

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-226708	Date Filed 9/4/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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.

2a. Name of Employer: Earth Fare	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1856 Hendersonville Rd Asheville, NC 28803
3a. Employer Representative - Name and Title: Robert Cole Cantrell Store Manager	3b. Address (if same as 2b - state same): same

3c. Tel. No. 828-210-0100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Grocery	4b. Principal Product or Service Grocery	5a. City and State where unit is located: Asheville, NC
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5b. Description of Unit Involved: Included: All Full and Part time employees in the Food Service Department of the Bakery, Pizza, Deli, Salad Bar, Hot Bar, Kitchen, and Juice Bar. Excluded: All other full and part-time employees, managers, Co-ops of Clerical, and Confidential employees as defined by the Act.	6a. Number of Employees in Unit: 37	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 9/14/2018 on or about (Date) 9/14/2018 (If no reply received, so state). and Employer declined recognition
 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ 11a. Election Type:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): <u>September 21</u>	11c. Election Time(s): <u>7:00 AM - 9:15 AM & 3:00 PM - 5:15 PM</u>	11d. Election Location(s): <u>Earth Fare Conference Room</u>
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12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union Local 204 AFL-CIO CLC	12b. Address (street and number, city, State and ZIP code): P.O. Box 347 Clemmons, NC 27012
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commercial Workers International Union AFL-CIO CLC

12d. Tel. No.	12e. Cell No. 813-727-2014	12f. Fax No.	12g. E-Mail Address JMARRS1922@AOL.COM
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13a. Name and Title: Steven Marrs International Rep.	13b. Address (street and number, city, State and ZIP code):
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13c. Tel. No. 813-727-2014	13d. Cell No.	13e. Fax No.	13f. E-Mail Address smarrs@ufcw.org
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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) Tiffany Lyons Beroid	Signature <i>Tiffany Beroid</i>	Title General organizer	Date 9/4/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Case No. **10-RC-227018** Date Filed **Sept. 14, 2018**

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.

2a. Name of Employer: EARTH FARE		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 66 Westgate Parkway Asheville NC 28806	
3a. Employer Representative - Name and Title: Robert Cole Cantrell Store Manager		3b. Address (if same as 2b - state same):	

3c. Tel. No. 828-210-6100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Retail Grocery		4b. Principal Product or Service: Grocery	5a. City and State where unit is located: Asheville NC
5b. Description of Unit Involved: All Full and part time employees in the Included: Food Service Departments of the Bakery, Pizza, Deli, Salad Bar, Hot Bar, Kitchen and Juice Bar Excluded: All other full and part time employees, managers, guards, clerical and Confidential employees as defined by the Act		5a. City and State where unit is located: Asheville NC	
6a. Number of Employees in Unit: 37		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **9/7/2018** and Employer declined recognition on or about (Date) **NO** (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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 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	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): September 21, 2018	11c. Election Time(s): 7:00AM-9:15AM & 3:00PM-5:15PM	11d. Election Location(s): EARTH FARE Conference Room
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12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union Local 204 AFL-CIO & CLC	12b. Address (street and number, city, State and ZIP code): PO Box 347 Clemmons NC 27012
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food & Commercial Workers International Union AFL-CIO & CLC

12d. Tel. No.	12e. Cell No. 813-727-2014	12f. Fax No.	12g. E-Mail Address JMARRS1922@AOL.COM
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Steven Marrs International Representative	13b. Address (street and number, city, State and ZIP code): PO Box 347 Clemmons NC 27012

13c. Tel. No. 813-727-2014	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Tiffany Beard	Signature <i>Tiffany Beard</i>	Title General Organizer	Date 9/7/2018
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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 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-227236	Date Filed September 12, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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.**

