UNITED STATES		DO NOT WRITE IN THIS SPACE					
RC PE		ARD	Case No. 29-RC	C-227876	Date	Filed 9/24/2018	
INSTRUCTIONS: Unless e-Filed us	ina the Aaenc	v's website, ww	w.nlrb.gov. submit a	n original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned i							
of service showing service on the							
(Form NLRB-505); and (3) Descript							
with the NLRB and should not be s				12 1012). The el	ioning of inc	oreer energia enity se mea	
1. PURPOSE OF THIS PETITION: RC-CE				of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner de	esires to be certifi	ied as representa ive	e of the employees. The I	Petitioner alleges th	at the followin	g circumstances exist and	
requests that the National Labor Relat 2a. Name of Employer	tions Board proc		er authority pursuant to Iress(es) of Establishment				
Kosher First, LLC d/b/a Tuv Taam Corp.		502	2 Flushing Ave		na namber, city	, State, ZIF Codej	
3a. Employer Representative – Name and	Title	NY	Brooklyn 11205-1616 3b. Address (If same as	: 2h - state same)			
Sam Nutovics	The		502 Flushing Ave NY Brooklyn 1120				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	5-1616	3f. E-Mail Add	ress	
(718) 855-2207			(718) 802-1872				
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal prod	· · ·		5a. City	and State where unit is located:	
Food Processing			prepared foods		-	Brooklyn, NY	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal details					54	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	nal details					or more) of the employees in he unit wish to be represented by the	
						Petitioner? Yes [ Vo [ ]	
Check One: 7a. Request for re	cognition as Barg	aining Representati	ive was made on (Date)	an	d Employer dec	lined recognition on or about	
	(Date)	(If no reply received,	, so state).				
			presentative and desires of	certification under the	Act.		
8a. Name of Recognized or Certified Bar	gaining Agent <i>(l</i> i	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
				a (15 (1			
8g. Affiliation, if any       8h. Date of Recognition or Certification       8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
					e en a del, n'an	, (monal, 20); <sup>1</sup> 01/	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	If so, approx	imately how many en	ployees are pa	rticipating?	
(Name of labor organization)		has picke	ted the Employer since (	Month Dav Year)			
10. Organizations or individuals other than f							
known to have a representative interest in a					Cochadves and		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
				IUC. I AXINO.			
11. Election Details: If the NLRB conducts	an election in thi	is matter, state your	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
any such election.	44-5	- time Time (-)					
11b. Election Date(s): 09/28/2018	11C. E	lection Time(s):		11d. Election Loca cafeteria, 502 Flush		Ivn NY 11205	
12a. Full Name of Petitioner (including lo Eddie Diaz Local 338, RWDSU/UFCW				12b. Address (stree	• ·	city, state, and ZIP code)	
Local 338, RWDSU/UFCW 12c. Full name of national or international la United Food & Commercial Workers	bor organization	of which Petitioner is	s an affiliate or constituen		811		
		T	10f Eav No			deroop.	
12d. Tel No. (516) 294-1338	12e. Cell No.		12f. Fax No. (516) 281-0257		12g. E-Mail Ac ediaz@local33	la ess la org	
13. Representative of the Petitioner who	will accept servi	ice of all papers for		entation proceeding			
13a. Name and Title			13b. Address (street and	number, city, state,	and ZIP code)		
Serge Ambroise attorney Cary Kane LLP			1350 Broadway Rm 140 NY New York 10018-093		,		
13c. Tel No.	13d. Cell No.		13e. Fax No.	20	13f. E-Mail Ad		
(212) 871-0536	(646) 860-5010		(646) 599-9576		sambroise@ca	arykane.com	
I declare that I have read the above petiti	on and that the	statements are true	e to the best of my know	ledge and belief.			
