FORM NLRB-502 (RC)		D STATES OF A				ļ			DO NOT W	RITE IN THIS S	PACE	
(2-18) NATIONAL LABOR RELATIONS BOARD				Case				Date Fil				
		RC PETITIO	VIN				10	0-RC-247	742		Septer	mber 6,2019
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.												
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.												
2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):												
Nestle Purina PetCare 266 Industrial Park Road, Hartwell, GA 30643												
3a. Employer Representative - Nar			3b. Addi	ress (i	ïf sam	e as 2b - state same	ı):					
Kristi Selby- Director, E Relations			Sam									
3c. Tel. No.	3d. Cell No			3e. F	ax No			3f. E-Mail Ac			-	-
(706) 856- 4400		24-9543		45 5	Nelse also			Kristi.Se		urina.nestl		
4a. Type of Establishment (Factory, Factory)	mine, wholes	saler, etc.)			t Fo	al Product or Service	9		Hartw	d State where u	nit is loca	ated:
5b. Description of Unit Involved:				10		<u> </u>				r of Employees	in Unit:	
Included:	inne Mei	ntananaal			~ ~ ~				16			
All Full- time and Part-t	ime wai	ntenance/	Electri	ciar	nen	npioyees				Ibstantial numbe	or (209/ 4	
All other employees,ter	nporary	profession	al offic	ce c	leric	cal.managers	aua	ards.sut	of the e	mployees in the nted by the Peti	unit wis	<u>h</u> tobe
Check One: X 7a. Request for rec	cognition as I	Bargaining Repre	esentative	was	made	on (Date) 9	-6-19			eclined recogni		
on or about (Date)			io reply re iina Repre				on und	ler the Act.				
8a. Name of Recognized or Certific		-			8b. Ad							
N/A N/A												
8c. Tel. No.	8d. Cell No				ax No			8f, E-Mail Ac	idress	· · · · · · · · · · · · · · · · · · ·		
N/A N/A							N/A 8. Expiration	Date of Cu	rrent or Most			
N/A									A			
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)							, h	as picketed	the Employe	er since (Month,	Day, Ye	ar)
 Organizations or individuals othe individuals known to have a repre N/A 										s and other org	anization	is and
10a. Name	<u> </u>	10b. Address						10c. Tel. No.	·····	10d. Cell No.		
N/A		N/A										
							10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB co	inducts and e	election in this ma	atter, state	e you:	r positi	ion with respect to a	ny suci		1a. Election] Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tin						11d. Election				
September 24, 2019 12a. Full Name of Petitioner (include	ling local no	6:30 am to		am	r	12b. Address (stree		Mainten				
				Gra	in	1030 Dill Av						
Bakery, Confectionery, Tobacco, Workers, and Grain 1030 Dill Avenue SW Millers Local Union 42 Atlanta, GA 30310 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>):												
Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, AFLCIO, CLC												
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 404-755-3553 470-241-3384 404-753-8111 bctgm42@yahoo.com												
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.												
Darrell Copeland- Organizer 10					30 Di	ss (street and numb ill Avenue SW		v, State and 2	(IP code):			
13c. Tel. No. 470-347-2268				Atlanta GA 30310 13e. Fax No.				13f. E-Mail Address d3copeland@gmail.com				
I declare that I have read the above			ments ar	e true	e to th	e best of my knowl	ledge a	and belief.				
Name (Print)		Signatore	9	$0\overline{\Lambda}$	/	$\gamma \overline{D}$	Title)	~~		Date
Darrell Copeland		/>+	ant	ĽĘ.		~~X_	10	cal 42- (Jrganiz	er		9-6-19

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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.

