FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO N	TO	WRITE	IN	THIS	SPA	CE
a Na						De	

Case No. 10-RC-254209

January 7, 2020

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 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 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. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a, Name of Employer: Dominion Energy North Carolina 800 Gaston Rd, Gastonia, NC 28056 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Scott Swindler, General Manager Trinity Church Rd, Concord, NC 28027 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 704-718-4231 704-810-3230 scott.swindler@dominionenergy.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Gas Company Natural Gas See Attachment A 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment A Excluded: Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 01/06/2020 and Employer declined recognition on or about (Date) 01/06/2020 (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) See Attachment A 1655 West Market Street, 6th Floor, Akron, OH 44313 8c. Tel No. 8d. Cell No. 8e. Fax No. 8f. F-Mail Address 330-926-1444 See Attachment A See Attachment A 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/02/2022 See Attachment A 04/30/1947 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 01/21/2020 To be agreed upon To be agreed upon 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Same as 8a, above Same as 8b. above 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Chemical Workers Union Council of the United Food and Commercial Workers International Union, AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 330-926-1444 330-926-0816 tpoling@icwuc.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): Thomas Humphries II, ICWUC/UFCW Organizer 1655 West Market Street, 6th Floor, Akron, OH 44313 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 330-926-1444 828-275-5098 330-926-0816 thumphries@icwuc.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Thomas Humpries II ICWUC/UFCW Organizer 01072020

#### Attachment A

### 5a. City and State where unit is located:

Raleigh, Durham, Asheville, Statesville & Concord NC

### 5b. Description of Unit Involved

Included: The petitioner presently represents all hourly paid service department employees and construction and maintenance department employees in what were formerly known as the Company's RALEIGH, DURHAM, ASHEVILLE, STATESVILLE and CONCORD Union locals. This petition seeks a self-determination election for the presently unrepresented all full-time and regular part-time Craft employees (Inspector, Senior Inspector, Pipe Line Maintenance Operator, Pipe Line Maintenance Crew Leader, Field Measurement Technician, Senior Field Measurement Technician, Corrosion Technician, Senior Corrosion Technician, Pipe Line Technician, Pipe Line Inspector).

**Excluded:** All other employees, including all office and clerical workers, professional employees, guards, and supervisors as defined in the Act.

### 8a. Name of recognized or certified bargaining agent:

International Chemical Workers Union Council of the UFCW and its Locals 297C (Raleigh), 298C (Durham), and 528C (Asheville, Iredell, Concord).

#### 8d. Cell No.

Local 297C President, Ron Carter 919-516-3730

Local 298C President, Scotty McFarland 919-210-5127

Local 528C President, Richard Walsh 828-279-8443

ICWUC Organizer, Thomas Humphries II 828-275-5098

#### 8f. E-Mail Address

rcarter@icwuc.net

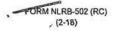
rwalsh@icwuc.net

organizing@icwuc.org

thumphries@icwuc.org

### 8g. Affiliation, if any:

United Food & Commercial Workers International Union, AFL-CIO, CLC



### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
10-RC-254773	January 17, 2020				

