U.S. Separment of Labor Crifice of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

3. Any other address where records necessary to verify this report are kept:



1. File Number:

Person Filing

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.

READ THE INSTRUC

C- 00322

2. Name and mailing address (include ZIP Code):

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: 5. Type of person:	
Dec / 9 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: 6 / 11 / 2009
Name	8. Name of person(s) through whom made:
Organization EMJAY Engineering & Construction Co, Inc	
Trade Name, if any	Name Jeremy M Scherr
P.O. Box, Bldg., Room No., if any	- Name
Street 1706 Whitehead Road	Name
City Baltimore	Name
State Maryland ZIP Code + 4 21207	Name
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,
President (If other title, see instructions)	14. Signed Muchells College Treasurer (If other title, see instructions).
Title (Specify)	Title Other (Specify)
Founder & CEO	Secretary & Treasurer
On973-403-9901	On 6-29.09 973-403-9901
Date Telephone Number	Date Telephone Number
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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 employe collectively through representatives of their own choosing.	es as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employed such employer, except information for use solely in conjunction with an adm	es or a labor organization in connection with a labor dispute involving inistrative 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:

Met with employees to discuss the Employee Free Choice Act currently before Congress. Also discussed Union card signing tactics, current pension information as well as answered questions from employees.

11.b. Period during which performed:	11.c. Extent performed:
6/09	6/09
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Peter List	Name
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
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
NO PETITION	NO PETITION

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