

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 Flelations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Directorure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 00322	296 954					
Person Filing	ID Code):	2 Any other address where residence in the verification and the second and beautiful to the second and				
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:				
Name Peter A List		Name				
Title Founder & CEO		Title				
Organization Kulture Consulting, LLC		Organization				
P.O. Box, Bidg., 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 / 6	a. Individual b. Partnership	c. Corporation : . Other (Specify): LLC				
Nature of Agreement or Arrangemen	t					
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into 5 / 1 / 2006				
Name		8. Name of person(s; through whom made:				
Organization Multi-Flow Dispensers						
Trade Name, if any		Name Brian Gottlieb				
P.O. Box, Bldg., Room No., if any		Name				
Street 1434 County Line Road		Name				
City Huntingdon Valley		Name				
State Pennsylvania	ZIP Code + 4 19006	Name				
	Signa	atures				
Each of the undersigned declares, under the information contained in any accommodation contained in any accommodation correct, and complete. (See Section 13. Signed Title Other (Specify) Founder & CEO	panying documents) has been examined	penalties of law, that all of the information submitted in this report (including if by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Other (Specify) Secretary & Treasurer Treasurer (If other title, see instructions)				
On <u>5 22 06</u> 97:	3-808-6800 Telephone Number	On 5/2/06 973-808-6800 Date Telephone Number				

<u> </u>					
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 inc rec	tly:
a. To persuade employees to exercise or not to exercise, or persuade employees as to the mariner collectively through representatives of their own choosing.	of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employees or a labor organize such employer, except information for use solely in conjunction with an administrative or arbitral	ation in connection with a labor dispute involving 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:				
5/06 - 6/06	5/06				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name James Hulsizer	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 subjec∃ labor organizations:				
All full-time and regular part-time Warehouse employees, Service Technicians, and Truck Drivers.	International Brotherhood of Teamsters, Local 463				

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