Name (Print)

Ted C. Sautter

UNITED STATES G				DO NO	T WRITE IN THE	S SPACE
RC PETI		ARD	14-RO	-19794	16 Date	Filed 5/2/17
INSTRUCTIONS: Unless e-Filed using	the Agenc	y's website, w	ww.nirb.gov, submi	an original of thi	s Petition to a	n NLRB office in the Region
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form						
(Form NLRB-505); and (3) Description				LKB 4612). The s	inowing or int	erest snoula only be tilea
with the NLRB and should not be sen	red on the	employer or an	y other party.			
PURPOSE OF THIS PETITION: RC-CERTII bargaining by Patitioner and Patitioner desire	as to be certifi	ed as representati	ve of the employees. Th	e Petitioner alleges t	that the followin	g circumstances exist and
requests that the National Labor Relation 2e. Name of Employer	s Board proc		idress(es) of Establishm			
Railcrew Xpress			867 Widmer Rd. Le	• •	eno number, un	, SIEIR 237 (0008)
3a. Employer Representative - Name and Tit	le.		3b. Address (If seme			
Sandy Walker, Director of Huma		- 0	Same as ab	•		
	d. Cell No.		3e. Fax No.		3f. E-Mail Add	mea.
3c. Tel. No. 913-928-5000	J. Cell 140.		913-928-5072	!		er@railcrewxpress.com
4a. Type of Establishment (Factory, mine, whol	esaler, etc.)	4b. Principal pro	duct or service			end State where unit is located:
Transportation Services			employees		1 - *.	em, IL
5b. Description of Unit involved						6a. No. of Employees in Unit:
Included: All full-time and regular part-	time drivers	employed by the	e Employer at the Sale	sm. Illinois location.		approximately 10 employees
						6b. Do a substantial number (30%
Excluded: All office clerical employees,	managers,	temporary em	ployees, and superv	isors as defined by	y the "ACT".	or more) of the employees in the unit wish to be represented by the Petitioner? Yes \(\infty \) No
Check One: 7e. Request for recog	nition as Baro	eining Represente	tive was made on (Date)		nd Employer dec	ined recognition on or about
	_	if no reply receive				
7b. Petitioner is curre			epresentative and desire	s certification under th	e Act.	
Sa. Name of Recognized or Certified Bargain			6b, Address			
None	- 0 ,					
Bc. Tel No. Bo	Cell No.		8e. Fax No.		8f. E-Mail Add	7888
8g. Affiliation, if any			8h. Date of Recognition	or Certification		Date of Current or Most Recent y (Month, Day, Year)
9. is there now a strike or picketing at the Emplo	over's establis	hment(s) Involved	? No if so soon	oximately how many e	molovees are na	ticination?
(Name of labor organization)			, , , , , , ,			
 Organizations or individuals other than Petit known to have a representative interest in any e None 					presentatives and	cther organizations and individuals
10a. Name	10b. Add	iress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts an any such election.	election in this	s matter, state you	r position with respect to	11a, Election Type	: Manual [Mell Mixed Manual/Mali
11b. Election Date(s):	11c. Ele	oction Time(s);		11d, Election Loca	rtion(s):	
5/19/2017 to 6/2/2017		/A		Mall Ballot		
12b. Address (street and number, city, state, and ZIP code) rated State. Paper and Forestly, Rubber, Manufacturing, Energy, Alled Industrial & Service Employees International Ureen, (USW), AFL-CID, CLC 1301 Texas St. Room 200, Gary, IN 48402						
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) inited Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial & Service Employees International Union, (USW), AFL-CIO, CLC						
	e, Cell No.		12/. Fax No.		12g. E-Mall Ad	
219-881-6202	219-793-53		219-886-8686		teautter@	gusw.org
13. Representative of the Pettioner who will 13a. Name and Title Ted C. Sautte!	•	ce or all papers ro	13b. Address (street a		-	
13c. Tel No. 13 219-881-6202	d. Cell No. 219-793-5:	348	13e. Fax No. 219-886 -8686		13f. E-Mail Add	
			e to the best of my kno	udadaa aad ballaf		

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA); 29 U.S.C. § 15 Fet seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Occ. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ter
Signature
Organizing Coordinator
Signature
Organizing Coordinator
Signature
Signat

