FORM NLRB-502 (RC)	UNITED STATES OF AM	IERICA		DO NOT WRITE IN THIS	SPACE
(2-18)		INS BOARD	Case No.	C-226708	Date Filed 9/4/18
INSTRUCTIONS: Unless e-Filed	using the Agency's website.	www.nlrb.gov/ , submit an original			
employer concerned is located. the employer and all other partie	The petition must be accompains s named in the petition of: (1) t	nied by both a showing of interest the petition; (2) Statement of Positi should only be filed with the NLRB a	(see 6b below) and a on form (Form NLR)	a certificate of service sh B-505); and (3) Descriptio	nowing service on on of Representation
bargaining by Petitioner and Peti	itioner desires to be certified as r	RESENTATIVE - A substantial number representative of the employees. The nder its proper authority pursuant t	Petitioner alleges th o Section 9 of the N	at the following circums ational Labor Relations	stances exist and Act.
2a. Name of Employer:	2	b Address(es) of Establishment(s) in 1856 Henderso	NIN Rd	mber, City, State, ZIP cod	e):
Larth tare	me and Title:	Abneville, NC d	<u>98803</u>		
3a. Employer Representative - Na Robert Cole C	antrell		0).		
Store Manager		Same			
3c. Tel. No. 8-28-210 - 0100	3d. Cell No.	3e. Fax No.	3f. E-Mail Add	dress	
4a. Type of Establishment (Factory,		4b. Principal Product or Servic	ie l	5a. City and State where u	init is located:
Sb. Description of Unit Involved:	M	Grocery	Co Albico	6a. Number of Employees	in Unit:
DEPARTMENT OF THE	SAKeny, Pizza, Deli;	by ees in the Food . Saind Ban, Het Bra, K	itchen, And	37	
Excluded: Allothen Full	AND PARTTIME	employees, MANASERS, AS defined by the entative was made on (Datey g/14	BC +	6b. Do a substantial numb of the employees in the of the employees in the	e unit wish to be
Check One: 7a. Request for re- on or about (Date)	cognition as Bargaining Represe	reply received, so state).	1/2018 and 1	represented by the Pet Employer declined recogni	
	rrently recognized as Bargaining	g Representative and desires certification	tion under the Act.		
ba. Name of Neographic of Octain	ee barganning Agent (n hono, e				
8c. Tel. No.	8d. Cell No.	Be. Fax No.	8f. E-Mail Ado	iress	
8g. Affiliation, if any:	L	8h. Date of Recognition or Certifi		Date of Current or Most act, if any (Month, Day, Ye	ear)
9. Is there now a strike or picketing a	at the Employer's establishment((s) involved? NO If so, appr	roximately how many	employees are participatir	ng?
(Name of Labor Organization)				ne Employer since (Month,	
10. Organizations or individuals othe individuals known to have a repr	er than Petitioner and those name esentative interest in any employ	ed in items 8 and 9, which have claim yees in the unit described in item 5b a	ed recognition as rep bove. (If none, so sta	resentatives and other org	anizations and
10a. Name	10b. Address		10c. Tel. No.	10d. Cell No.	
			10e. Fax No.	10f. E-Mail Add	dress
11. Election Details: if the NLRB co	onducts and election in this matte	er, state your position with respect to a	any such election: 11	1a. Election Type:	
			1	🗙 Manual 🗌 Mail [Mixed Manual/Mail
11b. Election Date(s): September 21	11c. Election Time((5): 9:15 AM & 300PM-5:15	on Earth F	Location(s): ARR CONTERENCE	Room
12a. Full Name of Petitioner (include United FOOD And			et and number, city, S		<u> </u>
LOCAT ZOY AFICT	our conne	Clemon	. 0	1017	
12c., Full name of national or interna United FOOD AND	tional labor organization of which	h Petitioner is an affiliate or constituen KCIS Internation	t (if none, so state):	AFLCTO	LCo
12d. Tel. No.	12e. Cell No. 8/3-727-2014	12f. Fax No.	12g. E-Mail A	nd 1922 CAC	SL, COM
1	er who will accept service of al	Il papers for purposes of the repres	sentation proceeding	g.	
Steven Maris		13b. Address (street and num	ber, city, State and Zi	P couej.	
