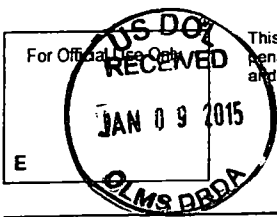


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

AMENDED

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)

574952

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322

Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter A List
Title Founder & CEO
Organization Kulture Consulting, LLC
P.O. Box, Bldg., Room No., if any
Street P.O. Box 2877
City Pawleys Island
State South Carolina ZIP Code + 4 29585

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 14

5. Type of person:

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):

Name
Organization Unified CML
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 5353 W. 73rd Street
City Bedford Park
State Illinois ZIP Code + 4 60638

7. Date entered into:

11 / 3 / 2014

8. Name of person(s) through whom made:

Name Thomas Valnoha
Name
Name
Name
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.)

13. Signed

President
(If other title, see
instructions)

Title Other (Specify)
Founder & CEO

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)
Manager of Administration

On

1/7/2015
Date

843-314-0383

Telephone Number

On

1/7/2015
Date

843-314-0383

Telephone Number

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
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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.

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: 11/14	11.c. Extent performed: Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Ronn English	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:
All full-time route drivers and swing route drivers employed by the Employers at its facility currently located at 5353 W. 73rd Street, Bedford Park, IL 60638	International Brotherhood of Teamsters, Local 734