FORM HLRB-502 (RC) (Z-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Cess No.	Data Flied					
00-00-257226	2/2/20					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's websits, important griving, submit an original of this Patition to an HLRB office in the Region in which the amployer concerned is located. The patition must be accompanied by both a showing of interest (see 8b below) and a cartiflosts of service showing service on the amployer and all other parties named in the patition of: (1) the patition; (2) Statement of Position form (Form HLRB-605); and (3) Description of Representation Case Procedures (Form HLRB 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 Patitioner and Potitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances andst and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): SKYLIFT 3000 Leavitt Road Unit #6 Lorain, Ohio 44052 3a. Employer Representative - Name and Title: 3b. Address (If same as 2b - state serre): Mike Naughton-COO, CFO same 3c. Tel. No. 3d. Call Ng. 2/6-469 3s. Fax No. 31. E-Mail Address Z1924 6780 440-960-2100 440-960-2104 mike@skyliftus.com 48. Type of Establishment (Fectory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Factory Lorsin, Ohio easement specialty machinery 6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: All hourly Production, Shipping/Receiving and Trades employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Patitioner? All Managers, Supervisors, Office personnel and security as defined by the Act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 2-29-2020 and Employer declined recognition on or about (Date) NO REPLY (If no reply received, so state). on or about (Date) NO REPLY (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (if none, so state) | Bb. Address: none 8f. E-Mall Address Sc. Tel. No. 8d. Call No. Se. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Data of Current or Most 8g. Affiliation, If any: Recent Contract, If any (Month, Day, Year) If so, approximately how many employees ere participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Lebor Organization) 10. Organizations or individuals other than Petitioner and those named in literus 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) 10c. Tel. No. 10d. Cell No. 10h Address 10s, Name none 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the MLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail Self release to vote 11c Election Time(s): 11b. Election Date(s): 9:00am until 10:30am meeting room in shop area 03/20/2020 12b. Address (streat end number, city, State and ZIP code): 12s. Full Name of Petitioner (Including local name and number): 1691 Woodlands Drive Maumee, Ohio 43537 Christopher Viscomi UAW Region 2B 12c. Full name of national or international labor organization of which Patitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace & Agricultural Implement Workers of America, UAW 121, Fax No. 12g. E-Mail Address 12e. Cell No. 12d, Tel, No. cviscomi@uaw.net 440-623-3322 n/a 440-623-3322 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 Tide: 13f. E-Mail Address 13e, Fax No. 13d, Cell No. 13c, Tel. No. 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) 2/28/2020 International Servicing Rep. Won Cchristopher Viscomi ustr

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, faiture to supply the information may cause the NLRB to decline to invoke its processes.