International	13d. Cell No.	13e, Fax No.	13f. E-Mail Ad	ddress	
130. Tel. NO. 813-727-2014			Smarr		
I declare that I have read the abov Name (Print)	e petition and that the stateme	ents are true to the best of my know	vledge and belief.		Date
Tiffany yors	Beroich X	four bel	General	Olganizer	Date 9/4/2018
WIELFUL FALSE STA	TEMENTS ON THIS PETITION	CAN BE PUNISHED BY FINE AND PRIVACY ACT STATEMENT			TION 1001)

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.

Ι

FORM NLRB-502 (RC)	UNIT	ED STATES OF A		A		DO NOT	WRITE IN THIS	SPACE
(2-18)	NATION	RC PETITIO		DARD	Case No. 10-RC-22701		7018 Date Filed Sept. 14	
the employer and all other part	l. The petition ties named in	must be accom the petition of: (panied i 1) the p	nirb.gov/], submit an original by both a showing of interest (etition; (2) Statement of Positic d only be filed with the NLRB a	see 6b below) a on form (Form N	nd a certific LRB-505); a	ate of service sh nd (3) Descriptio	tion in which the powing service on on of Representation
	etitioner desir	es to be certified a	s repres	ITATIVE - A substantial number entative of the employees. The F ts proper authority pursuant to	Petitioner allege	s that the fo	llowing circums	tances exist and
2a. Name of Employer:			2b. Ad	dress(es) of Establishment(s) inv	olved (Street and	l number, Ci	ty, State, ZIP cod	e):
EARTL FARE 3a. Employer Representative - N			00	b Westgate PA# Askeville N dress (if same as 2b - state same	1 2	8806		
3a. Employer Representative - N Robert Cole CF	Name and Title	ə:	3b. Ad	dress (if same as 2b - state same	ə):			
Store MANA				I				
3c. Tel. No.	3d. Cell N	0.	L	3e. Fax No.	3f. E-Mail	Address		
828 - 210 - 6 100 4a. Type of Establishment (Factor	v mine whol	esaler etc.)		4b. Principal Product or Service		5a City a	and State where u	nit is located.
A. Type of Establishment Parton Retail GAGCERG 5b. Description of Unit Involved Included: FOGOL SENDIC Hot BARYKITCHEN AND Excluded: All OTHEN Full, AND CONFIDENTAL Check One: 7a. Request for on or about (Dat	y, mino, mio			GROCEAG	• 	Ash	eville N	-
5b. Description of Unit Involved	All Fa	11 AND PA	R+ T [4 1 0	Ine Employees	inthe Color Ray	6a. Numl	per of Employees	in Unit:
Hot BAR, Kitchen And	a nepral	17/10/013 01	The	acquirizzaj de la	chaical	2	37	
Excluded: All other Full,	and pant	time & aplo	yees,	MANNAGENS, GUARCE		6b. Do a of the	substantial numb employees in the	a unit wish to be
Check One: 77 7a. Request for	enployee recognition as	5 AS CALLA Bargaining Repre	sentativ	Was made on (Date) G/2/	2016 a	repres nd Employer	sented by the Pet declined recogni	
				eceived, so state).				
8a. Name of Recognized or Cert		· · · · · · · · · · · · · · · · · · ·						
8c. Tel. No.	8d. Cell N			8e. Fax No.	8f. E-Mail	Address		
		<u>.</u>		de. Tax No.	OI. C-ividu	Address		
8g. Affiliation, if any:			8	h. Date of Recognition or Certific			Current or Most / (Month, Day, Ye	ear)
9. Is there now a strike or picketing	g at the Emplo	yer's establishme	nt(s) inv	olved? If so, appro	oximately how ma	any employe	es are participatir	ng?
(Name of Labor Organization)						· · ·	yer since (Month,	
10. Organizations or individuals ot individuals known to have a re んののも				tems 8 and 9, which have claime n the unit described in item 5b ab			ves and other org	anizations and
10a. Name		10b. Address			10c. Tel. 1	No.	10d. Cell No.	<u></u>
					10e. Faxil	No.	10f. E-Mail Add	dress
11. Election Details: If the NLRB	conducts and	election in this ma	itter, sta	te your position with respect to a	ny such election:			
11b. Election Date(s):		11c. Election Tim	<u>ne(s)</u> .		11d. Elect	ion Location	(c)	Mixed Manual/Mail
September 21,	2018 ,	7:00AM	· 9:1	SAM & 3:00PM-5:151	PM EART	FARE	Contenenc	eRoom
September 21, 12a. Full Name of Petitioner (incl Unifed Food AND	luding local na Comm	me and number): もんくっみ / つ	NDA	Kens PUBOK	and number, ci 347	ty, State and	ZIP code):	
UNION LOCAL	- /	AFI-CIO		\sim 100000	S NC	270	12	
12c. Full name of national or interr United Food & Co.	national labor	organization of wh	ich Petit ズル	ioner is an affiliate or constituent <i>tenNATONAT UNION</i> 12f. Fax No.	(if none, so state	IO q	CLC	
12d. Tel. No.	12e. Cell I	10. - 727 - 20	14	12f. Fax No.	12g. E-Ma 5 M Ax	il Address	22 QAOL	; com