UN TED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE					
NAT ONAL LABOR RELAT ONS BOARD RC PETITION				Case No 10-	Case No 10-RC-248432 Date Filed September 18, 2019				
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
(Form NLRB-505); and (3) Descript	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								
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requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Mauser Packaging Solutions 3710 Atlanta Industrial Pkwy. NW # 100, Atlanta, GA 30331									
	3a. Employer Representative Name and Title 3b Address (f same as 2b) state same)								
Kamel Ouarem Plant Manager			Same						
^{3c} Tel No 404-665-4489	3d Cell No 470-409-58	12	3e Fax	No			rem@mauserpackaging.com		
4a Type of Establishment (Factory, mine, w Factory		4b Principal proc Storage cont		rvice		5a City a Atlanta			
5b. Description of Unit Involved Included: A fu t me and regu ar part So ut ons at ts fac ty ocate Excluded: A other emp oyees, tempo guards, and superv sors as	rary emp oyees,	, profess ona er					6a No of Employees in Unit Approx. 28 6b Do a substantial number (30% or more) of the employees in the unit wish to be represented by the		
Check One: 7a Request for recognition as Bargaining Representative was made on (Date) 9/13/19 and Employer declined recognition on or about (Date) (If no reply received, so state) No reply 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 8b Address									
8c Tel No	8d Cell No		8e Fax	No		8f E-Mail Addr	ress		
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 s there now a strike or picketing at the Employer's establishment(s) involved? No f 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 a None						oresentatives and	i other organizations and individuals		
10a Name	10b Add	ress	10c Tel No				10d Cell No		
					10e Fax No		10f E-Mail Address		
11 Election Details: f the NLRB conducts any such election			position	with respect to	11a Election Type		/ailMixed Manual/Mail		
11b Election Date(s) 11c Election Time(s) October 8, 2019 6 am 8 am; 2 pm 4 pm					11d Election Location(s) Conference room				
12a. Full Name of Petitioner (including local name and number) 12b Address (street and number, city, state, and ZIP code) Southern Reg on Workers United, SEIU 4405 Ma B vd #600, Un on C ty, GA 30291									
12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> Serv ce Emp oyees Internat ona Un on									
12d Tel No 770 306 8856	12e Cell No		12f Fa	x No		12g E-Mail Ad	dress		
13. Representative of the Petitioner who	will accept servic	e of all papers fo	r purpos	es of the repres	entation proceedin	g.			
13a Name and Title Michael B. Schoenfeld, Attorney 13b Address (street and number, city, state, and ZIP code) Stan ord Fagan LLC 2540 Lakewood Ave SW Atlanta GA 30315									
13c Tel No 13d Cell No 1 404 622 0521, ext. 2244 13d Cell No 1				13e Fax No 13f E-Mail Address m chae s@sfg awyers.com					
I declare that I have read the above petition	on and that the st	tatements are tru	e to the l	pest of my know	vledge and belief.				
M chae B. Schoenfe d /s N	nature I chae B. Schoe		Title Attorne	·		Date 9/18/19			
WILLFUL FALSE STATEME	NTS ON THIS PET	TITION CAN BE P	UNISHE	D BY FINE AND	IMPRISONMENT (U	.S. CODE, TITLI	E 18, SECTION 1001)		

PRIVACY ACT STATEMENT

Solici ation of he information on this form is authorized by he National Labor Relations Act (NLRA) 29 U S C § 151 *et seq.* The principal use of the information is to assist he National Labor Relations Board (NLRB) in processing representation and related proceedings or li igation The routine uses for the information are fully set for h 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 is processes

