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 07-31-2019

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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)

654576 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 2877 P.O. Box, Bldg., Room No., if any Street Street City Pawleys Island City State South Carolina ZIP Code + 4 29585 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Dec Corporation d. X Other (Specify): LLC 17 Individual b. Partnership c. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2017 Name 8. Name of person(s) through whom made: Organization Saks Fifth Avenue Name Jessica Arnold Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 225 Liberty Street 31st Floor Name City New York Name ZIP Code + 4 State New York 10281 Name

## Signatures

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.)									
13. Signed			President (If other title, see instructions)	14. Signed	Sa-		Treasurer (If other title, see		
Title Other (Specify)		Title		Other (Specify)		instructions)			
	Founder & CEO				Manager of Administration				
On	8/25/2017	843-314-0383		On	8/25/2017	843-314-0383			
	Date	Telephone Numbe	r		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 unde	rtaken, is directly or indirectly:						
a. To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of $\epsilon$	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 ):						
Company was employed on a per hour basis with no fo	ormal written agreem	ent relative to duration or					
amount of hours to be performed. Fee schedule based	d on a per hour rate	•					
Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instruct	ions):						
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 a Eutont porformed:						
August 2017	11.c. Extent performed: On-going						
11.d. Name and address through whom performed:	Additional Name and addres	s through whom performed, if any:					
Name Ronn English	Name						
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					
12.a. Identify subject groups of employees:	12.b. Identify subject labor o	rganizations:					
Included: All full-time and regular part-time Jewelry Sales Associates employed by the Employer at its facility currently located 700 N. Michigan Ave., Chicago, IL.	Chicago Joint Board Retail, Wholesale and Department Store Union (RWDSU) - AFL-CIO						
Excluded: All other employees, office clerical employees and guards, professional employees and supervisors, as defined in the Act.							