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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

DO NOT WRITE IN THIS SPACE

Case No Date Filed

15-RC-257449 March 4, 2020

March 4, 2020 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 PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Pelitioner 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) POTLATCH/DELTIC 1720 US-82 WALDO, AR 71770 3b. Parent Company Address (If same as 2b - state same)
601 W. 1ST AVE., SUITE 1600 SPOKANE, WA 99201 3a. Employer Representative - Name and Title TOMMY DOWNS - MILL MANAGER 3d. E-Mail Address
TOMMY.DOWNS@POTLATCHDELTIC.COM 3d. Cell No 870-693-5555 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a, City and State where unit is located: LUMBER PRODUCTION SAWMILL WAREHOUSE WALDO, AR 6b. Description of Unit Involved 6a. No. of Employees in Unit: 154 ALL FULL AND REGULAR PART TIME PRODUCTION AND MAINTENANCE EMPLOYEES WORKING TAT THE 6b. Do a substantial number (30% COMPANY'S WALDO, AR LOCATION. or more) of the employees in the unit wish to be represented by the Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, Petitioner? Yes ✓ No AS DEFINED IN THE ACT. Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on <u>Petition will serve as request for recognition</u> 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 Rec d or Certified Bargaining Agent (If none, so state) 8b. Address NONE N/A Bc. Tel. No. 8d. Cell No. 81. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent . Contract, if any (Month, Day, Year) N/A N/A Is there now a strike or picketing at the Employers establishment(s) Involved? <u>N/A</u>
 (Name of labor organization) has picketed the Employer since (Month, Day, Year) 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 5b above. (If none, so state) NONE 10a Name 10c. Tel. No. 10d Cell No. N/A 10e, Fax No. N/A 10/, E-Mail Address N/A N/A 11a. Election Type:

Manual Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): Election Location(s): SAWMILL SHIPPING SHED MARCH 19, 2020 3:00 PM - 6:00 PM 12 a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 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. 121. Fax No 12g. E-Mail Address 817-505-0100 817-459-0107 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) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 817-505-0100 682-401-7835 817-459-0107 JLITTLE@IAMAW.ORG I declare that I have read the above Petition and statements are true to the best of my knowledge and bellef. DATE GRAND LODGE REPRESENTATIVE JAMES R. LITTLE 03/04/2020 WILLFUL FALSE STAT ENTS 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 the Information is to assist the National Labor Relations Act (NLRA), 29 U.S.0 § 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.

Dwayne Phillips

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	2011013
Case No.	
15-RC-	258002

DO NOT WRITE IN THIS SPACE Date Filed March 16, 2020

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Securitas Security Services U.S.A., Inc. 8400 Wynlakes Blvd, Montgomery, AL 36117 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) John Henert, VP LR One South Wacker Dr #2150, Chicago, IL 60606 3c. Tel. No. 3d. Cell No. 312-521-6605 312-521-6606 john.henert@securitasinc.com 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: RESIDENTIAL COMMUNITY SECURITY Montgomery, AL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECURITAS 6b. Do a substantial number (30% SECURITY SERVICES, INC. @ 8400 WYNLAKES BLVD., MONTGOMERY, AL 36117 or more) of the employees in the unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). NO 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 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (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) NONE 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail ____ Mixed Manual/Mail any such election. 11c Flection Time(s): 11d. Election Location(s): 11b Election Date(s): 5:00 - 7:00 AM & 1:00 - 3:00 PM TRD 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066 International Union, Security, Police and Fire Professionals of America (SPFPA) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12e. Cell No. 12f. Fax No 12g. E-Mail Address 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.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) Title
Organizing Director

ps / Uccey 10 + Hump porganizing Director 3/12/2020
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) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
15-RC-258014	March 16, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 patition 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): MV Transportation, Inc. 600 Transit Way Fort Walton Beach, FL. 32547 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Dennis Franklin 3c. Tel. No. 3d Cell No 3e. Fax No. 3f F-Mail Address 850-609-7001 dennis.franklin@mvtransit.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation Transit Services Fort Walton Beach, FL 32547 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All Full-time and Regular Part-Time Drivers, Dispatchers, Utility and Route Lead-Persons 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No All Managers, Supervisors, Clerical Workers, Mechanics and Guards as defined by the Act 7a. Request for recognition as Bargaining Representative was made on (Date) 03/13/10000 at on or about (Date) 03/13/1000 (If no reply received, so state).