	gnature		Title		Date		
oorge / inbroide	erge Ambroise				09/21/2018		
WILLFUL FALSE STATEME	NI 3 UN I HIS PE		UNISHED OF FINE AND	INFRISCHMENT (U.	3. CODE. IIIL	E 10. 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
Attachment	Case 29-RC-227876	Date Filed 9/24/2018

## Employees Included

machine operators, packing dept., food prep., dishwashers, maintenance, cooks, frozen food

Employees Excluded

drivers, drivers helpers, office clericals, guards, supervisors/managers

FORM NLRB-502 (RC)		ED STATES OF AMERIC	A				DO NOT WRITE IN THIS SPACE						
(2-18)		AL LABOR RELATIONS BOARD RC PETITION					Case	Case No. Date Filed 29-RC-227922 9/25/20					8
employer concerned is located the employer and all other par	ONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of oncerned is located. The petition must be accompanied by both a showing of interest (s er and all other parties named in the petition of: (1) the petition; (2) Statement of Position dures (Form NLRB 4812). The showing of interest should only be filed with the NLRB an						see 6b below) and a certificate of service showing service on on form (Form NLRB-505); and (3) Description of Representation						
1. PURPOSE OF THIS PETITIO bargaining by Petitioner and P requests that the National L	etitioner desire	s to be certified as repres	senta	tive of the	e employ	ees. The F	Petitio	ner alleges t	hat the follo	wing circum	stances		
2a. Name of Employer:		2b. Ad	dress	s(es) of E	stablish	ment(s) inv	olved	(Street and n	umber, City,	State, ZIP coo	le):		
D:-Jo(	) .0 NS fra	ction Coll. 3	7	-18	G.	ailcoa	J	ave L	ona is	land (	Cit	,	
3a. Employer Representative -	Name and Title	3b. Ad	dress	s (if same	as 2b -	state same	ə):		1		~ /		
Diane Ba	rtone.	-Sarro		ame	2								
	3d. Cell No 180			. Fax No.				3f. E-Mail Ac					
4a. Type of Establishment (Facto	Yard					t or Servic	e		Long		. N	ated:	ĸ
5b. Description of Unit Involved Included:	yora w	oflers who pri construction wo	CPa cK	rc fri outsid	le th	with		fermul	6a. Númbe	of Employees	in Unit: 7		
Excluded:		1.				1.1		outs, oc	of the e	bstantial numl mployees in th	e unit wis	sh to be	
	recognition as	Bargaining Representation (If no reply		s made d		10,50	102	and and		nted by the Pe eclined recogn		Yes	No No
		nized as Bargaining Rep	_			es certificat	ion une	der the Act.					
8a. Name of Recognized or Cer	tineo barganii	ng Agent (# none, so sa	1(6)	8b. Add	1622								i
Bc. Tel. No.	8d. Cell No	).	8e	. Fax No.				8f. E-Mail Ad	ddress		0107	200	11
8g. Affiliation, if any:		1	3h. D	ate of Re	cognitio	n or Certific	ation			rrent or Most Month, Day, Y		÷.	
9. Is there now a strike or picketin	ng at the Emplo	yer's establishment(s) in	volve	d?		If so, appr	oximat	tely how man	y employees	are participat	ing? _	<del>:</del>	
(Name of Labor Organization)		·						·		r since (Month		ear)	·**
<ol> <li>Organizations or individuals o individuals known to have a re</li> </ol>										s and other or i- ト	ganizat <u>lo</u>		2110
10a. Name		10b. Address						10c. Tel. No		10d. Cell No	, t	0	<u> </u>
								10e. Fax No		10f. E-Mail Ad	dress		,
11. Election Details: If the NLRE	conducts and	election in this matter, st	ate yo	our positi	on with r	espect to a	iny suc	ch election:	11a. Election Manua		Mixed	d Manual/N	Vail
11b. Election Date(s):	6466	11c. Election Time(s):	10	20		() · 7/	1.	11d. Election	n Location(s	):			
DC-OSCI D 12a. Full Name of Petitioner (inc	LUI &		1.	<u>30 e</u>	12b. Ad	dress (stre	Fr et and	number, city,	State and 2	IP code):			
Construction Con	uncil 1	75 UW1	)	A	99	min	col	a av	e fras	lyn hei	ehts	NYI	1571
12c. Full name of national or inter	rnational labor o	S UNION -		f. Fax No				ine, so state):					
12d. lei, No. 516 4 <b>8</b> 7 - 311	0	No.	516	48	<u>131</u>	44		12g. E-Mail	Address 1Nanti	e locak 1 Na-	(ASOA	175	:Or
13. Representative of the Petiti 13a. Name and Title:	oner who will a	accept service of all pa		for purpe b. Addres		the repres	entati ber, cit	ion proceedin by, State and 2	ng. ZIP code):	a Mr.	YoX	NY	EAT (
Eric Cha	I 13d, Cell N	10	13	37 e. Fax No	s. (	arli	и°	Suite	Address	1 10000	<u>~</u>		1010
212-688-088 I declare that I have read the at	38 516.	- 816 - 4526		213	59	4 SC	Hedae	C	haili	<u>nLaw</u>	Qa	olou	)m
Name (Print) Eric C	hailin	Signature	11	for the second s	Zy .	L	Title	Lean	( Co	ncel		Date 912	4/13
			-		11								1

and the h 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 (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 may cause the NLRB to decline to invoke its processes.