Date

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 14 DC 100022

DO NOT WRITE IN THIS SPACE Date Filed May 3, 2017

INSTRUCTIONS:	Inless e-Filed us	ing the Agenc	y's website, w			n original of this	Petition t	o an NLRB office in the Region
in which the empl	oyer concerned i	s located. The	e petition must	be acco	mpanied by L	both a showing o	f interest	(see 6b below) and a certificate
								tatement of Position form
(Form NLRB-505);	and (3) Descript	ion of Represe	entation Case F	Procedur	es (Form NLI	RB 4812). The si	howing of	interest should only be filed
with the NLRB and						29 3-1	12/20	923-27 (9)
bargaining by Petition		esires to be certifi	ed as representativ	ve of the er	nployees. The l	Petitioner alleges th	at the follo	nted for purposes of collective wing circumstances exist and or Relations Act.
2a. Name of Employe	r		2b. Ad	ldress(es)	of Establishment	t(s) involved (Street a	and number,	city, State, ZIP code)
Geo Corrections 8			8607			d, Lawton, OK 7	3501	<u> </u>
3a. Employer Repres Christopher Ryan				1 Park	Place, 621 N	2b – state same) NW 53rd St Ste		a Raton, FL 33487
3c. Tel. No. 561-999-7489	0.00 M.COM 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	3d. Cell No.	70.1140	3e. Fax 561-99		odre Likerbeit Al	3f. E-Mail	Address
4a. Type of Establishm SECURITY	nent (Factory, mine, w	vholesaler, etc.)	4b. Principal pro	duct or ser	vice	19.27010000	1.2	City and State where unit is located: ton, OK
5b. Description of Un								6a. No. of Employees in Unit:
Included: ALL FULL- SERGEANTS PERFO EMPLOYED BY GEO Excluded: ALL OFFI	RMING GUARD DUT @ LAWTON CORRE	TIES AS DEFINED ECTIONAL FACIL	O IN SECTION 9(B ITY LOCATED 860)(3) OF TH 07 SE FLO\	E NATIONAL LA WER MOUND R	ABOR RELATIONS A D, LAWTON, OK 735	CT, 501.	200 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Check One:	7a. Request for rec					ar	d Employer	declined recognition on or about
-	·		(If no reply receive			november .		
8a. Name of Recogni				epresentati	ve and desires of 8b. Address	certification under the	Act.	
NONE	zed or Certified Bart	Jaining Agent (#	none, so statej.	- 1	ob. Address			
8c. Tel No.		8d Cell No.		8e. Fax	No.		8f. E-Mail	Address
8g. Affiliation, if any	8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike (Name of labor orga		mployer's establis				imately how many er Month, Day, Year)	mployees are	participating?
10. Organizations or in known to have a repre	dividuals other than I		se named in items	8 and 9, w	hich have claim	ed recognition as rep	resentatives	and other organizations and individuals
NONE 10a, Name		10b. Ad	dress			10c. Tel. No.		10d. Cell No.
Tod. Hallo		,,,,,,			- 5	33.5.533.5.533.533		
	Ellion Control					10e. Fax No.	37-142-27	10f. E-Mail Address
 Election Details: any such election. 	If the NLRB conducts	an election in thi	s matter, state you	r position v	vith respect to	11a. Election Type	: 🗸 Manu	al Mail Mixed Manual/Mail
11b. Election Date(s): 5/25/17		12747172	ection Time(s): & 1-3 PM			11d. Election Loca Training Building	tion(s):	200
12a. Full Name of Per International Union, S				FPA)		12b. Address (stre 25510 Kelly Road,		er, city, state, and ZIP code) MI 48066
12c. Full name of nation International Union, Se					ite or constituen	t (if none, so state)	-	
12d. Tel No. 586-772-7250 X111		12e. Cell No. 586-872-5634		12f. Fax 586-772-			12g. E-Ma organize@	
13. Representative of	the Petitioner who		ice of all napers fo			entation proceeding		spipa.org
13a. Name and Title				13b. Add	dress (street and	d number, city, state, 27, Detroit, MI 48226		(e)
13c. Tel No. 313-964-5600		13d. Cell No.	-3. A	13e. Fax 313-964			13f. E-Mai Gordon@l	Address JnionLaw.net
I declare that I have r	ead the above petiti	on and that the	statements are tru			dedge and belief.		
Name (Print) David L. Hickey	Sig	gnature Carl	DI'E	Title Internation	onal President		Date 5/2/17	
	I EALSE STATEME	NEC ON THE DE	TITION CAL TO	SUNDENED	DV FINE AND	HIDDIOOMAENT (I	C CODE T	TTLE 40 SECTION 4004)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq., The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processings or litigation. The routine uses for the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processings or litigation. The routine uses for the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processings or litigation. The routine uses for the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processings or litigation. The routine uses for the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processings or litigation. The routine uses for the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processings or litigation. The routine uses for the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processing representation and relate NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