13. Representative of the Petitio	ner who will	accept service of			entation proceed	ding.		
13a. Name and Title: Steve,	•	-		13b. Address (street and numb PO BOX 347				
INTERNATIONAL 13c. Tel. No.	KepRese	native		Clemon NC	2 210	16	<u>.</u>	. <u>io</u> .
813-727-2014	13d. Cell I	١٥.		13e. Fax No.	13f. E-Mai	I Address		
I declare that I have read the abo	ove petition a			re true to the best of my knowl	ledge and belief	· · · · · · · · · · · · · · · · · · ·		Data
Name (Print) TIFFANG BER	oid	Signature	llon	. Rol	General	(Ona)	mizer	9/7/2018
			non	<u> </u>		- virgi		

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.

				DO NOT		0.004.05
NATIONAL LABOR	S GOVERNMENT		Case No.	DO NOT	WRITE IN TH	
	TITION		Case No.	^{e No.} Date Filed September 12, 2		
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	v's website ww			Petition to	
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript				KB 4812). The sh	owing of in	iterest snould only be filed
with the NLRB and should not be				of ometano on which to	h	
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d						
requests that the National Labor Rela						
2a. Name of Employer		2b. Add	fress(es) of Establishment			
Georgia Windstream, LLC			00 Communications Blvd Baldwin 30511-1762			
3a. Employer Representative – Name and	d Title		3b. Address (If same as			
Jarrod Berkshire			2000 Communicat GA Baldwin 30511	tions Blvd 1-1762		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad	dress
(706) 776-4275			(330) 487-2763		j berkshire@wi	indstream.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal prod	luct or service		5a. City	and State where unit is located:
Communications Services			Telecommunication	าร		Baldwin, GA
5b. Description of Unit Involved		•				6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details					400
_						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for additio	nal dataila					or more) of the employees in he unit wish to be represented by the
See Attached Page 2 for additio	nai uetalis					Petitioner? Yes [V No []
Check One: 7a. Request for re	ecognition as Bar	aining Representati	ive was made on (Date)	and	Employer de	clined recognition on or about
		(If no reply received				
7b. Petitioner is c			presentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified Bar			8b. Address			
8c. Tel No.	8d Cell No.	I	8e. Fax No.		8f. E-Mail Ad	dress
			00. Fax 110.			
8g. Affiliation, if any	•	8	8h. Date of Recognition or	r Certification		Date of Current or Most Recent
					Contract, if a	ny (Month, Day, Year)
			No			
9. Is there now a strike or picketing at the E	mployers establis	snment(s) involved?	If so, approx	imately how many em	pioyees are p	articipating?
(Name of labor organization)		, has picke	eted the Employer since (I	Month, Day, Year)		
10. Organizations or individuals other than	Petitioner and tho	se named in items 8	3 and 9, which have claim	ed recognition as repr	esentatives ar	nd other organizations and individuals
known to have a representative interest in a	any employees in	the unit described in	n item 5b above. (If none,	so state)		
40- Nome	405 44	4		10c. Tel. No.		
10a. Name	10b. Ad	aress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
				100. T ux 110.		
11. Election Details: If the NLRB conduct	s an election in thi	is matter, state your	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
any such election.			•			
11b. Election Date(s): September 26, 2018		lection Time(s):		11d. Election Loca i		of NE Atlanta CA 00000
• •	10:00	umbor)				et, NE, Atlanta, GA 30303
12a. Full Name of Petitioner (including lo Nick Hawkins Communications Workers of America, AFL-CIO, CL	Cai name and ni C	umber)		3516 Covington Hwy GA Decatur 30032-1	rand number, R94	, city, state, and ZIP code)
12c. Full name of national or international la Communications Workers of America, AFL-0	abor organization	of which Petitioner is	s an affiliate or constituen			
12d. Tel No.	12e. Cell No.		12f. Fax No.		10g E Mail A	Adroce
(404) 296-5553	12e. Cell No.		121. Fax INU.		12g. E-Mail A nhawkins@cv	wa-union.org
13. Representative of the Petitioner who	will accept servi	ice of all papers for	r purposes of the repres	entation proceeding		
13a. Name and Title			13b. Address (street and	• •		
Robert M Weaver Attorney			3516 Covington Highwa			
Quinn, Connor LLP 13c. Tel No.	13d. Cell No.		GA Decatur 30032- 13e. Fax No.	I	13f. E-Mail A	ddress
(404) 299-1211			(404) 299-1288		rweaver@qc	
I declare that I have read the above petit	ion and that the	statements are true		ledge and belief.		
