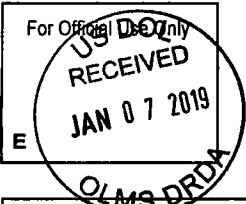


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

686 792

1. File Number: **C- 00322**

Person Filing

<p>2. Name and mailing address (include ZIP Code):</p> <p>Name Peter A List</p> <p>Title Founder & CEO</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2877</p> <p>Street</p> <p>City Pawleys Island</p> <p>State South Carolina ZIP Code + 4 29585</p>	<p>3. Any other address where records necessary to verify this report are kept:</p> <p>Name</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>4. Date fiscal year ends:</p> <p>Dec / 19</p>	<p>5. Type of person:</p> <p>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC</p>

Nature of Agreement or Arrangement

<p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name</p> <p>Organization Barneys New York</p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 575 Fifth Avenue, 14th Floor</p> <p>City New York</p> <p>State New York ZIP Code + 4 10017</p>	<p>7. Date entered into: 12 / 12 / 2018</p> <p>8. Name of person(s) through whom made:</p> <p>Name Grace Fu</p> <p>Name</p> <p>Name</p> <p>Name</p> <p>Name</p>
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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.)

<p>13. Signed _____</p> <p>Title <u>Other (Specify)</u> Founder & CEO</p> <p>On <u>1/4/2019</u> <u>843-314-0383</u></p> <p style="text-align: center;">Date Telephone Number</p>	<p>14. Signed _____</p> <p>Title <u>Other (Specify)</u> Manager of Administration</p> <p>On <u>1/4/2019</u> <u>843-314-0383</u></p> <p style="text-align: center;">Date Telephone Number</p>
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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.

<p>11.b. Period during which performed: December 2018</p>	<p>11.c. Extent performed: Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Ronn English</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2877</p> <p>Street</p> <p>City Pawleys Island</p> <p>State South Carolina ZIP Code +4 29585</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2877</p> <p>Street</p> <p>City Pawleys Island</p> <p>State South Carolina ZIP Code +4 29585</p>

<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time retail, shipping, and alterations employees employed by the employer at its 3325 Las Vegas Blvd South, Las Vegas, NV facility.</p>	<p>12.b. Identify subject labor organizations:</p> <p>WESTERN STATES REGIONAL JOINT BOARD WORKERS UNITED-SEIU</p>
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