•						DO NOT V	WRITE IN THIS S	PACE		
FDRM NLRB-502 (RD) (2-18)	NATIONAL L	STATES OF AMI ABOR RELATION			Case N	°. 29-RD-2268	97	Date Filed 9/7/18		
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other pa Case Procedures (Form NLRE	d. The petition rties named in the	must be accomp he petition of:(1)	anied by both a sho the petition; (2) Sta	owing of interest tement of Posi	st (see 7 b tion form	elow) and a certific: (Form NLRB-505); a	ate of service sh nd (3) Descripti	owing service on on of Representation		
1. PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board proce	ntative is no long	er their representa	ative. The Petitioner	alleges that th	e followin	g circumstances ex				
2a. Name of Employer Senate Apartments/First S	ervie Reside	ntial of NY	2b Address(es) of (b) (6), (b) (7	Establishment(s)	) involved	(Street and number, o	city, state, ZIP co	de)		
3a. Employer Representative - N		-	3b. Address (If sam	ne as 2b state s	same)	· · ·				
Stephen LaBarbara, Execu			9437 Shore Ro	ad, Brookly	n, NY 1	1209				
3c. Tel. No. 718-943-9427	3d. Fax No. 212-634-394	16	3e. Cell No.		3f. E-Mail	,	بسمه اماله ملك			
4a. Type of Establishment (Factor						labarbara@fsres	sidential.com			
Residential Building	y, mine, wholesa	101, 010./		1	-	/ Management				
5a. Description of Unit Involved	-					8	5b. City an	d State where unit		
Included:						:	is local			
All Full-Time and Regula	r Part-Time s	uperintendent	s and porters				Brookly	n, NY		
Excluded:										
Office clerical employees,	•	•								
6. No. of Employees in Unit 2					the unit no	longer wish to be rep	presented by the	certified or currently		
Ba. Name of Recognized or Certifi			epresentative? 🔀 Y	/es No		8b. Affiliation, if any				
Local 2 Building Service	Employees &	Factory Worl	kers, USWU, IU	JJAT						
Bc. Address		•		8d. Tel. No.		Be. Cell No.				
82-01 Rockaway Blvd., Suite 130         (718) 296-7017           Ozone Park, NY 11416         Bf. Fax No.         8g. E-Mail Address										
Ozone Park, NY 11416										
				(718) 296-4		lstuartlocal2@a				
9. Date of Recognition or Certifica	tion		04/01/2014	of Current of M	ost Recen	Contract, if any (Mo	ntn, Day, Year)			
11a. Is there now a strike or picke	ting at the Emplo	yer's establishmer	nt(s) involved? 🗌 Y	/es XNo	1 1b. If so,	approximately how m	any employees a	are participating?		
11c. The Employer has been pick	eted by or on beh	alf of (Insert Nan	ne)					a labor organization, of		
(insert Address)							e (Month, Day, Y	ear)		
12. Organizations or individuals ot and individuals known to have							anizations			
12a. Name	12b. Addr				12c. Tel. N		12d. Fax No.			