Case No 14-RC-198661 Date Flied May 12, 2017

		7.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2		10.7 (0.65)	VARIATION OF		
INSTRUCTIONS: Unless e-Filed in which the employer concerne certificate of service showing se Position form (Form NLRB-505) should only be filed with the NLR	d is locate rvice on t ; and (3) t	ed. The petition mu the employer and a Description of Repr	st be accomp all other partie esentation Ca	anied by is named ise Proce	both a showing in the petition of dures (Form NL	of interest (of: (1) the pe	see 6b below) and a tition; (2) Statement of
PURPOSE OF THIS PETITIONRC-CE bargaining by Petitioner and Petitioner des National Labor Relations Board proceed u	RT1FICATIO	ON OF REPRESENTAT	IVE - A substanti he employees. The	ial number o	of employees wish t alleges that the follow		
2a. Name of Employer	•				(s) involved (street an	d number, city, s	tate, zip code)
CSRA			77690 VICT	ORY DR	RIVE, FORT RII	LEY, KS 66	442
3a, Employer Representative - Name a	and Title		3b. Address	(If same as	2b - state same)	132	
MARK NAUGHTON		4577			V PARK DRIVE		HURCH, VA 22042
3c.Tel. No.	3d. Cell	No.	Se. Fax No.			3d. E-Mail Ad	
785-784-8168	<u> </u>			84-8305			ON@VT-LCCS.ORG
4a. Type of Establishment (Factory, mine,		etc.) 4b. Principal p CONVO	roduct or service			110000000000000000000000000000000000000	and State where unit is located:
MAINTENANCE/RANGE FA	ACILITY	001170	1 444			FOR	RT RILEY, KS
5b. Description of Unit Involved		**			0.00	- N	6a. No. of Employees in Unit:
ncluded: ALL FULL AND REGULAR PART TIME	CENEDA	MAINTENANCEWO	OVERS ELECTI	DONIC MA	INTENANCE TECH	ANICIAN PS	31
'S, AND III'S, TELECOMMUNICATION							6b. Do a substantial number (30%
25.0 to 1.0 to 25.0 to 25.0 to 1.0 to 25.0 to 2 - 25.0 to 25.					, ,		or more) of the employees in the
xcluded:							unit wish to be represented by the Petitioner? Yes V No
OFFICE CLERICAL EMPLOYEES, PR	OFESSION	AL EMPLOYEES, MAI	NAGERIAL EMP	LOYEES, C	GUARDS, AND SU	PERVISORS,	readoners resign to
AS DEFINED IN THE ACT.		<u> </u>	8 275		200	16.00	* * **
7a, Request for recognition			made on <u>Petition</u>	will serve	as request for reco	gnition and Em	ployer declined recognition on or
about(date(date		rrecelved, so state). as Bargaining Represent	ative and desires	certification	under the Act		
8a. Name of Recognized or Certified Bargainin				Address	and the riot	10 10	
NONE			303.5 70.11	N/A			
8c. Tel. No.	8d. Cell f	No.	Se. Fax No.			8f, E-Mail Ad	dress
N/A	N/A		N/A		Cartification	N/A	Date of Current or Most Recent
8g. Affiliation, if any N/A			8h. Date of Re N/A	cognition or	Certification		y (Month, Day, Year)
Is there now a strike or picketing at the (Name of labor organization)		stablishment(s) involved picketed the Employer since			proximately how man	y employees ar	e participating?
10. Organizations or individuals other than known to have a representative interest in a						esentatives and	other organizations and individuals
10a. Name	1	Ob. Address	0.00.00		10c. Tel. No.	500	10d. Cell No.
N/A		N/A		i i	N/A 10e. Fax No.		N/A 10f. E-Mail Address
	alaatian la fi	olo moltor stata vavana	alties with several		N/A 11a, Election T	· · ·	N/A
 Election Details: If the NLRB conducts an any such election. 	election in ti	ils matter, state your po	sition with respect	. 10	Manual	Mai)	Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s);			11d. Election Loca	ation(s):	
6/2/2017		10:0	00 AM		BREAK ROOM -	BLDG 99652	FORT RILEY, KS 66442
12 a. Full Name of Petitioner (including local na IAMAW, AFL-CIO	me and numb	er)			12b. Address (stre 690 E. LAMAR	et and number, BLVD., SUI	city, state, and ZIP ∞de) TE 580, ARLINGTON, TX 76011
12c. Full name of national or international I INTERNATIONAL ASSOCI			AND AEROSI			-CIO	
12d. Tel. No. 817-505-0100			12f, Fax No. 817-45		50 KI 1050 W		ddress
13. Representative of the Petitioner who will acc	ept service of	all papers for purposes of t			\ 	40	
13a, Name and Title		and and the state A. Mire - 44			per, city, state, and ZIP or		OTON TV 70044
effery M. Smith - Chief of Staff to Gene	10.00				BLVD, SUITE (GTON, TX 76011
13c, Tel. No. 817-505-0100	13d, Cell I 469-766		13e Fax No.	9-0107		13d. E-Mail A	@IAMAW.ORG
I declare that I have read the above Petition and					2002- 028- 1	JOIVIII	WITHIN T. OILO
	nature	11 . 11	Titl		777	· L	
	- 1	1 MXXX			eneral Vice President Mark		DATE = #12/2017
Jeffery M. Smith	EMEN TO	THE DETITION CAN	- 28	MENTAL ARROYS	ACCEPTAGE ACCEPTAGE		5/12/2017
WILLFUL FALSE STAT	EMERY/SYS/	THIS PETITION CAN I	SE PUNISHED BY	FINE AND	IMPRIOUMBNI (U.	a. CODE, HILL	: 10, DECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.0 § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942- 43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM	NLRB-502	(RD)
	(8.16)	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RD PETITION

