

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


15-RC-227573

Date Filed

9/19/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 8b 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.

<b>2a. Name of Employer:</b> St. Andrews Bay Nursing & Rehabilitation Center		<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 2100 Jenks Avenue, Panama City, FL 32405	
<b>3a. Employer Representative - Name and Title:</b> Melissa Pijalkowski, Administrator		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 850-763-0446	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Nursing Home		<b>4b. Principal Product or Service</b> Living Assistance	
<b>5a. City and State where unit is located:</b> Panama City, FL		<b>5b. Number of Employees in Unit:</b> 50	
<b>5c. Description of Unit Involved:</b> Included: All Full- Time & Part - Time CNA's, All PRN's that work 16 hours or more Excluded: Dietary, Housekeeping, Laundry and all supervisor		<b>5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Retail, Wholesale, and Department Store Union		<b>8b. Address:</b> 1901 10th Ave S, Birmingham, AL 35205	
<b>9a. Tel. No.</b> 205-322-7462	<b>9d. Cell No.</b> 205-317-2238	<b>9e. Fax No.</b> 205-322-8447	<b>9f. E-Mail Address</b> bmurphree@rwdsumidsouth.org
<b>9g. Affiliation, if any:</b> None		<b>9h. Date of Recognition or Certification</b> None	
<b>9i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 10/10/18	<b>11c. Election Time(s):</b> 6:00 am - 7:00 am & 2:00 pm - 3:00 pm	<b>11d. Election Location(s):</b> 2100 Jenks Avenue, Panama City FL 32405	
<b>12a. Full Name of Petitioner (including local name and number):</b> Retail, Wholesale, and Department Store Union		<b>12b. Address (street and number, city, State and ZIP code):</b> 1901 10th Avenue S, Birmingham, AL 35205	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Retail, Wholesale and Department Store Union International			
<b>12d. Tel. No.</b> 212-684-5300	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-779-2809	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Syrena Paluchowski, RWDS Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 1901 10th Ave S, Birmingham AL 35205	
<b>13c. Tel. No.</b> 205-322-7462	<b>13d. Cell No.</b> 205-317-2238	<b>13e. Fax No.</b> 205-322-8447	<b>13f. E-Mail Address</b> bmurphree@rwdsumidsouth.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Syrena Paluchowski	<b>Signature</b> 	<b>Title</b> RWDSU Representative	<b>Date</b> 09/18/18

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. 74842-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


15-RC-227645

Date Filed

9/20/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> VSE Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 234 Avenue A West Jacksonville, AR 72009 Little Rock AFB	
<b>3a. Employer Representative - Name and Title:</b> Steve Wilson, Site Lead		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 501-987-2436	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 501-987-2412	<b>3f. E-Mail Address</b> steven.wilson.56.cir@us.af.mil
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> SCA		<b>4b. Principal Product or Service</b> Aircraft Maintenance	<b>5a. City and State where unit is located:</b> Little Rock AFB, Jacksonville, AR
<b>5b. Description of Unit Involved:</b> Included: Aircraft Mech I,II,III, Crew Chiefs, Engine Mech, Instruments, Comm/Nav, Hydraulics, Electricians, QC, I Excluded: Office Clerical employees, Professional Employees, Managerial Employees, Guards and Supervisors.			<b>6a. Number of Employees in Unit:</b> 145
<b>Check One:</b> <input type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 10/10/2018	<b>11c. Election Time(s):</b> 0700-0800 and 1500-1600		<b>11d. Election Location(s):</b> Breakroom
<b>12a. Full Name of Petitioner (including local name and number):</b> International Association of Machinists and Aerospace Workers, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 690 E. Lamar Blvd Ste 580 Arlington, TX 76011	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel. No.</b> 817-505-0100	<b>12e. Cell No.</b> 682-401-7835	<b>12f. Fax No.</b> 817-459-0106	<b>12g. E-Mail Address</b> jlittle@iamaw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> James R. Little, Grand Lodge Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 690 E. Lamar Blvd Ste 580 Arlington, TX 76011	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> James R. Little	<b>Signature</b> 	<b>Title</b> Grand Lodge Representative	<b>Date</b> 09/19/2018

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No  
**15-RC-227987**

Date Filed  
**September 25, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION** - 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**  
**DELAWARE RESOURCE GROUP-DRG**

**2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)**  
**19TH SOS TRAINING SQUADRON, BLDG 91029 | 589 INDEPENDENCE ROAD, HURLBURT FIELD, FL 32542**