				Ī	12e. Cell N	lo.	12f. E-Mail Addr	855		
13. Election Details: If the NLRE					13a. Electi	on Type: 🗙 Manual	Mail 🗌	] Mixed Manual/Mail		
matter, state your position with 13b. Election Date(s)	respect to any s	13c. Election.	ne(s)		13d. Election Location(s)					
Thursday, September 13, 2	2018	12PM to 2 P				enue S., Brookly	n, NY 11223	(locker room)		
14. Full Name of Petitioner		1								
	dividual							-		
14a. Address (Street and number,	city, state, ZIP c	ode)			14b. Tel. N	lo.	14c. Fax No.			
(b) (6), (b) (7)(C)				ļ	14d. Cell N			7050		
					(b) (6), (b	·	14e. E-Mail Add (b) (6), (b) (7)			
14f. Affiliation, if any				1	(0), (0)		(0), (0), (1)			
15. Representative of the Petitic	ner who will ac	cept service of al	Il papers for purpos	es of the repre	sentation	proceeding.				
15a. Name					15b.Title			· · ·		
(b) (6), (b) (7)(C)					An indiv	idual				
15c. Address (Street and number,	city, state, ZIP c	ode)			15d. Tel. N	lo.	15e. Fax No.			
(b) (6), (b) (7)(C)										
				1	15f. Cell N		15g. E-Mail Add			
I declare that I have read the ab	ove petition and	that the stateme	onts are true to the		(b) (6), (b) wiedge ar		(b) (6), (b) (7)	(C)		
Name (Print)					wiedge ar Title	ia Denel.	-	Date Filed		
(b) (6), (b) (7)(C)		(b) (6), (b) (			An indiv	idual		9/7/10		
	TATEMENTS OF	THIS PETITION				NMENT (U.S. CODE	, TITLE 18, SEC	TION 1001)		
				<b>T STATEMENT</b>						

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	LINIP	TED STATES OF			_					
FORM NLRB-502 (RM) (2-18)		AL LABOR RELAT				Case No. 29-RM-226707				
			N			29-1	RM-226	5707	Date Filed	)/5
INSTRUCTIONS: Unless e employer concerned is loc following: (1) the petition; ( petition must also be account the employer has good fai employees who no longer	cated. The peti (2) Statement o mpanied by evi th uncertainty a	ition must be ac f Position form; dence supportin about majority s	ccompan and (3) L g the sta upport fo	ied by a certificate Description of Proce tement that a labor r an existing repres	of service sh dures in Certi organization h entative. How	owing servic fication and las made a c	ce on all p Decertificat lemand for	arties named tion Cases (F recognition o	in the petiti orm NLRB 4 n the employ	on ( 812) ver c
1. PURPOSE OF THIS PE the Employer/Petitioner uncertainty about majorit named in this petition, tr National Labor Relatior	to be recogniz y support for ar his statement sh	zed as the repr n existing repres nall not be deen	esentative. entative. ned made	ve of employees of If a charge under S e. The Petitioner a	the Employe ection 8(b)(7) lleges that the	er/Petitioner of the Act h e following	or the Em as been file circumsta	ployer/Petitio ed involving th inces exist a	ner has a g ne Employer/	ood Peti
2a. Name of Employer/Petitic Washington Memoria	oner:		2b. Add	ress(es) of Establishn Canal Road, Mo	nent(s) involved	(Street and r	umber, City		de):	
3a. Employer/Petitioner Rep Michael S. Pepperma		me and Title:	Ober	tress (if same as 2b - s mayer Rebmani re Square West,	n Maxwell			Philadeln	bia PA 1	910
3c. Tel. No.         3d. Cell No.           215-665-3032         215-694-4592				3e. Fax No. 215-665-3165		3f. E-Mail A msp@ol	ddress		,	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cemetery				4b. Principal Product Burial/Internm						
5a. Description of Unit Involu Included:	/ed:	<u> </u>		<b>,</b>	<u></u>			ant Si		
Excluded:					6. Nu 12			. Number of Employees in Unit: 2		
Unless a charge alleging a viol 7a. A labor organization m 7b. The Employer/Petitione 8a. Name of Recognized or C	ade a demand fo er has a good fait	or recognition on the uncertainty abo	ne Employ ut majorit	er/Petitioner on (Date	)		8b. Affiliatio	on if any:		
United Service Work									0.6	
8c. Address: 36-36 33rd Street, 2	Long Island	City, NY 1	1106		8d. Tel. No. 718-729-7 8f. Fax No.	7400	8e. Cell No 8g. E-Mail			
0. Date of Responsition or Carti	feetien				ol. Fax No.	10 Evoirati	mherro	n@uswulo		
9. Date of Recognition or Certi	ication					Recent Con	tract, if any	(Month, Day, Y	<sub>(ear)</sub> 3/31/2	201
11. Is there now a strike or pick (Name of Labor Organization	• •	oloyer's establishn	nent(s) inv	volved? No	If so, approxin			es are participa er since (Month	•	
<ol> <li>Organizations or individual demanded recognition as r above. (If none, so state)</li> </ol>	s other than thos					tioner or repre	esent employ	yees of the Em	ployer/Petition	
12a. Name and affiliation if any 12b. Address Washington Memorial Park 855 Canal F		Road, Mount Sinai, NY 11766			12c, Tel, No.		12d. Cell No.			
