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

For Official Use Only				
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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. 1. File Number: C- 00322 Person Filling 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Peter A List Title Title Founder & CEO Organization Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street P.O. Box 2877 City City Pawleys Island State South Carolina ZIP Code + 4 29585 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Partnership c. Corporation d.X Other (Specify): LLC Individual b. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 11 27 2016 Name 8. Name of person(s) through whom made: Organization XPO Logistics, Inc. Egeler Name Dan Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 2211 Old Earhart Road City Ann Arbor Name ZIP Code + 4 State Michigan 48105 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.) elexandes 13. Signed 14. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Other (Specify) Title Title Manager of Administration Founder & CEO

12/9/2016

Date

843-314-0383

Telephone Number

12/9/2016

Date

843-314-0383

Telephone Number

Filer Peter List Kulture Consulting, LLC	F	File Number C- 00322		
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.				
<del></del>				
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 Employee Relations.				
11.b. Period during which performed:	11.c. Extent performed:	<del></del>		
November - December 2016	Completed			
11.d. Name and address through whom performed:	Additional Name and address t	through whom performed, if any:		
Name Ronn English	Name			
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street P.O. Box 2877	Street P.O. Box 2877			
City Pawleys Island	City Pawleys Island			
State South Carolina ZIP Code + 4 29585	State South Carolina	ZIP Code + 4 29585		
12.a. Identify subject groups of employees:	12.b. Identify subject labor org	ganizations:		
Employees employed by the employer at the South Boston, MA, facility - PRE-PETITION	Union unknown - PRE-PETITION			
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