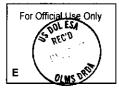
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 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.

1. File Num	ber: <b>C-</b> 00	322	325232	2					
Person F	iling					<del>,</del>			
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, Bldg., Room No., if any					P.O. Box, Bidg., Room No., if any				
Street 759 Bloomfield Avenue, No. 301					Street	Street			
City West Caldwell					City				
State New Jersey ZIP Code + 4 07006					State	State ZIP Code + 4			
4. Date fis	cal year ends:		5. Type of persor	1:	.L	<del> </del>		·····	
Dec	c /	6	a. Individual	b. Partnership	c. Corpo	c. Corporation d. Other (Specify): LLC			
Nature of	Agreement or	Arrangemer	nt						
Full name and address of employer with whom made (include ZIP Code):					7. Date entered into: 11 / 15 / 2006				
Name Organization North American Energy Services					Name of person(s) through whom made:				
Trade Name, if any					Name Mark Iraola				
P.O. Box, Bldg., Room No., if any					Name				
Street 1180 NW Maple Street					Name				
City Issaquah					Name				
State Washington ZIP Code + 4 98027					Name				
				Signa	itures				
the inform	ation contained	in any accom	er penalty of perjury npanying documents on VII on penalties i	s) has been examined	penalties of last the signal	aw, that all of the inf tory and is, to the be	formation submitted in this reparts of the undersigned's knowled	ort (including edge and belief,	
13. Signed				President (If other title, see instructions)	14. Signed	10 W. JAS		Treasurer (If other title, see	
Title Other (Specify)  Founder & CEO				Title Other (Specify) instructions)  Secretary & Treasurer					
	rounder &	CEU				secretary &	ricasurer		
On	1/16/2007 Date	97	3 - 808 - 6800 Telephone Numbe		On	1/16/2007  Date	973-808-6800 Telephone Number	<del></del>	

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322						
9. Check the appropriate box to indicate whether an object of the activities under	rtaken, is directly or indirectly:						
a. To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the mariner of exercising, the right to organize and bargain						
b. To supply an employer with information concerning the activities of en such employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving in 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 by						
	•						
Company was employed on a per hour basis with no for amount of hours to be performed. Fee schedule base							
Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instruc	tions):						
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:  11/06 - 12/06	11.c. Extent performed: 11/06						
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:						
Name Ronn English	Name						
<b>3</b>							
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:						
PEO's, Relief Operators, Lead Operators, Utility Operators, Maintenance Mechanics, and Maintenance Technicians at the Burney Forest Power Division in Burney, California.	International Brotherhood of Electrical Workers, Local 137						