Name (Print) Si	gnature	I	Title		Date	
	obert M Weaver		Attorney			18 13:30:02
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U		

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

NATIONAL LABOR RELATIONS BOARD Case No. Ist Filed Date Filed RC PETITION 10.00000000000000000000000000000000000
In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certific 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 fill 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 delates to be certified as representative of the employees. The Petitioner alleges that the National Labor Relations Board proceed under the proper authority pursuant to Section 3 of the National Labor Relations Board proceed under the proper authority pursuant to Section 3 of the National Labor Relations Act. 2. Name of Representative – Name and Title 3. Trisha Kaiser 3. Cell No. 3. Gell No. 3. Beneforyer Representative – Name and Title 7. Determine wholesaler, etc.) 4. Principal product or service Same 3. Cell No. 3. Gell No. 3. Gell No. 3. Gell No. 3. Gell No. 3. Genter Section 3 of the employees of the employees in Uf 6. Do a substantial numbr 6. Do a substantial numbr 7 who the be represented 9. Cell No. 3. Request for recognition as Bargaining Representative was made on (Date) 7. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8. Name of Recognized or Certified Bargaining Agent (ff none, so state). 7. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8. Name of Recognized or Certified Bargaining Agent (ff none, so state). 7. Petitioner is currently recognized as Bargaining Representative and desires certification 8. Address 8. Address 9. Address 9. Secret No. 9. But here now a strike or pickeling at the Employer's establis
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certific 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 4512). The showing of interest should only be fill with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: R-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desizes 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 the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process of the same as 2b – state same). Trisha Kaiser 303-626-633 30. Cell No. 3e. Fax No. Trisha Kaiser Sauce S
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-303); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filt with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: BC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desites to be certified as representative of the employees. The Petitioner and number, city, State, ZIP code) 2a. Name of Employer 2b. Address (If same as 2b - state same) Sare 3d. Cell No. 3d. Cell No. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Sare 3d. Cell No. 3d. Cell No. 3a. Sary cell Stabilishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Fuel delivery As Type of Estabilishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service (Date) Fuel delivery 5a. City and State where unit is locat Augusta GA Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer ediclined recognition on or about (Date) 8b. Date of Recognized or Certified Bargaining Agent (If none so state). 8b. Address 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. <
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be fill 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 that the following circumstances exist and requests that the National Labor Relations Act. 2a. Name of Employer 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 3b. Address (If same as 2b - state same) Trisha Kaiser 3d. Cell No. 3a. Fax No. 3f. E-Mail Address 3a. argo of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Sa. City and State where unit is locat Augusta GA 7b. Description of Unit Involved 6a. No. of Employees in Ut 6b. Do a substantial number or more) of the employees in Ut 6b. Do a substantial number or more) of the employees in Ut 6b. Do a substantial number or more) of the employees in Ut 6b. Do a substantial number or more) of the employeer or adverter section and Employer represented to certified as representative was made on (Date) and Employer representation and the representation and Employees are participating? 7a. Request for recognited as Bargaining Representative wa
1. PURPOSE OF THIS PETITION. RC-CENTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner disers to be certifications rates with the following circumstances exist and requests that the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Savage Services 2b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Trisha Kaiser 3d. Cell No. 3c. Tel. No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3d. State where unit is locat Fuel delivery Address (If same as 2b - state same) Sarange Services.com 5c. Tel. No. 3d. Cell No. 3d. State where unit is locat Fuel delivery Augusta GA 6a. No. of Employees in Uf 6b. Description of Unit Involved 6a. No. of Employees in Uf Included: Fuil ime and part time fuel truck drivers Excluded: (Date) (If no repty received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8c. Tel No. 8d Cell No. 8c. Tel No. 8d Cell No.