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

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

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
00 DC 057044	0/40/0			

U8-RC-257944 3/12/20

INSTRUCTIONS: Unless e-Filed a employer concerned is located. I the employer and all other partie: Case Procedures (Form NLRB 48	he petition s named in :	must be accom the petition of:	panied l (1) the p	by both a si etition: (2) S	howing of interest (see Statement of Position to	6b below) an orm (Form NI	d a certifica RB-505): ai	te of service show	ing service on if Representation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petirequests that the National Laboratory	RC-CERTIF	CATION OF RE	PRESEN as repres	NTATIVE - A	substantial number of e	mployees wis	h to be repre	sented for purposes	of collective
2a. Name of Employer: SIFCO INDUSTRIES, IN GROUP	IC., FOR	RGE	2b. Add 970]	dress(es) of East 64th	Establishment(s) involve a Street, Clevelan	d (Street and d, Ohio 4	number, Cit 4103	y, State, ZIP code):	
3a. Employer Representative - Name and Title: Tania Zaripheh, DHR 3b. Address (if same as 2b - state same): SAME									
3c. Tel. No. 216-881-8600	3d. Cell No		V05975	3e. Fax No	o.	3f. E-Mail . tzariphe	Address eh@sifco	.com	
4a. Type of Establishment (Factory, Factory	mine, whole	saler, etc.)		4b. Princip Forge S	oal Product or Service Shop		5a. City a Clevel	and, Ohio	s located:
6b. Description of Unit Involved: Included: all the factory employees Excluded:	(referred	l to as the M	Iain B	argaining	g Unit)		97	er of Employees in L	
all guards, supervisors, cl Check One: 7a. Request for rec					and the state of t		of the repres	employees in the un ented by the Petition	t wish to be
on or about (Date)		(If i	no reply r	eceived, so			ia Employer	declined recognition	
Sa. Name of Recognized or Certific Int'l Assoc. of Machinists	and Aer	ospace Wor	e, so star kers,	P.O.	dress: Box 61, Nova, C	hio 4485) (-
District No. 54, Lodge 43 8c. Tel. No.	9 (*disci		est)	P.O.	Box 27, Denniso	on, Ohio 4	Market - Annual - Ann		
614-239-0401 54@dl54.com									
8g. Affiliation, if any: 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Dey, Year) 05/15/2020						05/15/2020			
Is there now a strike or picketing a (Name of Labor Organization)	t the Employ	yer's establishme	ent(s) inve	olved? No	If so, approxim			s are participating? er since (Month, Da	v, Year)
Organizations or individuals othe individuals known to have a represent Int'l Assoc. of Machinists	esentative in	terest in any emp	ployees in	n the unit de	scribed in item 5b above	(If none, so:	state)		ations and
10a. Name Int'l Assoc. of Machinists		10b. Address P.O. Box 6				10c. Tel. N 614-239		10d. Cell No.	
Aerospace Workers, Distr 54, Lodge 439		P.O. Box 2				10e. Fax No. 10f. E-Mail . 54@dl5			
11. Election Details: If the NLRB co	inducts and e	election in this m	atter, sta	te your posit	tion with respect to any s	uch election:	11a. Electio		lixed Manual/Mail
11b. Election Date(s): March 26, 2020			00 PM	I and 9:3	30PM-11:30PM		on Location(ee Break	s):	17-11-0
International Brotherhood	12a. Full Name of Petitioner (Including local name and number): International Brotherhood of Boilermakers 12b. Address (street and number, city, State and ZIP code): 753 State Ave., Ste. 570, Kansas City, Kansas 66101							101	
12c. Full name of national or internat	ional labor o	rganization of wh	hich Petiti	ion e r is an a	ffiliate or constituent (if n	one, so state,	:	30000	Since U.S.
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12g.						· · · · · · · · · · · · · · · · · · ·			
13. Representative of the Petitione 13a. Name and Title: Mr. Jody Mauller, GLOC IS		ccept service o	f all pape	13b. Addre	ess (street end number, one Avc., Ste. 570, K	ity, State and	ZIP code):	66101	
13c. Tel. No.		Do – 963 ر-8			y:		@boiler	makers.org	1/0
I declare that I have read the above Name (Print)	petition an	that the state		re true to th		e and belief. tle			Date