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.ntb.gog. submit an original of this Petition to an NLRB office in the Region in which the amployer concerned is located. The petition and the petition of (1) the petition (1) the petitio	UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
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of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (LRB 481); The showing of interest should only be filed with the NLB and showing of interest should only be filed with the NLB and showing of interest should only be filed with the NLB 4810; The showing of interest should only be filed by the NLB 4810; The showing of interest should only be filed with the NLB 4810; The showing of interest should only be filed by the NLB 4810; The showing of interest should only be filed with the NLB 4810; The showing of interest should only be filed as representative of the employees. The Petitioner alleges that the following discumstances exist and requests that the station table of the station table of the state of								
(Form NLR8-50); and (3) Description of Representation Case Procedures (Form NLR8 4432). The showing of interest should only be filed with the ILR8 and should pole be served on the employeer on you other party. 1: PURPOSE OF THIS RETINCE. RC-CERTIFICATION OF REERESENTATIVE - A tubustimilar number of minipress with the transment of the neglosize of callactive time station of the National Labor Relations Board proceed under its program under figures in the National Labor Relations Board proceed under its program under (2) to the National Labor Relations Act. As Name of Employment Inc. U.S. Array of Employment Relations of the National Labor Relations Board proceed under its program under (2) to the National Labor Relations Act. Magnitude Processor 30 Cell No. The Charlon Relations of Representation of the National Labor Relations Act. Magnitude Processor 30 Cell No. Ser Ear No. Transics Config Magnetian Distribution (2) to the National Labor Relations of Representation of the National Labor Relations of Representation (2) to the National Labor Relations (2) to the National Labor Relations (2) to the National Labor Relation (2) to the National Labor Relations (2) to the National Labor Relation (2) to the								
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1: PURPOSE OF THIS FETTORN. RC-CERTIFICATION OF REFRESENTATIVE: A substaining number of employees with bits presented for purposes of collective bargaining by reliatore a retrieval to the validous of the validous. The Petitioner all petitions and Petitions Act. Magelian Healthcare, Inc. U.S. Army Fort Benning, GA 31905 So: Address (The National Lator Retations Board proceed under its proper authority pursuant to Section 3 of the National Lator Retations Act. Magelian Healthcare, Inc. U.S. Army Fort Benning, GA 31905 So: Address (The National Lator Retations Consultant) 36 EV and State same 30 - state 30 - stat						RB 4812). The si	nowing of int	erest should only be filed
bigging by Petitioner and Petitioner denises to be certified as representative of the employees. The Petitioner alleges that the National Labor Relations Board proceed under its program attory program attoring unantit to Section of the National Labor Relations Act. Za, Name of Employer Zb: Address(as) of Exabilityment(b) involved (Sineel and number, Obr. State, ZP code) Magelian Healthcare, Inc. U.S. Anny Fort Benning, CA: 31905 State, Employer Representative - Name and This 3b: Address(as) of Exabilityment(b) involved (Sineel and number, Obr. State, ZP code) Michael Francisco, HR Business Consultant 3b: Address (Sinee and Number, Obr. State, ZP code) As Tel. No. 3d: Cel No. 3c: Rai No. Bit Deception of Unit Involved As Drain Address Code Code (Sineel and Number, Obr. State, CP code) Miltary Contractor Bo: Becentration of Unit Involved So: Address (Sineel and Number, Obr. State, CP code) Miltary Contractor Contract, Ear No. Contract, Ear No. So: Address (Sineel and Number, Obr. Numer, Obr. Num. Number, Obr. Number, Obr. Number, Obr. Number, Ob	1. PURPOSE OF THIS PETITION: RC-C	ERTIFICATION	OF REPRESENTAT	IVE - A sut	bstantial number	of employees wish to	be represented	for purposes of collective
2a. Name of Employer (D): Address(s) of Establishment(s) involved (Street and number, city, State, ZiP code) 3a. Employer Representative – Name and Title (D): Address(s) of Establishment(s) involved (Street and number, city, State, ZiP code) 3a. Employer Representative – Name and Title (D): Address(s) of Establishment(s) involved (Street and number, city, State, ZiP code) 3a. Employer Representative – Name and Title (D): Address(s) of Establishment(s) involved (Street and number, city, State, ZiP code) 3a. Employer Representative – Name and Title (D): Address(s) of Establishment(s) involved (Street and number, city, State, ZiP code) 4a. Type of Establishment(Factor), mine, wholesaler, etc.) (D): Phintopia product or service (E): Course of state state 8b. Description of Unit Involved (E): Course of State (State) (E): Course of state state 10: Classed at Fort Benning, GA. (E): Course of State (State) (E): Course of State) 10: Classed at Fort Benning, GA. (E): Course of State) (E): Course of State) 10: Classed (C): Classed at Fort Benning, GA. (E): Course of State) (E): Course of State) 10: Classed (C): Clas	bargaining by Petitioner and Petitioner	desires to be co	ertified as representat	ive of the e	mployees. The	Petitioner alleges th	hat the followin	g circumstances exist and