12a. Name and affiliation if any Washington Memoria	l Park	855 Canal	Road,	Mount Sinai, N	1 11/00					
Washington Memoria			·			12e. Fax No		12f. E-Mail Ad	ldress	
Washington Memoria		d election in this m	natter, stal			ich election:	13a. Election	n Type: al 🔲 Mail	Idress	nua
Washington Memoria 13. Election Details: If the NL 13b. Election Date(s): September 17, 18, 20	RB conducts and or 21	d election in this m 13c. Election T 9:00 a.r	natter, stal ime(s): n.	le your position with re	espect to any su	13d. Election: The Bre	13a. Election Manua n Location(s ak Room	n Type: alMail a): a, 855 Cana	Mixed Ma	
Washington Memoria 13. Election Details: If the NL 13b. Election Date(s):	RB conducts and or 21 iployer/Petition	d election in this m 13c. Election T 9:00 a.r	natter, stal ime(s): n.	le your position with re	poses of the r and number, c mann Maxv	13d. Election: 13d. Electio The Bre epresentation ity, State and vell & Hip	13a. Election Manua n Location(s ak Room proceedin <i>ZIP code):</i> pel LLP	n Type: al Mail s): a, 855 Can: g.	⊡ <sup>Mixed Ma</sup> al Road, N	/ <b>1</b> t.
Washington Memoria 13. Election Details: If the NL 13b. Election Date(s): September 17, 18, 20 14. Representative of the Em 14a. Name and Title: Michael S. Pepper 14c. Tel. No. 215-665-3032	or 21 popyer/Petitione man, Esq. 14d. Cell 215-69	13c. Election Ti 9:00 a.r er who will accep No. 24-4592	matter, stal me(s): n. ot service	of all papers for pur 14b. Address (street Obermayer Reb Centre Square V 14e. Fax No. 216-665-3165	poses of the n and number, c mann Maxv Vest, Suite 3	13d. Election: The Bre epresentation ty, State and vell & Hipp 3400, 1500 14f. E-Mail, msp@ob	13a. Election Manual n Location(s ak Room proceedin ZIP code): pel LLP Market S Address	n Type: alMail a), 855 Can: g. Street, Phila	⊡ <sup>Mixed Ma</sup> al Road, N	∕ſt.
Washington Memoria 13. Election Details: If the NL 13b. Election Date(s): September 17, 18, 20 14. Representative of the Em 14a. Name and Title: Michael S. Pepper 14c. Tel. No.	RB conducts and or 21 pployer/Petitione man, Esq. 14d. Cell 215-65 above petition	13c. Election Ti 9:00 a.r er who will accep No. 24-4592	ement	of all papers for pur 14b. Address (street Obermayer Reb Centre Square V 14e. Fax No. 216-665-3165	poses of the n and number, c mann Maxv Vest, Suite 3	13d. Election: 13d. Election The Bre epresentation ty, State and vell & Hipp 3400, 1500 14f. E-Mail msp@ob e and belief.	13a. Election Manual n Location(s ak Room proceedin ZIP code): pel LLP Market S Address	n Type: alMail a), 855 Can: g. Street, Phila	□ Mixed Ma al Road, N delphia, PA	/It.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUID SHED 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 of U/LRA), 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 user 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 voluniary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.