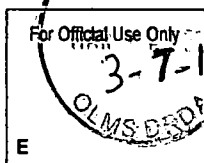


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

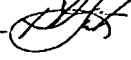
1. File Number: C- 00322

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Peter A List	3. Any other address where records necessary to verify this report are kept:
Title Founder & CEO	Name
Organization Kulture Consulting, LLC	Title
P.O. Box, Bldg., Room No., if any	Organization
Street P.O. Box 2877	P.O. Box, Bldg., Room No., if any
City Pawleys Island	Street
State South Carolina ZIP Code + 4 29585	City
	State ZIP Code + 4
4. Date fiscal year ends: Dec / 16	
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):	
Name	7. Date entered into: 2 / 10 / 2016
Organization S.E. Cemeteries of Maryland, Inc.	8. Name of person(s) through whom made:
Trade Name, if any dba National Harmony Memorial Park	Name Amy McDowell
P.O. Box, Bldg., Room No., if any	Name
Street 1929 Allen Parkway	Name
City Houston	Name
State Texas ZIP Code + 4 77219	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)  
Title Other (Specify)  
Founder & CEO

On 3/15/2016 843-314-0383  
Date Telephone Number

14. Signed  Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
Manager of Administration

On 3/15/2016 843-314-0383  
Date Telephone Number

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 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:

Conducted meetings with employees with regard to the NLRB election process, collective bargaining, as well as answered questions.

11.b. Period during which performed:

February - March 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name      Juan                      Negroni

Organization Kulture Consulting, LLC

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

Street P.O. Box 2877

City Pawleys Island

State South Carolina                      ZIP Code + 4 29585

Additional Name and address through whom performed, if any:

Name

Organization Kulture Consulting, LLC

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

Street P.O. Box 2877

City Pawleys Island

State South Carolina                      ZIP Code + 4 29585

12.a. Identify subject groups of employees:

All full-time and regular part-time cemetery workers, including laborers and power equipment operators employed by the Employer at S.E. Cemeteries of Maryland dba National Harmony Memorial Park located in Hyattsville, Maryland.

12.b. Identify subject labor organizations:

Public Service Employees, Local 572 affiliated with Laborers' International Union of North America (LIUNA)

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