barganing by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the Yational Labor Relations Board proceed under it is proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(is) of Establishment(s) involved (Street and number, city, State, ZIP code) 3a. Employer Representative ~ Name and Title 3b. Address (If same as 2b - state same) 3a. Employer Representative ~ Name and Title 3b. Address (If same as 2b - state same) 3c. Tel. No. 3d. Cell No. 3a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Fail yard 5b. Description of Unit Involved Included: Fuel delivery Schulde: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification und
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Trisha Kaiser 3a. Cell No. 3c. Tel No. 3d. Cell No. 3a. Type of Establishment (<i>Factory, mine, wholesaler, etc.</i>) 4b. Principal product or service Rail yard 5a. City and State where unit is focat A: Type of Establishment (<i>Factory, mine, wholesaler, etc.</i>) 4b. Principal product or service Rail yard 5a. City and State where unit is focat Fuel delivery 5a. City and State where unit is focat Rail yard 5b. Description of Unit Involved Included: Fuel delivery Fuel delivery fa. No. of Employees in U 6 6b. Do a substantial numbe or more) of the employees check One: 7a. Request for recognition as Bargaining Representative was made on (Date)
Savage Services 988 East Boundary, Augusta GA 30901 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Trisha Kaiser 3c. Tel. No. 3f. E-Mail Address 303-532-6893 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Trisha Kaiser Same Same Sa. City and State where unit is locat Rail yard Fuel delivery Augusta GA 5b. Description of Unit Involved Fuel delivery Sa. No. of Employees in Ui 1ncluded: Fuil time and part time fuel truck drivers 6a. No. of Employees in Ui Excluded: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about 6b. Do a substantial numbu or more) of the employees Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about for nerghy received, so state). 8b. Address None 8c. Tex No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification under the Act. 8g. Affiliation, if any 8h. Date of Recognition or Certification 9is there now a strike or picketing at the Employer's establishment(s) Involved? No
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 (<i>Factory, mine, wholesaler, etc.</i>) Rail yard 4b. Principal product or service Fuel delivery 5a. City and State where unit is local Augusta CA 5b. Description of Unit Involved Included: Full time and part time fuel truck drivers 6a. No. of Employees in Uf 6 6b. Do a substantial numbor or more) of the employees unit wish to be representative (Date) (If no reply received, so state). and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 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. 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address (Si reny (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) (Name of labor organiza
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 5a. City and State where unit is locat Augusta GA 5b. Description of Unit Involved Included: Full time and part time fuel truck drivers 6a. No. of Employees in Ur 6 7b. Description of Unit Involved Included: Fuel delivery 6a. No. of Employees in Ur 6 7check 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). 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 8g. Affiliation, if any 8h. Date of Recognized or Certification under the Act. 8b. Address 8g. Affiliation, if any 8h. Date of Recognized nor Certification (North, Day, Year) 8h. Date of Recognized nor Certification (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)
303-532-6893 trishakaiser@savageservices.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is locat Rail yard Fuel delivery Sa. City and State where unit is locat 5b. Description of Unit Involved 6a. No. of Employees in Ui Included: Full time and part time fuel truck drivers 6 Excluded: 6 6 7a. Request for recognition as Bargaining Representative was made on (Date)
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is locating the service in the unit described in items 5b above. (If none, so state)
Rail yard Fuel delivery Augusta GA 5b. Description of Unit Involved 6 A. No. of Employees in Unit Ge. No. of Employees in Unit Ge. No. of Employees in Unit Ge. No. of the employees unit wish to be represented petitioner? Yes of No. or more) of the employees unit wish to be represented petitioner? Yes of No. 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). and Employer declined recognition on or about No. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address St. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification Date of Current or Most Recognition, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No, has picketed the Employer since (Month, Day, Year) If so, approximately how many employees are participating?