Case No.	Date Filed)
14-RD-198375	5/9/1-
17000	10/1/1

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

and the state of t				
PURPOSE OF THIS PETITION: RD- DE recognized bargaining representative is r Labor Relations Board proceed under	no longer their representative. The Petit its proper authority pursuant to Sect	tioner alleges that the folk tion 9 of the National Labo	wing circumstances ex r Relations Act.	cist and requests that the National
2a. Name of Employer Dinas Central Sch 3a. Employer Representative - Name and	roof Bus IIII E	es) of Establishment(s) invol	ved (Street and number,	city, state, ZIP code) ankfort IL 6289
Cynthia Layd - C	ontract nor. 3e. Cell No.		Mail Address	
4a. Type of Establishment (Factory, mine, w	993-9680 holesaler, etc.)	4b _m Pr	ncipal product or service	0.111
	100	. Thro	insportatio	n of Children to Scho
5a Description of Unit Myolved Included Bus Orivers I	Monitors			is located: West Frankfo
Excluded: n/a				Illinois
6. No. of Employees in Unit	Do a substantial number (30% or more recognized bargaining representative?		it no longer wish to be re	presented by the certified or currently
8a. Name of Recognized or Certified Bargain			8b. Affiliation, if any	
8c. Address	<u>a</u> -30	8d. Tel. No.	8e. Cell No.	
1609 North Illi	inois	8f. Fax No.	8g. E-Mail Address	
9. Date of Recognition or Certification	62226	Date of Current or Most Re	cent Contract if any (Mo	onth Day Year)
8-1-201	14	uly 31,2	-017	
11a. Is there now a strike or picketing at the	Employer's establishment(s) involved?	Yes No 11b. If	so, approximately how n	nany employees are participating?
11c. The Employer has been picketed by or	on behalf of (Insert Name)	120 10 V V V 10 100 V		a labor organization, of
(Insert Address) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	named in items 8 and 11c, which have	claimed recognition as repre	100000	ce (Month, Day, Year)
and individuals known to have a represe	intative interest in any employees in the	unit described in item 5 abo	ove. (If none, so state)	12d. Fax No.
12a. Name	n. Address	120. 1	ei. 140.	IZU. I UX IVO.
14	14	12e. C	ell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts matter, state your position with respect to		13a. E	lection Type: Manua	Mail Mixed Manual/Mail
13b. Election Date(s)	13c. Election Time(s)	13d. E	lection Location(s)	
14(b) (6), (b) (7)(C)	on behalf	of emolou	ees Illing	us Central School B
(b) (6), (b) (7)(C)	<u> </u>	(b) (6	b), (b) (7)(C)	14c. Fax No.
		14d. C	ell No.	(b) (6), (b) (7)(C)
14f. Affiliation, if any	2004 A. M. BANK AFAC			
15. Representative of the Petitioner who	will accept service of all papers for p	urposes of the representa	tion proceeding.	- BEE -
(b) (6), (b) (7)(C)		(b) (d	6), (b) (7)(C)	S. MC
(b) (6), (b) (7)(C)	ZIP code)	(b) (c	el. No. 6), (b) (7)(C)	15e. Fax No.
		151. C		150 E-Mal Address (b) (6), (b) (7)(C)
I declare that I have read the above petition	on and that the statements are true to	o the best of my knowledge	e and belief.	
Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		(b) (7)(C)	Date Filed 5.04-201
WILLFUL FALSE STATEMEN	NTS	HED BY FINE AND IMPH	ISUNMENT (U.S. CODE	E, TITLE 18, SECTION 1001)