7b. Petitioner is currently recognized as Bergaining Representative and desires certification under the Act. Check One: 0 3/13/2000 and Employer declined recognition 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. 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) , 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) 10a. Name 10c Tel No 10d Cell No 10b. Address 112 S. Broad St. Mobile, AL, 36602 251-433-1521 251-583-8359 Lavon Lindsey 10e. Fax No. 10f. E-Mail Address 251-433-1524 hdrooster@yahoo.com 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: The election to be held on site and preferably on a Thursday. Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) 11:am - 5:00pm or 11:00am-1:00pm & 2:pm - 5:00p 600 Transit Way Fort Walton Beach, FL 32547 03/19/2020 or 03/26/2020 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 112 S Broad Street Mobile, AL 36602 Teamsters Local Union No. 991 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood Of Teamsters 12d Tel No 12e. Cell No. 12f Fax No. 12g. E-Mail Address 202-624-6800 www.teamster.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: Lavon Lindsey 112 S. Broad Street Mobile, AL 36602 13c. Tel. No. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 251-433-1521 251-583-8359 251-433-1524 hdrooster@yahoo.com 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)

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. 15-RC-258014

April 21, 2020

FIRST AMENDED RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 part	ties named in the petitio	n of: (1) the petitic	on; (2) State	ement of Po	sition form		
rorm NLNE-505); and (3) D	escription of Represe	ntation Case	e Procedures (Form NLR	RB 4812). The sho	wing of int	erest should	d only be filed		
with the MPGS and Subfill I	not be served on the c	mninuer or a	any other party						
PURPOSE OF THIS PETITION	RC-CERTIFICATION OF	DEDDECENTA	TRIE A substantial aventure	of employees wish to b	e representac	for purposes	of collective		
							ses exist and		
requests that the National Lai 2a. Name of Employer	our Relations Board proc	eed under its p	proper authority pursuant to	Section 9 of the Natio	onal Labor Ri	elations Act.			
MV Transportation, Inc			Address(es) of Establishment			State, ZIP co	de)		
la Employer Representative - 1	mma and Title	DER	7 Transit Way, Fort Walto						
Demais Franklin	AMINE MINE TRIE		3b Address (if same as	2b - state same)					
C-Committee			SAME AS ABOVE						
Sc. Tel. No.	The Course	-	-						
850609-7001	3d. Cell No.		3e Fax No.		3f. E-Mail Address				
4a Type of Establishment (Factor				1	dennis franklin amvtransit.com				
Transportation	y, mine wholesaler, etc.)		product or service				5a City and State where unit is located		
5b. Description of Unit Involved		Transit Serv	Vices		Fort Walton Beach, FL				
							riployees in Unit		
included: Included: All full-	time and regular part-ti	me Drivers, I	Road Supervisors, Dispute	thers, Utility, School	lulers, and	48			
Reservationists.			Commence of the Commence of th	STATE STATE OF SCHOOL	manufacture and a		stantiel number (30%		
							ne employees in the		
Excluded: All Managers, Sur	market Charles W.	and the same of		george rance			ne represented by the		
Excluded: All Managers, Sup	pervisors, Ciencal Won	kers, Mechan	ics and Guards as defined	by the Act.		Petitioner?	Yes [X No]		
Eveluded						The state of the s			
Excluded:									
Check One: X 7a Re	iquest for recognition as Ba	rgaining Repres	sentative was made on (Date)	3/13/2020 and 5	mployer deal	ined recognition	n on or about		