Jody Mauller		100	ly	L IV	lauller	LOC ISC)		3/12/2020

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
08-RC-258375	3/24/20			

RC PETITION

in which the employer concerns								
of service showing service on t								
(Form NLRB-505); and (3) Desc								
with the NLRB and should not l	be served on the	employer	or an	y other party.	STREET STREET, STREET STREET		• • • • • • • • • • • • • • • • • • • •	
PURPOSE OF THIS PETITION. RC bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certif	lied as repre	sentati	ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
2a. Name of Employer			2b. Ad	idress(es) of Establishmer	nt(s) involved (Street a	and number, city,		
Lyon Video, Inc. / Video Crew Servi	ce, LLC, a single e	mployer	2091	Arlingate Ln., Colum	nbus, Ohio 43228	3-4113		
3a. Employer Representative – Name Chad Snyder, President; Staci		Glenn		3b. Address (If same a Same as 2b.	s 2b – slate same)			
3c. Tel. No.	3d. Cell No.			3e. Fax No.		3f. E-Mail Addr	ess	
614-297-0001		,					s; stacia@tycnvideo.com; josh@tyonvideo.com	
4a. Type of Establishment (Factory, mit Mobile television broadcasting		Sports t		duct or service sts		100 M CO 100 CO	nd State where unit is located: nd, Ohio	
5b. Description of Unit Involved Included: See attachmen							6a. No. of Employees in Unit: 105	
Excluded: See attachment							6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the	
Check One: / 7a. Request f		R			20/00/0000	15	Petitioner? Yes / No	
Ta. Request	or recognition as Bar	gaining Rep	resenta	tive was made on (Date)	03/09/2020 and	d Employer deci	ned recognition on or about	
7b. Petitioner	is currently recognize	ed as Barga	ining R	d, so state). no reply	/ certification under the	Act		
8a. Name of Recognized or Certified none	Bargaining Agent (f none, so	state).	8b. Address	ocianoatori andor ano	7101		
8c. Tel No.	8d Cell No.			8e. Fax No.		8f. E-Mail Addr	-Mail Address	
8g. Affiliation, if any		8h. Date of Recognition o			ate of Current or Most Recent (Month, Day, Year)			
Is there now a strike or picketing at the (Name of labor organization)	ne Employer's establi			? no If so, approx	kimately how many en	nployees are par	dicipating?	
10. Organizations or individuals other th	an Petitioner and tho				_	resentatives and	other organizations and individuals	
known to have a representative interest none								
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB cond any such election. 			CONTRACT AND	r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail	
11b. Election Date(s): Mail ballots dispatched 04/06/2020; 11c. Election Time(s): Ballots commingled and of				counted 04/24/2020	11d. Election Location(s): mail ballots [see 11b & 11c] 12b. Address (street and number, city, state, and ZIP code)			
12a. Full Name of Petitioner (including international Alliance of Theatrical States	ge Employees, AFL	-CIO (IATS			207 West 25th Stre			
12c. Full name of national or internation international Alliance of Theatrical Stage	ge Employees, Movi	ng Picture	Techni	cians, Artists and Allied (orafts of the United S			
12d. Tel No. 212-730-1770	12e. Cell No. 917-499-9012						E-Mail Address ly@iatse.net	
13. Representative of the Petitioner w		ce of all pa	pers fo		sentation proceeding			
13a. Name and Title Adrian D. H	ealy, Associa	te Coun	sel	13b. Address (street an 207 West 25th Street, 4th F		and ZIP code)		
13c. Tel No. 212-730-1770	13d. Cell No.			13e. Fax No. 212-730-7809		13f. E-Mail Add ahealy@iatse.i	f. E-Mail Address ealy@iatse.net	
I declare that I have read the above po	tition and that he	tatements	are tru	e to the best of my know	viedge and belief.			
Name (Print) Adrian D. Healy	Signature //	ul	/	Title Associate Counsel		Date March 24,	2020	
WILLELD CALOR OTATE	MENTO ON TIME OF	TITION	tor.	A THE RESERVE AND A SECOND CONTRACT OF THE PARTY OF THE P	IMPRISONMENT ///		No. of the contract of the con	