5b. Description of Unit Involved Included: 6a. No. of Employees in Ur 6 Full time and part time fuel truck drivers 6 Excluded: 6 Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employee 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 8c. Tel No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 9. Is there now a strike or picketing at the Employer's establishment(s) involved? Mo 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) 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 ind known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
Included: Full time and part time fuel truck drivers 6 Excluded: 6 6b. Do a substantial number or more) of the employees unit wish to be represented or more) of the employees unit wish to be represented or Petitioner? Yes INo 0 Check One: 7a. Request for recognition as Bargaining Representative was made on (Date)
included: Full time and part time fuel truck drivers 6b. Do a substantial number or more) of the employees unit wish to be represented. <i>Excluded: Check One:</i> 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about(Date) (<i>If no reply received, so state</i>). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (<i>If none, so state</i>). 8b. Address None 8b. Address 8c. Tel No. 8d Cell No. 8g. Affiliation, if any 8h. Date of Recognized or Certification Date of Current or Most Recognized or <i>Certification</i>
Excluded: or more) of the employees unit wish to be represented. Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about
The intervention of the construction of the constructio
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 8c. Tel No. 8g. Affiliation, if any 9. Is there now a strike or picketing at the Employer's establishment(s) involved? None 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 ind known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <
Ba. Name of Recognized or Certified Bargaining Agent (<i>if none, so state</i>). 8b. Address None 8c. Tel No. 8d Cell No. 8c. Tel No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Reco 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)
None 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 Reco 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)
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recognition or Certification 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NoIf so, approximately how many employees are participating? (Name of labor organization)
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 ind known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE
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 ind known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
known to have a representative interest in any employees in the unit described in item 5b above. <i>(If none, so state)</i>
None
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 11a. Election Type: Manual Mail Mixed Manual
any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):
ASAP 4 PM - 7:30 PM 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
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) SEIU
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address
317-626-6076 smithr@ncfo.org
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 Losantiville Ave. STE A, Cincinnati OH 45213 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address
5133008216 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.
Nome (Print) Signature Ozersmith [PerceseNature 0199112/2018]
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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 (NLRA) 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				DO NO	WRITE IN THI	S SPACE
NATIONAL LABOR RI RC PET		ARD	Case No. 10-	Case No. Date Filed September 20, 2		
INSTRUCTIONS: Unless e-Filed usin		y's website, <mark>w</mark>			Petition to a	1. · · · · · · · · · · · · · · · · · · ·
in which the employer concerned is	located. The	e petition must	be accompanied by l	both a showing o	of interest (se	e 6b below) and a certificate
of service showing service on the el						
(Form NLRB-505); and (3) Description				RB 4812). The s	howing of int	erest should only be filed
with the NLRB and should <u>not</u> be se	erved on the	employer or an	y other party.			
1. PURPOSE OF THIS PETITION: RC-CER bargaining by Petitioner and Petitioner des	sires to be certifi	ed as representa iv	ve of the employees. The	Petitioner alleges th	hat the followin	g circumstances exist and
requests that the National Labor Relation 2a. Name of Employer	ons Board proc		per authority pursuant to dress(es) of Establishmen			
Pirelli Tire			Pirelli Way, Rome, GA	à 30161	and number, city	, State, ZIP code)
3a. Employer Representative – Name and T Michelle Morris, HR Director	Title		3b. Address (If same as Same	s 2b – state same)		
3c. Tel. No. (706) 368-5800	3d. Cell No.		3e. Fax No. (706) 368-5873		3f. E-Mail Add	^{ress} prris@pirelli.com
4a. Type of Establishment (Factory, mine, wh	olesaler. etc)	4b. Principal pro	· · /			and State where unit is located:
factory	,,	tire production			Rome,	
5b. Description of Unit Involved	1:			in a la carla fa cilita i		6a. No. of Employees in Unit: Approximately 105
Included: All full-time and regular part-	-time productio	on and maintena	nce employees at the E	imployer's facility i	n Rome, GA	6b. Do a substantial number (30%
Excluded: All other employees including a	Il office clerical	and professional e	emplovees, quards, and su	pervisors as defined	d in the Act	or more) of the employees in he unit wish to be represented by the
			inipio) oco, guardo, and oc			Petitioner? Yes 🖌 No
				oy petition_ar	nd Employer dec	lined recognition on or about
		(If no reply receive				
8a. Name of Recognized or Certified Barga			epresentative and desires 8b. Address	certification under the	e Act.	
None		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent y <i>(Month, Day, Year)</i>
9. Is there now a strike or picketing at the Em	ployer's establis	shment(s) involved	? <u>No</u> If so, approx	imately how many e	mployees are pa	rticipating?
