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

AMENDED

For official type Only 1016 and O

tis report is mandatory under P.L 88-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil epatties 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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322		
F		
Person Filing 2. 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	
Title Founder & CEO		
Organization Kulture Consulting, LLC	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street P.O. Box 2877	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 / 15 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):	7. Date entered into:	
Name	8. Name of person(s) through whom made:	
Organization Omega Protein, Inc.	Name John D Held	
Trade Name, if any		
P.O. Box, Bldg., Room No., if any	Name	
Street 2105 City West Boulevard, Suite 500	Name	
City Houston	Name	
State Texas ZIP Code + 4 77042	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)	14. Signed Treasurer (If other title, see instructions) Title Other (Specify)	
Founder & CEO	Manager of Administration	
On 1/28/2016 843-314-0383	On 1/28/2016 843-314-0383	
Date Telephone Number	Date Telephone Number	

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322	
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.c. Extent performed: Completed	
3/15	•	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Rian Wathen	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:	
Employees located at the Moss Point, MS, location - PETITION WITHDRAWN	International Brotherhood of Boilermakers - PETITION WITHDRAWN	
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