Magelian Healthcare, Inc. U.S. Army Fort Benning, GA 31005 3s. Employer Representative - Name and Tile Michael Francisco, HR Business Consultant 3b. Address tests same) 3s. Tel No. 3f. EMail Address 3s. Tail No. 3f. EMail Address 4a. Type of Establishment (Factory, mine, wholesater, etc.) 4b. Principal product or service Sa. City and State Waters unit is located. Milliary Contractor Milliary South State Water unit is located. Font Benning, GA 31005 Font Benning, GA 31005 Sa. City and State Water unit is located. To program, which is based at Font Benning, GA 31005 Excluded: All Supervisors, guards, office Clerical and all other employees as defined by the Act. Sa. Address Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) Sp. Pelition , and Employer declined recognition or a boat 0. To preliment is aurmity recogniced as Bargaining Representative was made on declines certification under the Act. 8a. Adme of Recognited or Certified Bargaining Agent (froms, so attel). B. Address 9b. Is there now a strike or picketing at the Employeral setablishment(j) involved? <td< td=""><td></td><td>ations Board p</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		ations Board p						
Michael Francisco, HR Business Consultant 14100 Magellan Plaza Maryland Heights, MO 63043-4644 Sc Tel No. 36 Cell No. 4a. Type of Establishment (Factory, mine, wholesafer, etc) 4b. Principal product or service 56. Of yand State whore unit is located. Millitary Contractor Millitary Support Fac No. 56. Of the Benning, CA. Program, which is based at Fort Benning, GA. Program, which is based at Fort Benning, GA. 56. No. of Employees in Unit. Check One: 71. Request for recognition as Bargaining Representative was made on Oate) By Petition: and Employee of Cell Cell Cell Cell Cell Cell Cell Cel	Magellan Healthcare, Inc.	ad Title		Army Fo	ort Benning,	GA 31905		, 01010, 217 0000)
(671) 403-3360 FranciscoM@magellanheatht.com 4a. Type of Establishment (Pactory, mine, wholeseler, etc.) 4b. Principal product or senvice Sa. City and State where unit is located. Military Contractor Font Benning, CA. 31905 Sa. No of Employees in Unit. Sa. No of Employees in Unit. Program, which is based at Fort Benning, GA. Program, which is based at Fort Benning, GA. Sa. No of Employees in Unit. Interview Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employee declined recognition or a baud. To. 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employee declined recognition or a baud. To. To. Be Clean No. Be Fax No. Bf. E-Mail Address Be. Affiliaton, if any Sh. Oate Recognition as Representative was made on Catel) Bi. Expristion Date of Current or Most Recent Contract, if any (Month, Day, Year) 10. Be Cell No. Be Fax No. Bf. E-Mail Address Be, Affiliaton, if any Sh. Oate of Recognition or Certification Bi. Expristion Date of Current or Most Recent Contract, if any (Month, Day, Year) 10. Organizations or individuals other than Petitoner and these named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals other th	Michael Francisco, HR Busines	s Consultan		14100	Magellan Pl		-	
Military Contractor Military Support Fort Benning, GA 31905 8b. Description of Unit Involved Included: All regular full-time and part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Fort Benning, GA. Fort Benning, GA 31905 Excluded: All regular full-time and part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Fort Benning, GA. In or fmployees in Unit: 10 In or fmployees in Unit: 11 Excluded: All supervisors, guards, office clerical and all other employees as defined by the employees in the more of the employees in the petitione? Vas I is provided by the employees in the Petitione? Vas I is provided by the employees in the Petitione? Vas I is provided by the employees in the Petitione? Vas I is provided by the employees in the Petitione? Vas I is provided by the Petitione? The Petitione is currently recorpted as Barganing Representative was made on (Date) By Petition and Employer declined recognition on a about (Date) (If no reply received, so state). B. Edward Adress Be. Tel No. Bd Cell No. Be. Fax No. Bf. E-Mail Address By Affiliation, if any Bh. Date of Recognition or Certification (Clane of abor organization) B. Laperation Date of Current or Most Recent Contract, if any (Month, Day, Vaer) 10. Quanzations or individuals other than Petitioner and the ename of an any employees in the unit described in item 5b above. (If none, so state) Infe. Tel. No. Infe. Tel. No. 110b. Address 10b. Address Infe. Tel.No	(571) 403-3760						Francisco	1@magellanhealth.com