employer concert the employer and	ned is located. T I all other parties	he petition s named in	must be acco	mpanied f: (1) the p	by both a sh etition; (2) S	submit an original of cowing of interest (statement of Positioned with the NLRB and	ee 6b below) a n form (Form N	nd a certifica LRB-505); an	te of service showing d (3) Description of	g service on Representation	
bargaining by P	etitioner and Peti	tioner desire	s to be certifie	d as repres	sentative of the	substantial number on the employees. The Pouthority pursuant to	etitioner allege	s that the foll	lowing circumstance	of collective es exist and	
Tanner Cuts LLC 4110				4110	b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 110 Moseby Street, Columbia, SC 29207 Fort Jackson						
3a. Employer Rep Wanda Curet		ive - Name and Title:  3b. Address (if same as 2th 1000 Tanner Ford)					): 130, Hanal	nan, SC 29	9410		
3c. Tel. No.		3d. Cell No 843-53			3e. Fax No. 3f.			Address			
4a. Type of Establis Beauty salon	shment (Factory,	mine, whole	saler, etc.)			pal Product or Service SERVICES	, ,	5a. City ar Colum	nd State where unit is bia SC	located:	
5b. Description of Included: All regular be					1, 22, 3			6	er of Employees in U		
Excluded:								of the e	ubstantial number (3 employees in the unit ented by the Petitione	wish to be	
_ 0	<ul> <li>a. Request for red</li> <li>n or about (Date)</li> <li>b. Petitioner is cu</li> </ul>			If no reply	received, so				declined recognition		
8a. Name of Reco None	gnized or Certifi	ed Bargain	ng Agent (If n	one, so sta	ate) 8b. Ad	idress:					
8c. Tel. No.		8d. Cell No	o.		8e. Fax No	).	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any	r:				8h. Date of R	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a st	Marine and State	at the Emplo	yer's establish	ment(s) inv	volved? No	If so, appro			s are participating?		
	or individuals other					9, which have claime escribed in item 5b ab	d recognition as	representativ	er since (Month, Day es and other organiza		
10a. Name		~	10b. Address	1	[1		10c. Tel.	No.	10d. Cell No.		
							10e. Fax No		o. 10f. E-Mail Address		
11. Election Detail	s: If the NLRB co	onducts and	election in this	matter, sta	ate your posi	tion with respect to ar	ny such election	11a. Electio		xed Manual/Mail	
11b. Election Date( February 5, 2			1:00 pm					11d. Election Location(s): Main PX, 4110 Moseby St, Columbia, SC		umbia, SC	
12a. Full Name of United Food					204	PO Box 347,					
						affiliate or constituent ion, AFL-CIO	(if none, so stat	e):			
12d. Tel. No. 800-634-9870	0 ext 5	12e. Cell 1 336-91			12f. Fax N 336-89			ail Address ennedy@g	gmail.com		
13. Representative 13a. Name and Titl David Kenned	e:		accept servic	e of all pap	13b. Addre	poses of the represe ess (street and number arty Lane, Clemi	er, city, State an	d ZIP code):			
13c. Tel. No. 800-634-9870	0 ext 5	13d. Cell 1 336-91			13e. Fax N 336-89			13f. E-Mail Address ufcwkennedy@gmail.com			
I declare that I have Name (Print)	ve read the abov	e petition a	nd that the st		are true to the	he best of my knowl	Title			Date /	
David	Kenne	dy	10	an		irme &	Secreta	ry Trea	ashrer	1/16/20	

FORM NLRB-502 (RC) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
10-RC-255004	January 22, 2020					

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition i named in t	must be accomp he petition of: (1	panied by 1) the peti	both a sh tion; (2) S	owing of Interest (se tatement of Position	e 6b below) ai form (Form N	nd a certificat LRB-505); an	e of service s d (3) Descript	howing solon of Rej	ervice on presentation
PURPOSE OF THIS PETITION: R     bargaining by Petitioner and Petiti     requests that the National Labo	oner desires	to be certified as	s represen	tative of th	ne employees. The Per	titioner allege	s that the foll	owing circum	stances e	
2a. Name of Employer:			2b. Addre	ess(es) of	Establishment(s) involv	ved (Street and	number, City	State, ZIP con	de):	
Zero Waste Solutions			1850 (	Gatewa	y Blvd. #1030					
Concord, CA 94520										
3a. Employer Representative - Nam	ne and Title:		3b. Addre	ess (if sam	e as 2b - state same):		-			
Joe Strange - site manager	r	114 Loughlin Rd								
			Ft. Be	nning,	GA 31905					į
3c. Tel. No.	3d. Cell No			Be. Fax No	),	3f. E-Mail			o 200 - ala	
706-905-8131						2006	2 Zero	Jastes.	slati.	ans com
4a. Type of Establishment (Factory, r	nine, wholes	saler, etc.)			al Product or Service			d State where	unit is loc	ated:
service provider 5b. Description of Unit Involved:				waste d	lisposal		Ft. Benn		- 1- 11-14	
included:								r of Employee	s in Unit:	
All part time and regular t	full time	drivers, med	chanics	and he	lpers		5			
Excluded:		vielatero (l. 11210-113 <del>°</del> il control 1			n <del>n</del> ese seres.		6b. Do a s	ubstantial num	ber (30%	or more)
Office clerical and profess	sional en	nployees, gu	ards, &	super	visors as defined	d by the ac		employees in the need by the Pe		
Check One: X 7a. Request for rec	ognition as					a	nd Employer	feclined recogn	nition	
on or about (Date)  7b. Petitioner is cur	rently recog		o reply red ina Repres			under the Act				
8a. Name of Recognized or Certifie				_	Idress:					
none										
8c. Tel. No.	8d. Cell No	•	1	Be. Fax No	).	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:			8h.	8h. Date of Recognition or Certification   8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				e		
9. Is there now a strike or picketing a	t the Employ	er's establishme	nt(s) involv	red? No	If so, approx	imately how m	any employee	s are participat	ing?	-
(Name of Labor Organization)			545		Lameacod	, has pickete	d the Employ	er since (Monti	h, Day, Ye	ar)
Organizations or individuals other individuals known to have a repre								es and other or	ganization	ns and
none 10a. Name		10b. Address				10c. Tel.	No	10d. Cell No.	-	
Toa. Name		TOD. Address				100. 161.	10.	100. 0011110.		
						10e. Fax	No.	10f. E-Mail Ad	ddress	
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, state	your posit	tion with respect to any	such election	11a. Electio	n Type:		
Organizer								l Mail	Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tin	15/15/1				tion Location(s		52	
1/29/2020		2:00pm - 3			-		6485 Indianhead Rd Ft. Benning, GA 31995			
12a. Full Name of Petitioner (includ	ling local na	me and number):			12b. Address (street	and number, c	ty, State and I	ZIP code):		**
Ed Caines	• 1450 / 100 <b>•</b> 1400 / 170 •				PO Box 170	_				
International Union of Op					Rex, GA 3027					
12c. Full name of national or internati					affiliate or constituent (	if none, so stat	9):			
International Union of Int						100 E M	-il Addroop			
2d. Tel. No.   12e. Cell No.   12f. Fax No.   12g. E-Mail Address   170-474-5926   170-474-5902   12g. E-Mail Address   12g. E-Mail										
13. Representative of the Petitione	r who will a	ccept service of							443.4	11-23-0
13a. Name and Title:					ess (street and number					
Ed Caines - Organizer				PO Box	170 Rex, GA 30	273	5002			
13c. Tel. No.	13d. Cell N	lo.	- 10	13e. Fax N			il Address			
770-474-5926			- 1	770-47			oe926.org			
I declare that I have read the above	e petition a			true to t	he best of my knowle	dge and belie				Date
Name (Print) Ed Caines		Signature				Organize				1/22/2020
1 2 4 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5						THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	700			

