	herhood of Teamsters, Local 63		
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