bb. Description of Unit Involved Included: All regular full-time and part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Fort Benning, GA. Ea. No. of Employees in Unit: 16b. Do a sustantial number (30%). Excluded: All supervisors, guards, office clerical and all other employees as defined by the Art. (Date) (If on rep/recised, so state). Image: Clerical and all other employees as defined by the Art. Image: Clerical and all other employees as defined by the Art. (Date) (If on rep/recised, so state). Image: Clerical and all other employees as defined by the Art. Image: Clerical and all other employees as defined by the Art. 8a. Name of Recognized or Sergating Representative was made on (Date) By Petition, and Employer declined recognition or about (Date) (If on rep/recised, so state). Image: Clerical and All other employees are participating? 8b. Attress Be. Fax No. Be. Eval Address 8c. Tel No. Bd Cell No. Be. Fax No. Be. Eval Address 8g. Affiliation, if any (Norm, Day, Vear) Image: Clerical and all other than Petitioner and those named in fems 8 and 9, which have claimed recognition as representatives and other organization an enjoyees in the unit described in tem b baove. (If none, so state) Image: Clerical and Individuals thom to have a representative interest in any employees in the unit described in tem b baove. (If none, so state) 10b. Address Image: Clerical and Arcospace Workers, ArL-ClO Image: Clerical and Arcospace Workers, ArL-ClO 11b. Election Details: If the NLRB conducts an election in this matter, s		wholesaler, etc			rvice			
Included: All regular full-time and part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Fort Benning, GA. 11 Included:			winitary Supp	on			FOILBE	
Program, which is based at Fort Benning, GA. Bb. Do a substantial number (08% or more) of the employees as defined by the Act. Bb. Do a substantial number (08% or more) of the employees in the unit wish to be represented by the Petition? Yes (19 No. Check One: Image: Transport Control (19) represended to the Petitioner (19) represended to the employeer since (Month, Day, Year) 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. 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?		d part-time l	Military Family Li	fe Couns	selors (MFLC	C) working for the	e MFLC	
Excluded: All supervisors, guards, office clerical and all other employees as defined by the Act. In wink to be represented by the Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition: and Employer declined recognition on or about (Date) No 7b. Petitioner is currently recognized as Bargaining Representative and dealres certification under the Act. Ba. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognized or Certified Bargaining Representative and dealres certification Si. 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?	Program, which is bas	ed at Fort B	ennina, GA.					
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition: and Employer declined recognition on or about (Date) 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). Bb. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognized or Certified Bargaining Agent (If none, so state). Bb. Date of Recognized or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8h. Date of Recognized or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have calimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 8b above. (If none, so state) 10d. Cell No. 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10d. Cell No. 11b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Tore(s): 90.0 an - 10.00 ann AND 4.00 pm - 5.00 pm 11d. Election Location(s): Econo Locide, A433 Victory Drive, Columbus, GA 310031159 12a. Full Name o	Excluded: All supervisors, qu	ards, office	e clerical and a	all other	employee	s as defined b	v the Act.	
Image: Dr. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Bb. Address Ba. Name of Recognized or Certified Bargaining Agent (if none, so state). Bb. Address Bc. Tel No. Bd Cell No. Be. Fax No. Bf. E-Mail Address 8g. Affiliation, if any Bb. Date of Recognized on Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? 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 6b above. (If none, so state) 100. Tel. No. 101. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10d. Cell No. 11b. Election Details: 11c. Election Time(s): 9.0 am + 10:00 am AND 4:00 pm - 5:00 pm 11a. Election Type Manual Mail Mixed Manual/Mail 11b. Election Catel(s): 11c. Election Time(s): 9.0 am + 10:00 am AND 4:00 pm - 5:00 pm 11a. Election Type (Commerce City, Columbus, GA 31903-4150 12c. Hol mentantional lassociation of Machinists and Aerospace Workers, Local Lodge 47 12d. Fax No. 12d. Fax No. 12c. Tell No. 12d. F	Check One: 7a. Request for					By Petition and	d Employer dec	lined recognition on or about
Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address Bc. Tel No. Bd Cell No. Be. Fax No. Bf. E-Mail Address Bg. Affiliation, if any Bh. Date of Recognition or Certification Bi. 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? Do If so, approximately how many employees are participating? (Name of labor organization)								
Bg. Affiliation, if any Bh. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization)	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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(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 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. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 10t. E-Mail Address 10t. E-Mail Address 11b. Election Date(s): 11c. Election Time(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (<i>including local name and number</i>) 12b. Cleck (If none, so state) 12b. Cleck (If none, so state) 11ct: Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Econo Lodge, 4483 Victory Drive, Columbus, GA 31903-4159 12a. Full Name of Petitioner (<i>including local name and number</i>) 12b. Edeton Time(s): 12b. Edeton Constituent (<i>if none, so state</i>) 11detrational Association of Machinists and Aerospace Workers, AFL-CIO 12b. Fax No. 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (916) 985-8101 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (916) 987-6100 12b. Address (street and number, city, state, and ZIP code)	9. Is there now a strike or picketing at the	Employer's esta	ablishment(s) involved	? no	If so, approx	kimately how many er	nployees are pa	rticipating?