(Name of labor organization)		, has pick	teted the Employer since (Month, Day, Year)		
10. Organizations or individuals other than Pe					presentatives and	d other organizations and individuals
known to have a representative interest in an none	y employees in	the unit described i	in item 5b above. (If none,	, so state)		
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts a any such election. 	an election in thi	is matter, state you	r position with respect to	11a. Election Type	e: 🖌 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 10/16/18 and 10/17/18		lection Time(s): M. both days		11d. Election Loca employee break ro	. ,	
12a. Full Name of Petitioner (<i>including loc</i>						city, state, and ZIP code)
United Steel, Paper and Forestry, Rubber, Manufacturing, E					Allies, Five Gatewa	ay Center Room 913Pittsburgh, PA 15222
12c. Full name of national or international lab United Steel, Paper and Forestry, Rubber, M					n, AFL-CIO, CL	с
	12e. Cell No. (412) 418-4333		12f. Fax No. (412) 562-2555		12g. E-Mail Ad bmanzolillo@u	
13. Representative of the Petitioner who w	. ,		· · ·	entation proceedin		
^{13a. Name and Title} Brad Manzolillo, U	JSW Organiz	zing Counsel	13b. Address (street and 60 Boulevard of the Allies, F	· · · · · · · · · · · · · · · · · · ·	,	PA 15222
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress
(412) 562-2529 () I declare that I have read the above petitio	(412) 418-4333 n and that the s		(412) 562-2555	ledge and belief	bmanzolillo@u	usw.org
			Title	neage and bellel.	Date	
Brad Manzolillo	ad M	anzolill	Organizing Counsel		9/20/18	
WILLFUL FALSE STATEMEN	TS ON THIS PE	ETITION CAN BE F	PUNISHED BY FINE AND	IMPRISONMENT (U	I.S. CODE, TITL	E 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.

				DO NOT WRITE IN THIS SPACE			
RC PETITION				Case No. 10-RC	C-227890	Date F	ptember 24, 2018
INSTRUCTIONS: Unless e-Filed usi							
in which the employer concerned is	s located. The	e petition must	be acco	ccompanied by both a showing of interest (see 6b below) and a certificate			
of service showing service on the e	employer and	all other parties	s named	in the petitio	on of: (1) the peti	tion; (2) State	ement of Position form
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case F	Procedur	es (Form NLF	RB 4812). The sl	howing of int	erest should only be filed
with the NLRB and should not be s	erved on the	employer or an	y other p	party.	-	-	-
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certifi	ed as representativ	e of the er	mployees. The F	Petitioner alleges th	at the following	circumstances exist and
2a. Name of Employer	ions Board proc	2b. Ad	dress(es)	of Establishment	(s) involved (Stréet a	and number, city	, State, ZIP code)
Luxottica Retail		100 G	reenwo	od Industrial	Parkway, McDo	nough, GA	30253
3a. Employer Representative – Name and Lisa Shelton, Senior Manager	Title	2	3b. Add Same	lress (If same as	2b – state same)		
3c. Tel. No.	3d. Cell No.		3ê. Fax	No.	10 A. 100	3f. E-Mail Add	ress
770-305-7400						Ishelton@lu	xotticaretail.com
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal proc				5a. City a	and State where unit is located:
Factory and Warehouse		design, manu	facture a	and distributi	on of eyewear	McDon	ough, GA
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: All full-time & regular part-ti	ime production,	, lab, maintenand	ce, wareh	ouse, retail, sh	hipping and receivi	ng and	800 6b. Do a substantial number (30%
quality assurance employe Excluded: All temporary, salaried, office							or more) of the employees in the unit wish to be represented by the
	,					-	Petitioner? Yes 🗸 No
Check One: 🖌 7a. Request for re	cognition as Barg	aining Representa	tive was m	ade on (Date) Q	-21-2018_ an	d Employer dec	lined recognition on or about
		(If no reply received					
7b. Petitioner is cu	rrently recognize	d as Bargaining Re	epresentati		certification under the	e Act.	
8a. Name of Recognized or Certified Barg None		f none, so state).		8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any	· · · · · · · · · · · · · · · · · · ·		8h. Date c	of Recognition or	Certification	· · · · · · · · · · · ·	Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the El	molover's establis	shment(s) involved	? No	If so approxi	imately how many er	nplovees are pa	rticipatino?
					Month, Day, Year)		
10. Organizations or individuals other than R known to have a representative interest in a	Petitioner and tho ny employees in	se named in items the unit described i	8 and 9, w in item 5b a	/hich have claime above. <i>(if none</i> ,	ed recognition as rep so state)	resentatives and	d other organizations and individuals
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
None					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in thi	is matter, state you	r position v	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): Thursday, Oct 4th and Friday, Oct. 5, 2018		lection Time(s): am - 11am, 2 pm - 7 pm;	10/5: 5:30 am -	- 11 am, 3 pm - 8 pm.	11d. Election Loca Conference Room Bui		2-201 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 la Retail, Wholesale & Department Store Uni				ate or constituent	t (if none, so state)		
12d. Tel No. 404-758-0865	12e. Cell No. 678-507-6636		12f. Fax 404-758			12g. E-Mail Ac rwdsusec@ao	
13. Representative of the Petitioner who	will accept servi	ice of all papers fo	or purpose	es of the repres	entation proceedin	g.	
