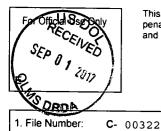
U.S. Department of Labor Office of Labor-Management • - Standards Washington, DC 20210

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing						
2. Name and mailing address (include 2	ZIP Code):	3. Any other	er address where recor	ds 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 / 17 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC						
	·					
Nature of Agreement or Arrangemen	ıt				·	
6. Full name and address of employer with whom made (include ZIP Code):			7. Date entered into: 8 / 7 / 2017			
Name Organization Nevada Solar One, Acciona Trade Name, if any			8 / 7 / 2017			
			8. Name of person(s) through whom made:			
			Name Bob Cable			
P.O. Box, Bldg., Room No., if any			Name			
Street 602 Elderado Valley Dr.			Name			
City Boulder City			Name			
State Nevada	ZIP Code + 4 89005	Name				
	Sig	natures				
Each of the undersigned declares, und the information contained in any accorr true, correct, and complete. (See Section	er penalty of perjury and other applicab npanying documents) has been examin- on VII on penalties in the instructions.)	le penalties of l ed by the signal	aw, that all of the inforr tory and is, to the best	mation submitted in this re of the undersigned's know	eport (including vledge and belief,	
13. Signed	President (If other title, see	14. Signed	_ SC		Treasurer (If other title, see	
Title Other (Specify)	instructions)	Title	Other (Specify	")	instructions)	
Founder & CEO			Manager of Administration			
On 8/30/2017 84	3-314-0383	On	8/30/2017	843-314-0383		
Date	Telephone Number		Date	Telephone Number		
orm LM-20 (2003)		<u> </u>			Page 1 of 2	

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322					
4						
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:					
To persuade employees to exercise or not to exercise, or persuade encollectively through representatives of their own choosing.	uployees as to the manner of exercising, the right to organize and bargain					
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 for amount of hours to be performed. Fee schedule base	rmal written agreement relative to duration or d on a per hour rate.					
·						
Occasion Annual Control of the Contr						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instruct	ons):					
a. Nature of activity:						
Presented informational meetings to company employer role of the NLRB, and collective bargaining.	es relative to the process of unionization, the					
44 b Desired during which and						
11.b. Period during which performed: August 2017	11.c. Extent performed: Completed					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Rian Wathen	Name					
	name					
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					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Employees Included-Mechanic, Solar Field Laborer, Power Plant Operator, Control Room Operator, Welder, Production Technician, Solar Field Operator, I&C Technician, and Electrician	International Brotherhood of Electrical Workers, Local Union 396, AFL-CIO					
Employees Excluded- All other employees, Plant Manager, Solar Field Manager, Operations Manager, Administrative Assistant, Engineer, Maintenance Manger, Logistics/planning Manager, Clerical, Guards, and Supervisors as defined by the Act.	·					