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 100. Name 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 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 Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Econo Lodge, 4483 Victory Drive, Columbus, GA 31903-4159 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No. 12g. E-Mail Address (916) 985-8101 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (916) 985-8101 13e. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13e. Address (street and number, city, state, and ZIP code) 13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg.R	(Name of labor organization)		, has pic	keted the E	Employer since (Month, Day, Year)		
none 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 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): 11c. Election Time(s): 11d. Election Code(s): 11d. Election Code(s): Monday, October 7, 2019 9:00 am - 10:00 am AND 4:00 pm - 5:00 pm 11d. Election Location(s): Econo Lodge, 4483 Victory Drive, Columbus, GA 31903-4159 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 5621 Bowen Court, Commerce City, CO 80022 12c. Full name of national or international labor organization of which Petitioner is an afflite or constituent (if none, so state) 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (916) 985-8101 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) 13b. Address (street and number, city, state, and ZIP code) 13a. Tel No. 13d. Cell No. 12f. Fax No. 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No.							resentatives and	d other organizations and individuals
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11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: Y Manual Mail Mail Mail Mail Mail Mail Mail Ma		10b.	Address			10c. Tel. No.		10d. Cell No.
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: Y Manual Mail Mail Mail Mail Mail Mail Mail Ma					the Fachle			
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12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, Local Lodge 47 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 5621 Bowen Court, Commerce City, CO 80022 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (916) 985-8101 12e. Cell No. (916) 597-6100 12f. Fax No. 13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 510-337-1001 13d. Cell No. 13e. Fax No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net 11c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net 11c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net 11c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net 11declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Dat								Columbus, GA 31903-4159
International Association of Machinists and Aerospace Workers, AFL-CIO 12d. Tel No. (916) 985-8101 12e. Cell No. (916) 597-6100 12f. Fax No. (916) 985-8121 12g. E-Mail Address MWard@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for Jake and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13c. Tel No. 510-337-1001 13d. Cell No. 13e. Fax No. 510-337-1023 13f. E-Mail Address dfujimoto@unioncounsel.net nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date September 18, 2019	12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code)							
(916) 985-8101 (916) 597-6100 (916) 985-8121 MWard@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net 510-337-1001 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net I declare that I have read the above petitor and that the statements are true to the best of my knowledge and belief. Name (Print) Date David W. M. Fujimoto Signature Title Date Attorney September 18, 2019 September 18, 2019	12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)							
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13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net 510-337-1001 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Inlrbnotices@unioncounsel.net Name (Print) Signature Title Date David W. M. Fujimoto September 18, 2019		. ,				entation proceeding		w.org
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dfujimoto@unioncounsel.net 510-337-1001 13d. Cell No. 510-337-1023 13f. E-Mail Address dfujimoto@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. 13f. E-Mail Address dfujimoto@unioncounsel.net Name (Print) Signature Title Date David W. M. Fujimoto September 18, 2019	13a. Name and Title David W/ M Fujimoto Attorney 13b. Address (street and number, city, state, and ZIP code)							
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature David W. M. Fujimoto Title David W. M. Fujimoto Attorney	13c. Tel No. 13d. Cell No. 13				x No.	dress dfujimoto@unioncounsel.net		
David W. M. Fujimoto Attorney September 18, 2019								
	Name (Print) Signature Title 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.



