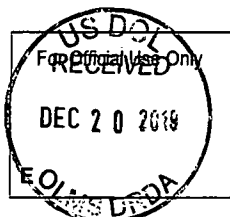


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT
AMENDED (Addendum)



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.

713547

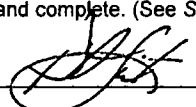
1. File Number: C- 00322

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 P.O. Box 2877 Street 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 / 19	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Beaumont Hospital Royal Oak Trade Name, if any P.O. Box, Bldg., Room No., if any Street 3601 W 13 Mile Road City Royal Oak State Michigan ZIP Code + 4 48703	7. Date entered into: 4 / 7 / 2019 8. Name of person(s) through whom made: Name Patricia Leonard Name Name Name

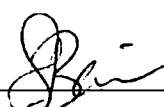
Signatures

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 

Title Other (Specify)
Founder & CEO

President
(If other title, see
instructions)

14. Signed 

Title Other (Specify)
Manager of Administration

Treasurer
(If other title, see
instructions)

On 12/11/2019 843-314-0383
Date Telephone Number

On 12/11/2019 843-314-0383
Date 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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Company was employed on a per hour basis. Fee schedule based on a rate of \$325 per hour, plus actual and reasonable expenses.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Traveled to employer; met with management personnel; provided information to management and employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:

Various dates beginning 4/7/2019

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Linda Broderick

Organization Linda Inez Consulting, LLC

P.O. Box, Bldg., Room No., if any Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

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.a. Identify subject groups of employees:

All full-time and regular part-time employees employed by the employer at its Royal Oak, MI facility.

-NO PETITION

12.b. Identify subject labor organizations:

Michigan Nurses Association

-NO PETITION