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.

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| RDA /  |  |
|--|--|
| 1. File Number: <b>C-</b> 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 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: 4 / 1 / 2018   |
| Name   | 8. Name of person(s) through whom made:  |
| Organization Meritor, Inc.   | ·  |
| Trade Name, if any   | Name Eric Mahler   |
| P.O. Box, Bldg., Room No., if any  | Name   |
| Street 2135 W. Maple Road  | Name   |
| City <sub>Troy</sub>   | Name   |
| State Michigan ZIP Code + 4 48084  | Name   |
| Signatures   |  |
| Each of the undersigned declares, where penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII or penalties in the instructions.)  13. Signed  Title  Other (Specify)  Founder & CEO | 14. Signed  Other (Specify)  Manager of Administration  Treasurer (If other title, see instructions) |
| On 4/20/2018 843-314-0383  | On 4/20/2018 843-314-0383  Date Telephone Number   |
| Date Telephone Number  | 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. |

File Number C- 00322

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Kulture Consulting, LLC

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:

Filer: Peter List

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:  |
|--|--|
| April 2018   | Complete   |
| 11.d. Name and address through whom performed:   | Additional Name and address through whom performed, if any:  |
| Name Kirk Cummings   | Name   |
| Organization Kulture Consulting, LLC   | Organization Kulture Consulting, LLC   |
| P.O. Box, Bldg., Room No., if any P.O. Box 2877  | P.O. Box, Bldg., Room No., if any P.O. Box 2877  |
| Street   | Street   |
| 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:  |
| Included: All full-time and part-time production and maintenance employees by Meritor as defined by the act. | International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), AFL-CIO |
| Excluded: All office, clerical employees, guards & supervisors as defined by the act.                        | -PETITION WITHDRAWN  |
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