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

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE									
NATIONAL LABOR RELATIONS BOARD Case No. Date Filed									
RC PETITION 10-RC-248750 September 24, 2019									
INSTRUCTIONS: Unless e-Filed us	ing the Agency's web:	site, <u>www.nl</u>	rb.gov, submit a	an original of this	Petition to a	n NLRB office in the Region			
in which the employer concerned									
of service showing service on the									
(Form NLRB-505); and (3) Descript				RB 4812). The s	howing of inte	erest should only be filed			
with the NLRB and should not be s	erved on the employe	er or any oth	er party.						
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d									
requests that the National Labor Relation		r its proper au	thority pursuant to	o Section 9 of the Na	ational Labor Re	lations Act.			
2a. Name of Employer				t(s) involved (Street a		State, ZIP code)			
American Hospital 2512 Fort Bragg Rd., Fayetteville, NC 28303 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)									
Kim M. Smith, Director I	Juman Resources		26 W. Hausm Fax No.	an Road, Suite	3f. E-Mail Addr	Antonio, TX 78249			
(210) 236-3943 Direct	(907) 382-1347		(210) 236-3	3961	kmsmith	@chenega.com			
4a. Type of Establishment (Factory, mine, w Military Contractor		cipal product or Support	service			nd State where unit is located: ville, NC			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: All regular full time and		selors work	king for the MFL	_C program, whi	ch is based	25			
at Fort Bragg in North C	Carolina.					6b. Do a substantial number (30% or more) of the employees in the			
Excluded: All supervisors, gu	ards, office cler	ical, and	all other en	nployees.		unit wish to be represented by the			
Conception of the Conception o						Petitioner? Yes 🖌 No			
Check One: 7a. Request for re				By Petition ar	nd Employer decli	ned 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 (<i>If none, so state</i>). 8b. Address									
none		,							
8c. Tel No.	8d Cell No.	8e.	Fax No.		8f. E-Mail Addr	ess			
8g. Affiliation, if any		8h. Da	ate of Recognition o	r Certification		ate of Current or Most Recent (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?									
(Name of labor organization)		has picketed th	ne 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 a none	ny employees in the unit de	scribed in item	SD above. (Ir none	, so state)					
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
 Election Details: If the NLRB conducts any such election. 	an election in this matter, s	state your positi	on with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Friday, October 11, 2019 9 am -10 am and 4 pm - 5 pm The Hilton Garden on 4025 Sycamore Dairy Rd, Fayetteville, NC 2830									
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, Local Lodge 47 5621 Bowen Court, Commerce City, CO 80022									
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO									
12d. Tel No.	12e. Cell No.		Fax No.		12g. E-Mail Add	dress			
(916) 985-8101	(916) 597-6100		985-8121		mward@iamaw	v.org			
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.									
13a. Name and Title Eric J. Wiesner, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501									
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address ewiesner@unioncounsel.r 510-337-1001 510-337-1023 nlrbnotices@unioncounsel.net									
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) Sig	nature f	Title			Date				
Eric J. Wiesner	lin	Attor		IMPRISONMENT (September				
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.

