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)

E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
CMS DROT	785356	
1. File Number: <b>C-</b> 00322		
<del></del>		
Person Filing	2. Any other address where records personner to verify this report are kept:	
Name and mailing address (include ZIP Code):	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 / 19 a. Individual b. Partnership	c. Corporation d. Other (Specify): LLC	
	1 11 10 10 10 10 10 10 10 10 10 10 10 10	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 5 / 8 / 2019	
Name	Name of person(s) through whom made:	
Organization Vertellus, LLC	Name Liz Rich	
Trade Name, if any	Name DIZ RICH	
P.O. Box, Bidg., Room No., if any	Name	
Street 215 North Centennial Street	Name	
City Zeeland	Name	
State Michigan ZIP Code + 4 49464	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 apy/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	14. Signed Treasurer (If other title, see	
Title Other (Specify) instructions)  Founder & CEO	Title Other (Specify) instructions)  Manager of Administration	
On 5/28/2019 843-314-0383  Date Telephone Number	On <u>5/28/2019</u> Date <u>843-314-0383</u> 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:
May	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Peter List	Name Kirk Cummings
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 regular part-time production, maintence, warehouse employees and operating team leaders employed by the employer at its Zeeland, MI location.	United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (USW), AFL-CIO
-PETITION WITHDRAWN	
	-PETITION WITHDRAWN

Form LM-20 (2003) Page 2 of 2