

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 D sclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 00322 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name A List Peter Title Founder & CEO Title Organization Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 759 Bloomfield Avenue, No. 301 City West Caldwell City State New Jersey ZIP Code + 4 07006 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Corporation d. Other (Specify): LLC Dec Individual b. Partnership Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZiP Code): 7. Date entered into: / 13 / 2008 Name 8. Name of person(s) through whom made: Organization H.P. Hood Name Bruce Bacon Trade Name, if any Rosenberger Dairies Name P.O. Box, Bldg., Room No., if any Name Street 6 Kimball Lane City Lynnfield Name ZIP Code + 4 01940 State Massachusetts 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 VIII on penalties in the instructions.) 14. Signed 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) Title Other (Specify) Other Aspecify) Title Founder & CEO Secretary & Treasurer 973-808-6800 973-808-6800 Telephone Number Telephone Number

Fller 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 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.

Terms and conditions (Explain in detail; see instructions. Written agreements must be attached	tten agreements must be attached	. Written	; see instructions.	in detail;	(Explain	conditions	. Terms an	10.
--	----------------------------------	-----------	---------------------	------------	----------	------------	------------	-----

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 perform ed:			
2/08 - 3/08	2/08			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name John Henderson	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 subje∷t labor organizations:			
All full-time and regular part-time Production employees, Drivers, Mechanics, Maintenance, Shipping, Receiving, and Box employees employed at Rosenberger Dairies in Hatfield, Pennsylvania.	International Brotherhood of Teamsters, Local 463			