WILLFUL FALSE STATEMENTS ON THIS PETITION ON BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 100

PRIVACY ACT STATEMENT

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ATTACHMENT NLRB Form 502 (RC) Lyon Video, Inc. / Video Crew Service, LLC, a single employer

INCLUDED:

All freelance broadcast technicians, including Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Technicians (V1), Assistant Video Technicians (V2), Graphics Operators, Graphic Coordinators, Font Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Technicians, ERO Technicians), Score Box (Fox Box) Operators, Utility Technicians, Stage Managers, Statisticians [Stats Technicians], Phone ADs, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Cuyahoga County, Ohio.

EXCLUDED:

All other employees, office clerical employees, and guards, professional employees and supervisors as defined in the Act.

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

NATIONAL LABOR RELATI	UNITED STATES GOVERNMENT RECEIVED	DO NOT WRITE IN THIS SPACE			
	RD PETITION REGION 8	Case No. 08-RD-257467	Date Filed		
INSTRUC	TIONS: Unless e-Filed using the Agency's website, www.nicb.gov.s	submit an original of this Petit	tion to an NERB office in the Region		

monto o nono. O modo o 1 mod do	mg are Ageryay	S WCDOILE, TI	THE COUNTY OF THE COUNTY OF	an original of uns	i cution to a	I NEND Office in the Negion
in which the employer concerned	is located. The	petition must	be accompanied by	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on the	employer and	all other partie	s named in the petiti	on of: (1) the petit	tion; (2) State	ement of Position form
(Form NLRB-505); and (3) Descript	ion of Represé	ntation Case I	Procedures (Form NL	RB 4812). The st	nowing of int	erest should only be filed
with the NLRB and should not be s	served on the e	mployer or an	y other party.			
PURPOSE OF THIS PETITION: RD-D recognized bargaining representative is Labor Relations Board proceed under	no longer their repr	resentative. The	Petitioner alleges that the	e following circumst	ances exist an	rt that the certified or currently direquests that the National
2a. Name of Employer			dress(es) of Establishmen	The second secon		State, ZIP code)
			Crown Rd NW, Dover			
3a. Employer Representative – Name and LUKE LAWLESS	Title		3b. Address (If same a SAME AS ABOVE			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress
(330)343-4443 4a. Type of Establishment (Factory, mine, v	uhalasalar ata l	4b. Principal pro	duet or copies		I En City	and Ctate where will in Invested
Factory	vilolesalei, etc.)	Structural Stee			Dover.	and State where unit is located:
5b. Description of Unit Involved		Su detain Sie	or rabricating		Dover,	6a. No. of Employees in Unit:
Included: All full-time and regular p	art-time produc	tion and mainte	nance employees		1	16
Excluded: office clerical employees, p				d In the Act.		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining
						representative? Yes [X] No []
Check One: 7a. Request for re		aining Representa	tive was made on (Date)	and	d Employer decl	ined recognition on or about
7h Petitioner is c			epresentative and desires	certification under the	Act	
8a. Name of Recognized or Certified Bar	gaining Agent	as bargaining it	8b. Address	Certification chider the	ACL.	
International Brotherhood of Boilern	nakers Local 74	4	1435 E 13th	St, Cleveland, Ol	44114-1887	
8c. Tel No.	8d Cell No. 8e. Fax No. 8f. E-Mail Address				ess	
(216) 241-2085				- Walter Grant Co.	THE PARTY OF THE P	
8g. Affiliation, if any			8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 31, 2020	
Is there now a strike or picketing at the E (Name of labor organization)	mployer's establish	nment(s) involved	? No If so, appreted the Employer since (A	roximately how many		
10. Organizations or individuals other than that have a representative interest in any emplo	hose named in iter	ns 8 and 9, which	have claimed recognition	as representatives an	d other organiza	ations and individuals known to
10a. Name	10b. Addi	2297		10c. Tel. No.		10d. Cell No.
International Brotherhood of			and, OH 44114-	(216) 241-2085		Tod. Gen No.
Boilermakers Local 744	1887	1500 B. 1800 B		10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in this	matter, state you	r position with respect to	11a. Election Type:	X Manual	Mail Mixed Manual/Mail
11b. Election Date(s): March 26, 2020		ction Time(s): M to 6:30 AM	11d. Election Location(s): Employee breakroom			
12a. Full Name of Petitioner	J.50 A	IVI to 0.50 AIVI	12b. Address (street and number, city, state, and ZIP			ity state and 7/P code)
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)			ny, state, and zir code)
12c. Full name of national or international la	bor organization of	f which Petitioner	is an affiliate or constituen			
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress
	(b) (6), (b) (7)(C)				(b) (6), (b) (7)(TOTAL SERVICE AND A SERVICE AN
13. Representative of the Petitioner who	will accept servic	e of all papers fo	or purposes of the repres	sentation proceeding		The second of th
13a. Name and Title			13b. Address (street and	d number, city, state, a	and ZIP code)	
(b) (6), (b) (7)(C)			SAME AS ABOVE			
13c. Tel No.	13d. Cell No.	OVE	13e. Fax No.		13f. E-Mail Add	
SAME AS ABOVE	SAME AS AB	SUVE	SAME AS ABOVE	uladge and helief	SAME AS A	BOAF
I declare that I have read the above petiti	(6), (b) (7)(C)	THE LOCAL COLUMN KNOW	vicuye and bener.	15.	
waite (Fruit)			Title(b) (6), (b) (7)(C)		Date 2	19-20
(b) (6), (b) (7)(C)					1	11-110

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
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FORM NLRB-502 (RD) (4-15) UNITED STATES GOVERNMENTS LULU NATIONAL LABOR RELATIONS BOARD

RD PETITIONS CONTROLLED TO THE PROPERTY OF THE

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
08-RD-257948	3/13/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.hirb.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: 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 Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 405 S Oak St. Marysville, Old 43040 Scioto Services LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Matt Gloor, Site Supervisor 539 S Main St, Findlay, OH 45840 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (419)280-9342 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Provides industrial cleaning services Findlay, OH Cleaning company 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All janitorial/cleaning services employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: Office clerical employees, professional employees, guards and supervisors as defined in the National Labor unit no longer wish to be Relations Act. represented by the certified or currently recognized bargaining representative? Yes [X] No Check One: and Employer declined recognition on or about Request for recognition as Bargaining Representative was made on (Date) (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 8b. Address 7441 International Dr., Holland, OH 43528 United Food and Commercial Workers Union, Local 75 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address (419)913-9664 (419)865-8674 info@ufcw75.org 8i. Expiration Date of Current or Most Recent 8c. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 6/27/20 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 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) 10d. Cell No. 10c. Tel. No. 10a. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: X Manual Mixed Manual/Mail Mail any such election 11b. Election Date(s): Wcdnesday April 15, 2020 | 11c. Election Time(s): 1430 - 1630 11d. Election Location(s): Off Site / Findlay Inn d number, city, state, and ZIP code) 12a. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) IZC. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 2g. E-Mail Address 12d Tel No. 12f Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding Address (street and number, city, state, and ZIP code) 13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13f F-Mail Address 13e. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. s(b) (6), (b) (7)(C) Title Date (b) (6), (b) (7)(C) Petitioner

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.