_3	/13/2020 (Date) (If no	reply received.	no state).	Management of the last of the	The same of the same of				
7b Peti	tioner is currently recognize	ed as Ramainin	g Representative and desires	coefficient coeffee the I					
8a. Name of Recognized or Cer	tifled Barnainian Apent (nove so state	e). 8b Address	Dentingation under the A	-				
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Bc. Tel No.	8d Cell No.		1		8f E-Mail Add				
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8g Affiliation, If any					at the same	Date of Commo	t or Mont Engel		
og remanent it and			8h. Date of Recognition or Certification		Bi Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
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D. la State and a sale of the sale			1			V CONTRACTOR OF THE			
B is there now a strike or picketing	of at the chibroyers establ				employees at	a barricsbarrich			
(Name of labor organization)			picketed the Employer since (A						
10 Organizations or individuals of	other than Petitioner and th	ose named in its	erns 8 and 9, which have claim	ned recognition as repri	esentatives ar	nd other organi	zations and inchridus		
known to have a representative it									
10a Name	10b A		Dec at mem 50 above. Or more	10c Tel. No.		10d. Cell No.			
	100.0	Modress		100.100.00					
				10e Fax No		10f E-Mai	Address		
11 Election Details: If the NLR	B conducts an election is t	No market and		10e Fax No	******				
any such election.	to corducts an election in i	nus masser, scare	your position with respect to	11a Election Type	Manual		Mixed Manusi Ma		
11b Election Date(s)				11d Election Location(s)					
	Mai			Mail					
\$2a Euil Name of Datitioner (in		T. I			d and market	ON MADE AN	d 29P code)		
12a. Full Name of Potitioner (including local name and number) International Brotherhood of Teamsters, Local Union No. 991				12b. Address (street and number, city, state, and 22P code) 112 S Broad St, Mobile, AL 36602-1109					
плетнанина вноинетност о	if I camsters, Local Um	on No. 991		1112 S Broad St.	MODILE, AL	20005-1103			
12c. Full name of national or inte	emational labor organizatio	n of which Petib	ioner is an affiliate or constitue	nt (if none, so state)					
International Brotherhood of	A CONTRACTOR OF THE PERSON NAMED IN CONT		12f Fax No.		-				
12d. Tel No.		12e Cell No.			12g E-Mai Address				
(251)433-1521	(251)583-8359		(225)433-1524		hdrooster@yahoo.com				
13. Representative of the Petit	ioner who will accept ser	vice of all pape	ers for purposes of the repre	sentation proceeding	-				
13a. Name and Title			13b. Address (street ar	nd number, offy, state, a	and ZIP code	B			
Lavon Lindsey			SAME AS ABOVE						
Business Agent			DAME AD ABOVE						
13c. Tel No.	13d Cell No.		13e. Fax No.	1 49 5 14-1		Lastronn			
The state of the s	SAME AS	ABOVE	TOTAL TANKS OF THE PARTY OF THE		13f. E-Mail Address				
SAME AS ABOVE I declare that I have read the a			SAME AS ABOVE		SAME AS ABOVE				
		e statements a		wiedge and belief.	Coverage	The same of			
Name (Print)	Suffesture /	-	Title		Date	4/20/	2		
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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 Faderal Register, 71 Fed. Reg. 14942-43 (Dec. 13, 2005). 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 NLRS to decline to invoke its processes.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE

Cose No. Date, 15-RD-257239 3/2

Date Filed 3/2/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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.

