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



1. File Number:

C- 00322

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.

Same and mailing address (include ZIP Code):   Same and mailing address (include ZIP Code):   Name   Peter   A List   Name   Name   Peter   A List   Name   Title   Founder & CEO   Title   Organization   Title   Organization   Title   Organization   Title   Organization   Sircet   Title   Organization   Title   Organization   Title   Organization   Title   Organization   Title   Organization   Org	5 500					
Name Peter A List  Title Founder & CRO  Organization Kulture Consulting, LLC  P.O. Box, Bidg., Room No., if any  Street 759 Bloomfield Avenue, No. 301  City  Slate Versey ZIP Code + 4 07006  State ZIP Code + 4  4. Date fiscal year ends:  Dec 10 Individual b Partnership c Corporation d Other (Specify): LLC  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Dreiling Medical Management  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street 17: Date entered into:  12 1 1 2009  8. Name of person(s) through whom made.  Name Sandra Flood  Name  Name  Name  Name  Street 407 Lincoln Road, Suite 700  City Miami Beach State Florida ZIP Code + 4 33133  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 true, correct, and complete for Seption VII on penalties in the instructions)  13. Signed  Other (Specify)  Treasurer  If other title, see instructions)  14. Signed  Other (Specify)  Treasurer  If other title, see instructions)  Treasurer  If other title, see instructions)  14. Signed  Other (Specify)  Treasurer  If other title, see instructions)  Treasurer  If other title, see instructions)  14. Signed  Other (Specify)  Treasurer  If other title, see instructions)	Person Filing  2. Name and mailing address (include 7)	ID Code):	3 Apy othe	ar address where reco	ards pages any to varify this raport are kept	
Title Pounder & CEO Organization Kulture Consulting, LLC Organization P.O. Box, Bidg. Room No., if any Sireet 759 Bloomfield Avenue, No. 301 City Kest Caldwell State New Jersey ZIP Code + 4 07006 State ZIP Code + 4 07006 State ZIP Code + 4  4. Date fiscal year ends: Dec 10 a Individual b Partnership c Corporation d Other (Specify): LLC  Nature of Agroement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Dreiling Medical Management Trade Name, if any P.O. Box, Bidg., Room No., if any Street 4 07 Lincoln Road, Suite 700 Name Steet 407 Lincoln Road, Suite 700 City Miami Beach State Florida ZIP Code + 4 33139 Name  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of faw, that all of the information submitted in this report (including the information contained in any specompanying documents) has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete. Ses Section VII on penalties in the instructions.)  13. Signed Title Other (Specify) Title Other (Specify) Manager of Administration On 1/4/2010 973-403-9901						
Organization Kulture Consulting, LLC  P.O. Box, Bldg., Room No., if any  Street 759 Bloomfield Avenue, No. 301  Street 759 Bloomfield Avenue, No. 301  City West Caldwell  State New Jersey  ZIP Code + 4 07006  State  State  State   ZIP Code + 4    4. Date fiscal year ends: Dec	Name Peter A	List	Name			
P.O. Box, Bldg., Room No., if any  Street 759 Bloomfield Avenue, No. 301  City West Caldwell  State New Jersey  ZIP Code + 4 07006  State  ZIP Code + 4  4. Date fiscal year ends: Dec	Title Founder & CEO		Title			
Street 759 Bloomfield Avenue, No. 301  City West Caldwell  State New Jersey  ZiP Code + 4 07006  State  State  ZiP Code + 4  Date fiscal year ends: Dec	Organization Kulture Consultin	ng, LLC	Organization			
City West Caldwell  State New Jersey  ZIP Code + 4 07006  State  ZIP Code + 4  Date fiscal year ends: Dec	P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
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Title         Other (Specify)         Title         Other (Specify)         instructions)           Founder & CEO         Manager of Administration           On 1/4/2010         973-403-9901         On 1/4/2010         973-403-9901	the information contained in any accommune, correct, and complete. (See Section	panying documents) has been examined on VII on penalties in the instructions.)  President	by the signa	tory and is, to the bes	st of the undersigned's knowledge and belief,	
	Title Other Specify)		Title		rinstructions)	
Date Telephone Number Date Telephone Number	On 1/4/2010 973	3-403-9901	On	1/4/2010	973-403-9901	
	Date	Telephone Number		Date	Telephone Number	

	_						***	
Filer:	Peter	List	Kulture Consul	ting, 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.

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:			
12/09 - 1/10	12/09			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Peter List	Name Sue Rosen			
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 759 Bloomfield Avenue, No. 301	Street 759 Bloomfield Avenue, No. 301			
ity West Caldwell	City West Caldwell			
tate New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006			
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All full-time and regular part-time licensed practical nurses, biomed technical employees, set-up technicians, patient care technicians, social service clerks, ward clerks, and administrative assistants employed by the employers at the Reading Dialysis Center facility located at 2201 Dengler Street, Reading, PA and/or the Pennsylvania Dialysis Clinic of Reading facility, located at 615 Spring Street, Wyomissing, PA	American Federation of State, County, and Municipal Employees, Council 88			

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#### Specific Activities to be Performed (Continuation Page)

