

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.

Person Filing 2. Name and mailing address (include ZIP Code): Name Peter A List Name Title Founder & CEO Title 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 State 4. Date fiscal year ends: Dec 8 1 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): Name Organization Amerisource Bergen 3. Any other address \(\) here records necessary to verify Name Organization Amerisource Bergen 3. Any other address \(\) here records necessary to verify Name Organization Any Title Organization 5. Type of person: City State ZIP Code + 4 07006 To Date entered into: 5 / 16 / 8. Name of person(s) through whom made:			
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Name 8 Name of person(s) (brough whom made)			
Name 8 Name of person(s) (brough whom made)	2008		
Organization Ameni Source Royace Royace			
Trade Name, if any Name Michael Miller			
P.O. Box, Bldg., Room No., if any			
Street 24903 Avenue Kearny Name			
City Valencia Name			
State California ZIP Code + 4 91355 Name			
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President 14. Signed	knowledge and belief,		
(If other title, see instructions) Title Other (Specify) Title Other (Specify)	(If other title, see instructions)		
Founder & CEO Title Secretary & Treasurer	_		
On 7/17/2008 973-403-9901 On 7/17/2008 973-403-9901			
Date Telephone Number C ate Telephone Num	mher.		

Filer: Peter List Kulture Consulting, LLC File Number C- 00322		
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indir∋ctly:
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: 5/08 - 6/08	11.c. Extent performec:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name John Henderson	Name Ronn English
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 759 Bloomfield Avenue, No. 301	Street 759 Bloom Eield Avenue, No. 301
City West Caldwell	City West Caldwell
State New Jersey ZIP Code + 4 07006	State New Jerse; ZIP Code + 4 07006
12.a. Identify subject groups of employees:	12.b. Identify subject abor organizations:
Pre-Petition	Pre-Petition

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