2a. Name of Employer Georgia Windstream, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2000 Communications Blvd GA Baldwin 30511-1762
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3a. Employer Representative - Name and Title Jarrod Berkshire	3b. Address (If same as 2b - state same) 2000 Communications Blvd GA Baldwin 30511-1762
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3c. Tel. No. (706) 776-4275	3d. Cell No.	3e. Fax No. (330) 487-2763	3f. E-Mail Address jberkshire@windstream.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Communications Services	4b. Principal product or service Telecommunications	5a. City and State where unit is located: Baldwin, GA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 400	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** 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 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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): September 26, 2018	11c. Election Time(s): 10:00	11d. Election Location(s): Harris Tower, 233 Peachtree Street, NE, Atlanta, GA 30303
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12a. Full Name of Petitioner (including local name and number) Nick Hawkins Communications Workers of America, AFL-CIO, CLC	12b. Address (street and number, city, state, and ZIP code) 3516 Covington Hwy GA Decatur 30032-1894
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America, AFL-CIO, CLC

12d. Tel No. (404) 296-5553	12e. Cell No.	12f. Fax No.	12g. E-Mail Address nhawkins@cwa-union.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Robert M Weaver Attorney Quinn, Connor LLP	13b. Address (street and number, city, state, and ZIP code) 3516 Covington Highway GA Decatur 30032-
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13c. Tel No. (404) 299-1211	13d. Cell No.	13e. Fax No. (404) 299-1288	13f. E-Mail Address rweaver@qcwdr.com
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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) Robert M Weaver	Signature Robert M Weaver	Title Attorney	Date 09/12/2018 13:30:02
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

10-RC-227253

Date Filed

September 13, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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.

2a. Name of Employer Savage Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 988 East Boundary, Augusta GA 30901	
3a. Employer Representative - Name and Title Trisha Kaiser		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 303-532-6893	3d. Cell No.	3e. Fax No.	3f. E-Mail Address trishakaiser@savageservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Rail yard		4b. Principal product or service Fuel delivery	
5b. Description of Unit Involved Included: Full time and part time fuel truck drivers Excluded:		5a. City and State where unit is located: Augusta GA	
		6a. No. of Employees in Unit: 6	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: 7a. 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 currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	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)	

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)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): ASAP	11c. Election Time(s): 4 PM - 7:30 PM	11d. Election Location(s): Double Tree Hotel

12a. Full Name of Petitioner (Including local name and number) NCFO District of 32 BJ SEIU Chapter 320	12b. Address (street and number, city, state, and ZIP code) 2651 Perimeter Pkwy. Augusta Ga 30909
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
SEIU

12d. Tel No. 317-626-6076	12e. Cell No.	12f. Fax No.	12g. E-Mail Address smithr@ncfo.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Alyson Steele Beridon, Attorney		13b. Address (street and number, city, state, and ZIP code) 3142 Losantville Ave. STE A, Cincinnati OH 45213	
13c. Tel No. 5133008216	13d. Cell No.	13e. Fax No.	13f. E-Mail Address alysonb@bsjfirm.com

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) Robert Smith	Signature <i>Robert Smith</i>	Title representative of organiza	Date 9/12/2018
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-227683	Date Filed September 20, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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.**

2a. Name of Employer Pirelli Tire	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 Pirelli Way, Rome, GA 30161
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3a. Employer Representative - Name and Title Michelle Morris, HR Director	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. (706) 368-5800	3d. Cell No.	3e. Fax No. (706) 368-5873	3f. E-Mail Address michelle.morris@pirelli.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory	4b. Principal product or service tire production	5a. City and State where unit is located: Rome, GA
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5b. Description of Unit Involved Included: All full-time and regular part-time production and maintenance employees at the Employer's facility in Rome, GA Excluded: All other employees including all office clerical and professional employees, guards, and supervisors as defined in the Act	6a. No. of Employees in Unit: Approximately 105 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (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). None	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)
none

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): 10/16/18 and 10/17/18	11c. Election Time(s): 5 - 7 P.M. both days	11d. Election Location(s): employee break room
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12a. Full Name of Petitioner (including local name and number) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC	12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC


12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-4333	12f. Fax No. (412) 562-2555	12g. E-Mail Address bmanzolino@usw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Brad Manzolillo, USW Organizing Counsel	13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333	13e. Fax No. (412) 562-2555	13f. E-Mail Address bmanzolino@usw.org
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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) Brad Manzolillo	Signature 	Title Organizing Counsel	Date 9/20/18
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-227890	Date Filed September 24, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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.