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	10-RC-255011	Date Filed 01-23-2019			

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 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 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. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 108 Monticello Rd Suite 2000 NC Weaverville 28787-No Evil Foods, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 108 Mon icello Rd Suite 2000 NC Weaverville 28787-Mike Woliansky 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address mike@noevilfoods.com (828) 367-1536 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Processing Producing plant-based meat Weaverville, NC 5b. Description of Unit Involved 6a. No. of Employees in Unit: 50 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. 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 or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 2/12/2020 11:00 AM to 3:30 PM Conference Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Alejandro Miranda United Food and Commercial Workers Union Local 1208 14400 Highway 87 West NC Tar Heel 28392-12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Food and Commercial Workers International Union 12g. E-Mail Address AMiranda@ufcw.org 12d. Tel No. 12e Cell No 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Blaine Taylor Butsavagé & Durkalski, P.C. 1920 L St NW #301 DC Washington 20036 13c. Tel No. 13d Cell No. 13e Fax No. 13f. E-Mail Address btaylor@butsavage.com (202) 861-9711 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Blaine Taylor 01/22/2020 15:10:46 Blaine Taylor

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 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.

Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
10-RC-255011	01-23-2020				

### Employees Included

All regular full-time and part-time production workers, janitors, and dishwashers.

### **Employees Excluded**

Warehouse associates, office and clerical employees, and supervisors as defined by the Act.

1/24/20, 10:00 AM To: +1 336-631-5210 From: +1 (b) (6), (b) (7)(C)

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
10-RC-255092	January 24, 2020					