**3a. Employer Representative - Name and Title**  
**MIKE ADAMAS - PROGRAM MANAGER**

**3b. Address (if same as 2b - state same)**  
**3220 QUAIL SPRINGS PKWY, OKLAHOMA CITY, OK 73134**

**3c. Tel. No.**  
**405-721-7776**

**3d. Cell No.**

**3e. Fax No.**  
**405-721-7779**

**3f. E-Mail Address**  
**MADAMS@DRGOK.COM**

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

**4b. Principal product or service**  
**C130J FLIGHT SIMULATION**

**5a. City and State where unit is located:**  
**HURLBURT FIELD, FL**

**5b. Description of Unit Involved**  
**Included:**  
**ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE ELECTRONIC TECHS, AND MATERIAL COORDINATOR WORKING AT DELAWARE RESOURCE GROUP AT HURLBURT FIELD LOCATED IN FLORIDA.**

**6a. No. of Employees in Unit:**  
**12**

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Excluded:**  
**OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.**

**Check One:**  
☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about \_\_\_\_\_ (date) (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**  
**NONE**

**8b. Address**  
**N/A**

**8c. Tel. No.**  
**N/A**

**8d. Cell No.**  
**N/A**

**8e. Fax No.**  
**N/A**

**8f. E-Mail Address**  
**N/A**

**8g. Affiliation, if any**  
**N/A**

**8h. Date of Recognition or Certification**  
**N/A**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
**N/A**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? \_\_\_\_\_**  
**(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_**

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
**NONE**

**10a. Name**  
**N/A**

**10b. Address**  
**N/A**

**10c. Tel. No.**  
**N/A**

**10d. Cell No.**  
**N/A**

**10e. Fax No.**  
**N/A**

**10f. E-Mail Address**  
**N/A**

**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):**  
**OCTOBER 18, 2018**

**11c. Election Time(s):**  
**2:45 PM - 3:45 PM**

**11d. Election Location(s):**  
**19TH SOS TRAINING SQUADRON, BLDG 91006, 589 INDEPENDENCE ROAD, HURLBURT FIELD, FL 32542  
BREAKROOM 104**

**12a. Full Name of Petitioner (including local name and number)**  
**IAMAW, AFL-CIO**

**12b. Address (street and number, city, state, and ZIP code)**  
**690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011**

**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.**  
**817-505-0100**

**12e. Cell No.**

**12f. Fax No.**  
**817-459-0107**

**12g. E-Mail Address**

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

**13a. Name and Title**  
**JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE**

**13b. Address (street and number, city, state, and ZIP code)**  
**690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011**

**13c. Tel. No.**  
**817-505-0100**

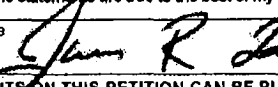
**13d. Cell No.**  
**682-401-7835**

**13e. Fax No.**  
**817-459-0107**

**13f. E-Mail Address**  
**JLITTLE@IAMAW.ORG**

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)**  
**JAMES R. LITTLE**

**Signature**  


**Title**  
**GRAND LODGE REPRESENTATIVE**

**DATE**  
**09/25/2018**

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RD-227033

Date Filed

September 10, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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 7 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.

2a. Name of Employer <b>Penske Truck Leasing</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>4343 Getwell, Memphis, TN 38118</b>	
3a. Employer Representative - Name and Title <b>Dan Schmidt, District Manager</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>901-367-4476</b>	3d. Fax No.	3e. Cell No. <b>224-531-1030</b>	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Truck rental agency</b>		4b. Principal product or service <b>Truck rental and leasing</b>	
5a. Description of Unit Involved Included: <b>Mechanics and customer service representatives</b> Excluded: <b>Secretaries, parts men, supervisors and managers</b>			5b. City and State where unit is located: <b>Memphis, TN</b>
6. No. of Employees in Unit <b>50</b>	7. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent <b>Teamsters Local Union 984</b>		8b. Affiliation, if any	
8c. Address <b>3020 Sandbrook Memphis, TN 38116</b>		8d. Tel. No. <b>901-398-2329</b>	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>November 11, 2018</b>	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) <b>October 1, 2018</b>	13c. Election Time(s) <b>7 a.m. to 5 p.m.</b>	13d. Election Location(s) <b>Break room, Getwell Road facility</b>	
14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>			
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		14b. Tel. No.	14c. Fax No.
		14d. Cell No. <b>(b) (6), (b) (7)(C)</b>	14e. E-Mail Address
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>(b) (6), (b) (7)(C)</b>		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
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) <b>(b) (6), (b) (7)(C)</b>	Signature <b>(b) (6), (b) (7)(C)</b>		Title <b>An Individual</b>
		Date Filed <b>9-10-18</b>	

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

## PRIVACY ACT STATEMENT

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