- 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:	11.c. Extent performed:			
12/09 - 1/10  11.d. Name and address through whom performed:		12/09				
		Additional Name and addre				
Name Luisa Perez		Name	Name			
Organization Kulture Co	nsulting, LLC	Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No.	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			
Additional Name and address through whom performed, if any:		Additional Name and addre	Additional Name and address through whom performed, if any:			
Name		Name	Name			
Organization		Organization	Organization			
P.O. Box, Bldg., Room No., if a	any	P.O. Box, Bldg., Room No.	P.O. Box, Bldg., Room No., if any			
Street		Street				
City		City				
State	ZIP Code + 4.	State	ZIP Code + 4			
12.a. Identify subject groups of employees:		12.b. Identify subject labor	12.b. Identify subject labor organizations:			

**Kulture Consulting, LLC** 

759 BLOOMFIELD AVENUE, #301, WEST CALDWELL, NJ 07006 PH: (973) 403-9901 ◆ FAX: (973) 403-0817

### Consulting Services Agreement by & between

Kulture Consulting, LLC

&

#### **Dreiling Medical Management**

This agreement is made on Dec. 7, 2009 between Kulture Consulting, LLC and <u>Dreiling</u>

<u>Medical Management</u> and sets forth the terms and conditions for engagement of the services of Kulture Consulting, LLC.

#### **Background & The Current Climate**

On January 20, 2009, when President Obama took office, one of the first appointments he announced was the naming of National Labor Relations Board (NLRB) member and former Teamsters attorney Wilma Liebman as chairperson of the NLRB. Since that time, the President has appointed two more union-activist attorneys to fill National Labor Relations Board vacancies in Washington.

This represents a significant and profound shift in the expected direction of the NLRB, its policies and its rulings. In fact, it is widely believed, based on previous opinions issued and expressed by Chairperson Liebman and that the vast majority of NLRB decisions will highly pro-union and anti-employer. Given this, it is also expected that unions, knowing that the landscape in Washington is highly favorable to them will widely utilize the NLRB's processes to attempt to win rulings against employers and their agents that heretofore would have been unattainable.

In light of the political developments that have taken place in Washington, DC, it is incumbent on both parties to this agreement to understand that the legal interpretation of the National Labor Relations Act can, and likely will change with any ruling that is heard before the NLRB. As a result of this, what may be construed as lawful speech today may be deemed to be unlawful speech tomorrow.

## **Kulture Consulting, LLC**

759 BLOOMFIELD AVENUE, #301, WEST CALDWELL, NJ 07006 PH: (973) 403-9901 ◆ FAX: (973) 403-0817

While Kulture Consulting and its individual consultants will continually strive to ensure that all services including, but not limited to written materials, speeches, the coaching of managers and supervisors, conversations, discussions, as well as informational meetings for employees will be conducted with the utmost respect and adherence to the law, as applied at the time of engagement of services, the following must be understood and agreed to prior to the performance of services by Kulture Consulting or any of its individual consultants:

- It should be recognized and acknowledged that given, the aggressiveness of today's
  union leaders on a national and local level, Unfair Labor Practices (ULPs) and election
  objections are to be expected in labor campaigns.
- 2. As part of Kulture Consulting's *Client Commitment*, efforts will continually be made, in concert with labor counsel, to avert sustained ULP charges and/or election objections.
- 3. Given the expected increase in pro-union case rulings, it should be expected that Unfair Labor Practices and/or election objections, may be filed and potentially sustained, even on the basis of well-established and/or legally-sanctioned written material, and/or presentations made by persons internal (e.g., supervision/ management) or external (e.g., consultants)
- 4. Although efforts will continually be made and precautions taken to avert the filing of ULP charges and/or objections, it should be understood that individuals within and/or external to <u>Dreiling Medical Management</u> have no control to what a union alleges or takes action on through the National Labor Relations Board.
- 5. Therefore, Kulture Consulting, LLC and any or all of its shareholders, employees, contractors, and/or individual consultants cannot and shall not be held liable, nor accountable, for that which occurs with regard to potential union-filed ULPs and/or election objections.

(Continued)

## **Kulture Consulting, LLC**

759 BLOOMFIELD AVENUE, #301, WEST CALDWELL, NJ 07006 PH: (973) 403-9901 • FAX: (973) 403-0817

- a. It is understood that this agreement shall indemnify Kulture Consulting, LLC and any or all of its shareholders, employees, contractors, individual consultants from any and all claims arising out of Kulture Consulting, LLC's services to and on behalf of Dreiling Medical Management.
- b. It is further understood and agreed that the above paragraphs shall apply to the parties as/if the so-called Employee Free Choice Act (or any compromise legislation) is passed to include monetary fines/penalties.

#### **Invoice & Payment Policy**

- As per prior discussion, Kulture Consulting services are based on a per hour, per consultant basis, which includes travel plus actual and reasonable expenses.
- Invoices will be provided to <u>Dreiling Medical Management</u> on an ongoing basis. All
  invoices shall be paid by <u>Dreiling Medical Management</u> upon receipt.
- This agreement may be terminated, at any time, by either party involved, with payment for work hours expended since the last billing through dates/times of termination, plus actual and reasonable expenses incurred, to be paid in full.

Upon engagement of our services, please acknowledge receipt and approval of the above stipulations regarding representation/consulting services, invoicing, and payment.

On behalf of Kulture Consulting, LLC

On behalf of <u>Dreiling Medical Management</u>

Date: 12-07-09

Sandra Flood, Coo