2a. Name of Employer
Luxottica Retail

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
100 Greenwood Industrial Parkway, McDonough, GA 30253

3a. Employer Representative - Name and Title
Lisa Shelton, Senior Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
770-305-7400

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
lshelton@luxotticaretail.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Factory and Warehouse

4b. Principal product or service
design, manufacture and distribution of eyewear

5a. City and State where unit is located:
McDonough, GA

5b. Description of Unit Involved
Included: All full-time & regular part-time production, lab, maintenance, warehouse, retail, shipping and receiving and quality assurance employees, group leaders & team lead employees employed at the McDonough, GA facilities.
Excluded: All temporary, salaried, office clerical, & professional employees, contractors, guards and supervisors defined by the act.

6a. No. of Employees in Unit:
800

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 recognition as Bargaining Representative was made on (Date) **9-21-2018** and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No**

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).
None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

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)

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
None

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
Thursday, Oct 4th and Friday, Oct. 5, 2018

11c. Election Time(s):
10/4: 5:30 am - 11am, 2 pm - 7 pm; 10/5: 5:30 am - 11 am, 3 pm - 8 pm.

11d. Election Location(s):
Conference Room Building 1, Room ASC2-201 Building 2, NAS - Conference Room

12a. Full Name of Petitioner (including local name and number)
Retail, Wholesale & Department Store Union/UFCW Southeast Council

12b. Address (street and number, city, state, and ZIP code)
1838 Metropolitan Pkwy, SW, Atlanta, GA 30315

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Retail, Wholesale & Department Store Union/United Food & Commercial Workers

12d. Tel No.
404-758-0865

12e. Cell No.
678-507-6636

12f. Fax No.
404-758-5628

12g. E-Mail Address
rwdsusec@aol.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Greg Scandrett, Union Representative

13b. Address (street and number, city, state, and ZIP code)
1838 Metropolitan Pkwy, SW, Atlanta, GA 30315

13c. Tel No.
404-758-0865


13d. Cell No.
678-507-6636

13e. Fax No.
404-758-5628

13f. E-Mail Address
rwdsusec@aol.com

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)
Greg Scandrett

Signature


Title
Union Representative

Date

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-228129	Date Filed September 26, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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.

2a. Name of Employer
DHL Supply Chain

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4475 S. Fulton Pkwy, Building 5, Atlanta, GA 30349

3a. Employer Representative - Name and Title
Katrina McClellan, Human Resource Manager

3b. Address (if same as 2b - state same)
Same

3c. Tel. No.
404-684-3400

3d. Cell No.
470-625-2344

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Warehouse

4b. Principal product or service
Logistics

5a. City and State where unit is located:
Atlanta, GA

5b. Description of Unit Involved
Included: All full-time & part-time warehouse, production, forklift operators, shipping, receiving, maintenance, leads, inventory control, cycle counters, and quality control employees employed at the Atlanta, GA facility
Excluded: All temporary, salaried, office clerical, & professional employees, contractors, guards and supervisors defined by the act.

6a. No. of Employees in Unit:
75

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 recognition as Bargaining Representative was made on (Date) **09-26-2018** 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).
None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

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)

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
None

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
Tuesday, October 9, 2018

11c. Election Time(s):
2:00 pm to 6:00 pm

11d. Election Location(s):
Conference Room located in facility

12a. Full Name of Petitioner (Including local name and number)
Retail, Wholesale & Department Store Union/UFCW Southeast Council

12b. Address (street and number, city, state, and ZIP code)
1838 Metropolitan Pkwy, SW, Atlanta, GA 30315

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Retail, Wholesale & Department Store Union/United Food & Commercial Workers

12d. Tel. No.
404-758-0865

12e. Cell No.
678-507-6636

12f. Fax No.
404-758-5628

12g. E-Mail Address
rwdsusec@aol.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Greg Scandrett, Union Representative

13b. Address (street and number, city, state, and ZIP code)
1838 Metropolitan Pkwy, SW, Atlanta, GA 30315

13c. Tel. No.
404-758-0865

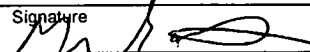
13d. Cell No.
678-507-6636

13e. Fax No.
404-758-5628

13f. E-Mail Address
rwdsusec@aol.com

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)
Greg Scandrett

Signature


Title
Union Representative

Date
9/26/2018

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.