J.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 R lilations 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: <b>c</b> - 00322 296957						
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., Roo:n 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 / 6 a. Individual b. Partnership	c. Corporation G 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: 7 / 20 / 2006					
Name						
Organization North American Energy Services	8. Name of person(s) through whom made:					
Trade Name, if any	Name Mark Iraola					
P.O. Box, Bldg., Room No., if any	Name					
Street 1180 NW Maple Street	Name					
City Issaquah	Name					
State Washington ZIP Code + 4 98027	Name					
Sign	atures					
Each of the undersigned déclares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, any complete. (See Section VII on penalties in the instructions.)						
13. Signed President (If other title, see instructions)	14. Signed Mushelle Evono Treasurer (If other title, see					
Title Other (Specify)  Founder & CEO	Title Other (Specify) instructions) Secretary & Treasurer					
	-					
On 8/17/2006 973-808-6800	On 8/17/3006 973-808-6800					
Date Telephone Number	⊖ate Telephone Number					

j., 14.					
Peter L	ist Kulture	Consulting,	LLC	File Number	<b>C-</b> 00322

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9. Check the appropriate box to indicate whether an object of the activities under	rtaken, is directly or ind-rectly:			
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.				
40 Towns of the William (South Line)				
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):			
Company was employed on a per hour basis with no for amount of hours to be performed. Fee schedule base				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct	tions):			
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:			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			

11.c. Extent performed:		
Additional Name and address through whom performed, if any:		
Name		
Organization		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
12.b. Identify subject labor organizations:		
International Brotherhood of Electrical Workers, Local 1837		

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