RC PETITION						10-RC-255092 January			
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must i named in the pe	be accompanied tition of: (1) the	by both a sh petition; (2) 5	nowing of Interest (se Statement of Position	e 6b below) an form (Form NL	d a certificat RB-505); an	e of service showing : d (3) Description of Re	service on epresentation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ioner desires to be	certified as repre	esentative of the	he employees. The Pe	titioner alleges	that the follo	owing circumstances		
2a. Name of Employer:  VOESTALPINE METALS  2b. Address(es) of Establis 2306 EASTOVER SOUTH BOSTON.					•	number, City,	, State, ZIP code):		
3a. Employer Representative - Nar MICHAEL CHESSOCK,		3b. A SA		ne as 2b - state same):					
3c. Tel. No.	3d. Cell No.		3e. Fax No	0.	3f. E-Mail / MICHA		SSOCK@BOHI	LER.COM	
4a. Type of Establishment <i>(Factory, I</i> OTHER	mine, wholesaler, e	etc.)		PRODUCTS			d State where unit is loo H BOSTON, V		
5b, Description of Unit Involved: Included: PRODUCTION AND MA	AINTENANO	CE EMPLO	YEES			Ba. Numbe 23	r of Employees in Unit		
Excluded: SALARY, CLERICAL, C				(Date) 1 22	2020	of the e	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be	
Check One:   7a. Request for recon on or about (Date)  7b. Petitioner is cu	3 CO	(If no reply	received, so	state).		d Employer o	declined recognition		
8a. Name of Recognized or Certific	, ,			ddress:		and the second	/		
8c. Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:				8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
<ol> <li>Is there now a strike or picketing a (Name of Labor Organization)</li> </ol>	t the Employer's e	stablishment(s) ii	volved? No	If so, approx			s are participating? er since (Month, Day, Y	'ear)	
Organizations or individuals othe individuals known to have a repre-					recognition as i	epresentative			
10a. Name	10b. /	Address		***************************************	10c. Tel. N	D.	10d. Cell No.		
					10e, Fax N	0.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and electio	n in this matter, s	tate your posi	tion with respect to an	y such election:	11a. Election		d Manual/Mail	
11b. Election Date(s): 2-28-2020		ection Time(s): 0a.m 7:30a	a.m. 2:00		11d. Election Location(s): EMPLOYEE BREAKROOM				
12a. Full Name of Petitioner (includ SAMUEL H. PENN, US	V STAFF RE	PRESENT		12b. Address (street 5338 PETERS ROANOKE, \	CREEK R /A 24019	OAD, SU			
12c. Full name of national or internat UNITED STEELWORKI			atitioner is an a	affiliate or constituent (	if none, so state	):	TOTAL PROPERTY OF THE PROPERTY		
12d. Tel. No. 12e. Cell No. 704-458-7041				12f. Fax No. 12g. E-Mail Address SPENN@USW.ORG					
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title:			apers for purposes of the representati 13b. Address (street and number, cit			-			
13c. Tel. No.	13d. Cell No.		13e. Fax 1	No.	13f. E-Mai	13f. E-Mail Address			
I declare that I have read the abov	e petition and tha	_	are true to t	he best of my knowle			77700	D-4	
Name (Print) SAMUEL H. PENN		Signature	LN.	Ten	USW STA	FF REPI	RESENTATIVE	1-23-2020	

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 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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No 10-RC-255436	January 30, 2020				

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 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 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. PURPOSE OF THIS PETITIONRC-CERT1FICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petilioner and Petilioner desires to be certified as representative of the employees, The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 641 LANCE AVE, SHAW AFB, SC 29152 L3 HARRIS 3a. Employer Representative - Name and Title 3b. Parent Company Address (If same as 2b - state same 2200 ARLINGTON DOWNS RD., ARLINGTON, TX 76011 DAWN ST. JOHN 3c.Tel. No 3d. Cell No. 3d. E-Mail Addres: DAWN.ST.JOHN@L3HARRIS.COM 803-666-5273 803-505-0092 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) SERVICE CONTRACT SERVICE CONTRACT SHAW AFB. SC 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL AND REGULAR PART TIME SIMULATOR TECHNICIANS WORKING AT SHAW AIR FORCE BASE, 6b. Do a substantial number (30% SUMTER SOUTH CAROLINA. or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🗸 No 🗔 OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about \_\_\_\_\_(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE N/A 8f. E-Mail Address N/A 8c, Tel. No. 8d. Cell No. N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81, Expiration Date of Current or Most Recent Contract, if any (Month, Day. Year) N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? \_ N/A (Name of labor organization) \_ , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b, Address 10d. Cell No. 10c, Tel. No N/A 10e, Fax No. 10f. E-Mail Address N/A N/A N/A N/A 11a, Election Type: 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail any such election. Mixed Manual/Mail 11b. Election Date(s); 11c, Election Time(s): 11d. Election Location(s): BREAK RM OR CONFERENCE ROOM: 641 LANCE **FEBRUARY 26, 2020** 11:00 AM - 1:00 PM AVE. BLDG 1505 SHAW AFB, SC 29152 12 a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12g. E-Mail Address 12e. Cell No 12f. Fax No 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c Tel No. 13d. Cell No. 13e. Fax No. 13d. E-Mail Address 817-505-0100 682-401-7835 817-459-0107 JLITTLE@IAMAW.ORG I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief. DATE 01/30/2020 **GRAND LODGE REPRESENTATIVE** bea JAMES R. LITTLE

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.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) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

(b) (6), (b) (7)(C)