Case Procedures (Form NLRB 4	812). The showing of Intere	st should only be file	ed with the NL	RB and sh	ould not be served	on the employer or any other p	narty.		
PURPOSE OF THIS PETITION: recognized bargaining represent Labor Relations Board proceed	ative is no longer their represe	ntative. The Petitions	er alleges that	he followi	na circumstances e	es assert that the certified or cur xist and requests that the Natio	rently onal		
2a. Name of Employer Amfuel		2b. Address(es) of Establishment(s) involved (Stroet and number, city, state, ZIP code) 601 Firestone Dr., Magnolia, Arkansas 71753							
3a. 5 resentative - Name and Title		3b. Address (If same as 2b - state same)							
_Michael_According	Same								
3c, Tel. No.	. No. 3d. Fax No.		3e. Cell No.		31. E-Mail Addressmichael.accordino@amfuel.com				
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing facility					4b. Principal product or service Rubber fuel bladders				
5a, Description of Unit Involved						5b. City and State where	unit		
Included: All production, maintenance	and truck driver emplo	oyees at the Com	ipany in Maj	gnolia, A	arkansas	is located: Magnolia, Arkansas	s		
Excluded: Office, clerical employees, p	professional and technic	cal employees, w	atchmen gu	ards, and	Isupervisory				
6, No. of Employees in Unit 273	Do a substantial numi recognized bargaining	ber (30% or more) of to g representative?	the employees i	n the unit n	o longer wish to be r	epresented by the certified or cur	rently		
8a. Name of Recognized or Certified United Steelworkers Local (8b. Affiliation, if any The United Steelworkers					
8c. Address Attention: Michael Martin	·	ANNO DE MINISTER	8d. Tel. No. (501) 467	-5226		8e. Cell No. (501) 467-5226			
1300 Rollingbrook Drive, S Baytown, TX 77521	uite 504		8f. Fax No. (501) 778	-3256 Bg E-Mail Address (b) (B). (b) (7)(C) Usw.		.org			
9. Date of Recognition or Certification May 1, 2017	n	April 30, 2020	le of Current or	Most Recei	nt Contract, if any (M	onth, Day, Year)			
11a, Is there now a strike or picketin	g at the Employer's establishing	neat(s) involved?	Yes X No	11b # so	approximately how	many employees are participating	n2		
11c. The Employer has been pickete				110.1100	, opposition to the terminal transfer transfer to the terminal transfer transf	a labor organ			
(Insert Address)	- those come dis items 2 and				sin	ce (Month, Day, Year)			
12. Organizations or individuals other and individuals known to have a	representative interest in any	employees in the unit	ned recognition described in ite	as represe m 5 above	ntatives and other or . (If none, so stale)	panizations None			
12a. Name	12b. Address					12d. Fax No.			
				12e. Cell	No.	12f, E-Mail Address			
13. Election Details: If the NLRB of matter, state your position with re	onducts an election in this espect to any such election.	old an election		13a, Elec	tion Type: Manua	Mail Mixed Manua	al/Mail		
13b. Election Date(s) May 1, 2020	130. Election time(s)			13d. Election Location(s) Magnolia, Arkansas					
14. Full Name of Petitioner (b) (6), (b) (7)(C)									
14a. Address (Street and number, ci (b) (6), (b) (7)(C)	ly, state, ZIP code)		SPECIO DE LA COMP	14b. Tel. No.		14c. Fax No.			
				14d. Cell	No.	14e. E-Mail Address (b) (6), (b) (7)(C)			
14f. Affiliation, if any Amfuel emp									
15. Representative of the Petitions	er who will accept service of	all papers for purpo	ses of the rep		proceeding.				
15a. Name (b) (6), (b) (7)(C)				15b.Title (b) (6), (b) (7)(C)				
(b) (6), (b) (7)(C)	ly state ZIR code)			15d. Tel.	No.	15a. Fax No.			
				15f. Cell (b) (6), (b)		15g. E-Mail Address (b) (6), (b) (7)(C)			
I declare that I have read the abov	o patition and that the states	nents are true to the	bost of my kn	owłodgo a	nd bollof.	I—————————————————————————————————————			
Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)				Title (b) (6), (b) (7)(C)	Date Filed 02/28/20			
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