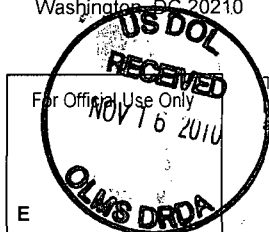


FORM LM-20

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 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.

439767

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, Bldg., Room 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: Dec / 10	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):	7. Date entered into: 10 / 18 / 2010
Name	8. Name of person(s) through whom made:
Organization Consulate Management	Name Debra Mason
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 4419 Pheasant Ridge Road, Suite 200	Name
City Roanoke	Name
State Virginia ZIP Code + 4 24014	

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 <u>Peter List</u>	President (If other title, see instructions)	14. Signed <u>Michelle Alexander</u>	Treasurer (If other title, see instructions)
Title <u>Other (Specify)</u> Founder & CEO		Title <u>Other (Specify)</u> Manager of Administration	
On <u>11/9/2010</u>	973-403-9901	On <u>11/9/2010</u>	973-403-9901
Date	Telephone Number	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 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:

10/10 - 11/10

11.c. Extent performed:

10/10

11.d. Name and address through whom performed:

Name Ronn English

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey ZIP Code + 4 07006

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 regular full-time and part-time CNA's, restorative aides, maintenance and dietary and activity employees employed at Ashland Nursing & Rehabilitation Center

12.b. Identify subject labor organizations:

United Food and Commercial Workers, Local 400