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

UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD				Ca	se No.	101	-	te Filed	
RD PETITION					10-RD-248430			September 18, 2019	
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 <u>not</u> be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Representative and representative to Section 9 of the National Labor Relations of Act									
Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Kaiser Permanente 1375 Peachtree St. NE 4th floor GA Atlanta 30309-									
Shankar Viswan Mgr. Labor relations GA Atlanta 3039- 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) 345 Peidmont Rd. NE bldg 9 345 Peidmont Rd. NE bldg 9									
3c. Tel. No. (404) 364-4706	3d. Cell No. (470) 351-0323	3	3e. Fax No.				-Mail Addr kar.Viswa	ess nathan@kp.org	
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal pro			-		5a. City a	and State where unit is located:	
Healthcare			Healthcar	re				A lanta, GA	
5b. Description of Unit Involved	ditional dotails							6a. No. of Employees in Unit: 20	
Excluded: See Attached Page 2 for a	Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 fo								
Check One: 7a. Request for re			ative was made on (Da	ate)_	an	d Emp	loyer decl	ined recognition on or about	
		(If no reply receive	· · · · · · · · · · · · · · · · · · ·						
7b. Petitioner is curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 3302 McGinnis Ferry Rd suite 201									
-	8a. Name of Recognized or Certified Bargaining Agent 8b. Address 3302 McGinnis Ferry Rd suite 201 UFCW 1996 Marian Phillips Union representative/organizer GA Suwanee 30024-								
8c. Tel No.	8d Cell No.		8e. Fax No.				-Mail Addr		
(678) 714-3500 8g. Affiliation, if any	(678) 372-7028		(678) 714-3501 8h Date of Recognit	ion or	r Certification	· ·	· •	v1996.org Date of Current or Most Recent	
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) ufcw 09/07/2018									
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? If so, a	рргох	imately how many en	nploye	es are par	ticipating?	
(Name of labor organization)		, has pick	keted the Employer sin	nce (I	Month, Day, Year)				
10. Organizations or individuals other than have a representative interest in any emplo						nd othe	er organiza	ations and individuals known to	
10a. Name	10b. Ad	dress	10c. Tel. No.					10d. Cell No.	
					10e. Fax No.			10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	s an election in thi	s matter, state you	r position with respec	t to	11a. Election Type:		Manual 📘	Mail Mixed Manual/Mail	
11b. Élection Date(s): 11c. Election Time(s): 11d. Election Location(s): 09/16/2019 10/11/2019 1375 Peachtree St. NE Atlanta, GA; 345 Piedmont st NE;						A; 345 Piedmont st NE;			
12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) Kaiser Permanente (b) (6), (b) (7)(C)									
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> (b) (6), (b) (7)(C)									
12d. Tel No. (b) (6), (b) (7)(C)	12f. Fax No. 12q. E-Mail (b) (6), (b)								
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)									
13c. Tel No. 13d. Cell No.			13e. Fax No. 13f. E-Mail Ad			E-Mail Add	ddress		
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.									
	gnature (b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)				Date		
(b) (6), (b) (7)(C) WILLFUL FALSE STATEME		TITION CAN BE		AND	IMPRISONMENT (U.		9/13/2019 DE, TITLI		

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

Case

Attachment

Date Filed

Employees Included 20 employees in IT are part of bargaining unit

Employees Excluded

All employees outside of end user services