13a. Name and Title Greg Scandret	t, Union Rep	oresentative			d number, city, state, /, Atlanta, GA 30315	and ZIP code)	
13c. Tel No. 404-758-0865	13d. Cell No. 678-507-6636		13e. Fa: 404-758			13f. E-Mail Ad rwdsusec@ao	
I declare that I have read the above petiti	on and that the	statements are tru			ledge and belief.	. –	
Name (Print) Sig	nature		Title		·	Date	
Greg Scandrett	アク	\sim		epresentative			
WILLFUL FALSE STATEME	NTS ON THIS PE	ETITION CAN BE F		BY FINE AND	IMPRISONMENT (U	.s. CODE, TITL	E 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. FORM NLRB-502 (RC) (4-15)

	S GOVERNMENT			DO NOT	WRITE IN THIS	
	RELATIONS BOARD		Case No. 10-RC-2	28129	Date F	eptember 26, 2018
INSTRUCTIONS: Unless e-Filed us	ing the Agency's we	bsite. ww	w.nlrb.gov. submit a	n original of this	Petition to an	NLRB office in the Region
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript						
				ND 4012 <i>j</i> . The St	nowing of inte	lest should only be med
with the NLRB and should not be s				of omolovooc wich t	a bo represented	for purpages of collective
bargaining by Petitioner and Petitioner d						
requests that the National Labor Rela		der its prop	per authority pursuant to	Section 9 of the Na	ational Labor Re	lations Act.
2a. Name of Employer			dress(es) of Establishmen			State, ZIP code)
DHL Supply Chain		4475 \$	S. Fulton Pkwy, Buil		GA 30349	
3a. Employer Representative – Name and			3b. Address (If same as	20 – state same)		
Katrina McClendon, Human Resc	ALT ALL M. ALL ALL ALL ALL	en e ne	Same	na Na mining anglan sa		and the second state of th
3c. Tél. No.	3d Cell No		3ē. Fax No.	· · · · · ·	3f. E-Máil Addr	
404-684-3400	470-625-2344	Same -	and the second	a share to the termination of the		and the product of the second seco
4a. Type of Establishment (Factory; mine; v			luct or service			nd State where unit is located:
Warehouse	Logis	tics	national and a second	m Painter all me		GA .
5b. Description of Unit Involved	دى. دە سىدى ئۆكۈن بىرىيىدىدى	til Roman in A		Same in the second		6a. No. of Employees in Unit:
Included: All full-time & part-time was	rehouse, production, fo	rklift oper	ators, shipping, receivi	ng, maintenance, I	eads,	/5
inventory control, cycle cou						6b. Do a substantial number (30% or more) of the employees in the
Excluded: All temporary, salaried, office	e clerical, & professional	employee	s, contractors, guards ar	d supervisors defin	ed by the act.	unit wish to be represented by the
						Petitioner? Yes 🗸 No
Check One: 7a. Request for re	ecognition as Bargaining F	Representat	live was made on (Date)	9-26-2018ar	d Employer decli	ned recognition on or about
	(Date) (If no re					-
7b. Petitioner is c	urrently recognized as Ba	rgaining Re	presentative and desires	certification under the	e Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (If none, a	so state).	8b. Address			
None						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addre	ess
				0 - 4/54/	0. Eusiaatian D	the of Oursel as Mark Darrest
8g. Affiliation, if any			8h. Date of Recognition or	Certification		ate of Current or Most Recent (Month, Day, Year)
			,			
9. Is there now a strike or picketing at the E	molover's establishment/s	s) involved?		imately how many er	nolovees are oar	ticipating?
		<i>s)</i>			-	
(Name of labor organization)						· · · · · · · · · · · · · · · · · · ·
		- ·	eted the Employer since (i			
10. Organizations or individuals other than	Petitioner and those name	ed in items a	8 and 9, which have claim	ed recognition as rep	presentatives and	other organizations and individuals
10. Organizations or individuals other than known to have a representative interest in a	Petitioner and those name	ed in items a	8 and 9, which have claim	ed recognition as rep	presentatives and	other organizations and individuals
known to have a representative interest in a	Petitioner and those name any employees in the unit	ed in items a	8 and 9, which have claim	ed recognition as rep so state)	presentatives and	
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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.