

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. 1215-0188 Expires 11-30-2006



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 3305062			
Person Filing			
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., Rcom No., if any			
Street 759 Bloomfield Avenue, No. 301	Street		
City West Caldwell	City		
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 7 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: 5 / 15 / 2007			
Name			
Organization On-Site Staffing	Name of person(s) through whom made:		
Trade Name, if any	Name Harvey Ostroff		
P.O. Box, Bldg., Room No., if any	ny Name		
Street 449 South Pennsylvania Avenue	Name		
City Morrisville	Name		
State New Jersey ZIP Code + 4 19067	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 compilete. (See Section VII on penalties in the instructions.)			
13. Signed President (If other title, see instructions)	14. Signed /// Treasurer (If other title, see instructions)		
Title Other (SpecZfy) Founder & CEO	Title Other (Specify) Secretary & Treasurer		
On 6/11/2007 973-808-6800	On 6/11/2007 973-808-6800		
Date Telephone Number	Date Telephone Number		

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 inclinectly:
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 instruction	ns, vvritten agreements must be atta-	cnea.):

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:	11.c. Extent performed:	
5/07 - 6/07	5/07	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Peter List	Name Mark Lema	
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, No. 301	Street 759 Bloomfield Avenue, No. 301	
City West Caldwell	City West Caldwell	
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006	
e.a. Identify subject groups of employees: 12.b. Identify subject labor organizations:		
All full-time and regular part-time shop employees.	Metropolitan Regional Council of Carpenters, Southeastern Pennsylvania, State of Delaware and Eastern Shore of Maryland	

Form LM-20 (2003)