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 14-RD-198833

Date Filed	7	
5	16	110

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1	교육하다 중요 하면 어떻게 되었다. 이 경영 하면 이번 구인 점점 보이다 하다.					
PURPOSE OF THIS PETITION: RD- DECERTIFICAT recognized bargaining representative is no longer their Labor Relations Board proceed under its proper au	representative. The Petitioner	alleges that the	ne following circumstan			
2a. Name of Employer			s) involved (Street and nu			
Traffic Catrol Company				1-2-1	W 6 3000	
3a. Employer Representative - Name and Title Ron Jones - President	3b. Address (If sam	ne as 2b - state よんこ	name)			
3c. Tel. No. 3d. Fax No.	3e. Cell No.		3f. E-Mail Address	10000		
636-725-7800			POSETA	fficion	t-olcompan	y con
4a. Type of Establishment (Factory, mine, wholesaler, etc.	1	0.12	Ah Dringing product or a	ADVICO		
Construction	•		Construction	Tra	His Contr	اد
5a. Description of Unit Involved			00.,,,,			
					 b. City and State wh is located: 	ere unit
Included: SEE Recognition (la			luces on w	es l	Valley F	Perk,
Excluded: office clerical emp			,,,,,,,		MO.	
6. No. of Employees in Unit 9 7. Do a substar	tial number (30% or more) of the		the unit no longer wish to	bo represents	10% (C)	r ourrontly
recognized b	pargaining representative?		the unit no longer wish to	be represente	a by the certified of	currently
8a. Name of Recognized or Certified Bargaining Agent	1 1 200 W	in 1/0	8b. Affiliation	, if any		
Intil Brotherhood of Tran	المام	100.	600			
8c. Address 5730 Elizabeth Ave		8d. Tel. No.	oe. Cell No.			
St. Louis, MO 631/0-	2802	8f. Fax No. 314-647	8g. E-Mail Ad	ldress		
O. Date of Beangailian as Codification	10 Evaluation Date			w (Month Do	Vocal	
9. Date of Recognition or Certification 5 vn 1982	To. Expiration Date	J~	Most Recent Contract, if and Ly 31 2	.017	r, rear)	2270
11a. Is there now a strike or picketing at the Employer's e	stablishment(s) involved?	res No	11b. If so, approximately	how many em	ployees are participa	ating?
11c. The Employer has been picketed by or on behalf of	(Insert Name)				a labor o	organization, of
(Insert Address)				since (Mont	h, Day, Year)	
12. Organizations or individuals other those named in item	ns 8 and 11c which have claims	ed recognition a	as representatives and off			0.00000
and individuals known to have a representative interes						
12a. Name 12b. Address			12c. Tel. No.	12d. Fa	x No.	
			65 VC U:			ET 818 - 1820)
			12e. Cell No.	12f. E-N	Mail Address	
 Election Details: If the NLRB conducts an election in matter, state your position with respect to any such ele 			13a. Election Type:	Manual []	Mail Mixed M	anual/Mail
	Election Time(s)	A 8	13d. Election Location(s)			
June 6, 2017	6:00 AM		13.	eallo	·~	
14. Full Name of Petitioner (b) (6), (b) (7)(C)						
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)			14b. Tel. No.	14c. Fa	ix No.	
(b) (b), (b) (7)(C)			(b) (6), (b) (7)(C)		
			14d. Cell No.	14e. E-	Mail Address	
14f. Affiliation, if any			2 2	L		-
15. Representative of the Petitioner who will accept so	ervice of all papers for purpos	ses of the repr	esentation proceeding.	10 mm mm (mm)		
			15b Title			
(b) (6), (b) (7)(C)			An	Indiz.	dual	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		71	15d Tel No. (b) (6), (b) (7)	15e. Fa	ıx No.	
(b) (b), (b) (1)(b)		3	() () () ()			
			15f. Cell No.	15g. E-	Mail Address	
I declare that I have read the above petition and that t	he statements are true to the	best of my kno	owledge and belief.	<u> </u>	E 378	
			Title		Date F	iled
Na(b) (6), (b) (7)(C)	(6), (b) (7)(C)		An Individ	lual		16-17
WILLELL FOLSE STATEMENTS ON		INE AN	IMPRISONMENT (U.S.	CODE TITLE	18. SECTION 1001	1