DO NOT WRITE IN THIS SPACE						
Case No.	10-RD-255171	Date Filed 1-27-2020				

	1 2 / 2020
INSTRUCTIONS: Unless e-Filed using the Agency's website, [WWW.nirb.gov/], submit employer concerned is located. The petition must be accompanied by both a showing the employer and all other parties named in the petition of:(1) the petition; (2) Stateme Case Procedures (Form NLRB 4812). The showing of interest should only be filed with	of interest (see 7 below) and a certificate of service showing service on
PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENT A recognized bargaining representative is no longer their representative. The Petitioner aller	TIVE) - A substantial number of employees nesert that the partitled as asset that

	(- Apr. The blocking of II	Mer ear should drift be	men with me Mr	um sua suoma liõt pe s	erved on th	a employer or any other party.	
	ION: RD- DECERTIFICATION scribtive is no longer their reported under its proper authorities.					sert that the certified or currently and requests that the National	
2a. Name of Employer Asplundh Tree Expert LLC		2b. Address(es)	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 708 Blair Mill Rc. Willow Grove Pa 19090-1701				
3a. Employer Representative John Detti Labor relation	A STATE OF THE STA	3b. Address (If same as 2b - state same)					
3c. Tel. No. 3d. Fax No. 215-784-1371		3e. Cell No. 215-284-581	1.6	3f, E-Mail Address jdetti@asplundh.com			
4s. Type of Establishment (Fectory, mine, wholeseler, etc.) utilities				4b. Principal product or service Line Clearance/Tree Trimmer			
Sa. Description of Unit Involved Included:			5b. City and State where unit				
All full time and regular Excluded: All other employees, gen	neral forepersons, office				ALCONO.	ls located; Rocky Mount, Va	
6. No. of Employees in Unit 16	recognized barga	number (30% or more) of sining representative?  x	f the employees in	n the unit no longer wish	to be represe	ented by the certified or currently	
8a, Name of Recognized or Certified Bargaining Agent Bert McDermitt Jr.				8b. Affiliation, if any none			
			8d, Tel. No. 304-429-50	6e. Cell No. 304-550-7272		, , , , , , , , , , , , , , , , , , , ,	
		8f. =ax No. 304-429-56	015   bort.mcde	8g. E-Mail Address bort.mcdermitt@ibew.org			
Date of Recognition or Certific none	atlon	10. Expiration Da none	ste of Current or N	Most Recent Contract, if a	ny (Month, E	ay, Year)	
11a. Is there now a strike or pick			Yes 🗵 No	11b. If so, approximately	how many e	employees are participating? ()	
11c. The Employer has been pict (Insert Address) none	keted by or on behalf of (Inso	ri Name) none			"	a labor organization, o	
12. Organizations or individuals of	other those named in Items 8 a	and 11c, which have clair	med recognition a	B representatives and other		nth, Day, Year) none	
and individuals known to hav 12a Name (b) (6), (b) (7)(C)	e a representative interest in any employees in the unit of the light (b) (6), (b) (7)(C)		it deachbed in lieu	n 5 above. (If none, so si 12c. Tel. No	12d. Fex No.		
(b) (b), (b) (		) ( <i>I</i> )(C)		(b) (6), (b) (7)(C)		none	
				12¢ Call No (b) (6), (b) (7)(C)	(b) (	6), (b) (7)(C)	
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Foreperson				13a. Election Type: 🔀 Manuel 🔝 Mail 🔝 Mixed Manuel/Mail			
130. Election Date(s) 2/19/2020 13c. Election Time(s) 5:45pm-6:45pm				13d, Election Location(s) Public Library 355 Franklin St. Rocky Mt. Va 24151			
14. Full Name of Patitioner (b) (6), (b) (7)(C)		Shith "					
b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)		ax No.	
				b) (6), (b) (7)(C)	(b) (e	b), (b) (7)(C)	
14f. Affiliation, if any motic						10.	
5. Representative of the Petitio	mer who will accept service	of all papers for purpo					
Bert McDermitt Jr.		AND STATE OF STATE		BEW State Org. Cool	rdinator		
15c. Address (Street and number, city, state, ZIP code) 1348 Madison Avenue Suite A P.O. Box 9275 Huntington, WV 25704			3	15d. Tel, No. 304-429-5013 15e. Fax No. 304-429-5015			
declare that I have mad the al-			3	5f, Cell No. 304-550-7272	15g, E hert, n	-Mail Address nedermitt@ibew.org	
declare that I have read the abo	Sid (b) (6), (	b) (7)(C)	-	vladge and ballef.			
5 (6), (6) (7)(C)	211		Œ	(6), (b) (7)(C)		Date Filed 1-24-2020	