UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-238880	APRIL 2, 2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 20 Caven Point Avenue
NJ Jarsey City 07035-4604
3b. Address (If same as 2b – state same) AECOM 3a. Employer Representative - Name and Title 20 Caven Point Avenue NJ Jersey City 07035-4604 Philip Maccioli 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (201) 209-2580 (201) 206-8395 Philip.Maccioli@AECOM.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Commuter light rail services Jersey City, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 20 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] Check One: 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). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Bc. 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? (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 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 11b. Election Date(s): ASAP 11c. Election Time(s): 11d Election Location(s): Tonnelle Avenue Station (51st St. at Tonnel Avenue, North Bergen, NJ) a ASAP 12a. Full Name of Petitioner (*Including local name and number*) Michael Carrube Local 352 12b. Address (street and number, city, state, and ZIP code) 350 State Street NY Brooklyn 11217-1707 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) National Association of Transportation Supervisors 12g. E-Mail Address mcarrube@sssaunion.org 12f Fax No 12d. Tel No. 12e. Cell No. (718) 858-2113 (718) 858-2892 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) Howard Wien Attorney Koehler & Isaacs LLP 61 Broadway - 25th Floor NY New York 10006-2829 13f. E-Mail Address hwien@koehler-isaacs.com 13c. Tel No 13d. Cell No. 13e. Fax No. (917) 763-4457 (212) 791-4115 (917) 551-1331 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Howard Wien Attorney Howard Wien 04/2/2019 17:03:06

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.

Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

Employees Included Controller, Trainee Specialist, Clerk, Movement Clerk, and Assistant Train Master employed at the Hudson Bergen Light Rail system

Employees Excluded All other employees

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE	
Case No. 22-RC-239089	APRIL 5,	2019

	ETITION		22-RC-23			KIL 3, 2019
INSTRUCTIONS: Unless e-Filed	using the Agend	y's website, w	vw.nirb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concerne						
of service showing service on th	e employer and	all other partie	s named in the petitic	on of: (1) the petit	ion; (2) State	ement of Position form
(Form NLRB-505); and (3) Descr	iption of Repres	entation Case F	Procedures (Form NLI	RB 4812). The st	nowing of int	erest should only be filed
with the NLRB and should not b						
 PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitione requests that the National Labor Re 	r desires to be certif	ed as representativ	e of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer		2b. Ad	dress(es) of Establishmen	t(s) involved (Street a	ind number, city	, State, ZiP code)
Torcon, Inc. and Grove Constructi		mployer 328 N			J 07701	
3a. Employer Representative - Name of Russell J. McEwan, Esq.	and Title		3b. Address (if same as		nlor 1095 Eh	d, 8th Floor, Newark, NJ 07102
3c. Tel. No.	3d. Cell No.		3e. Fax No.	One Ivewalk Cel	3f. E-Mail Add	
973-848-4742	Sa. Cell IVo.		973-741-2303		mcewan @	
4a. Type of Establishment (Factory, min-	e, wholesaler, etc.)	4b. Principal pro	duct or service			and State where unit is located:
Contractor		Building and	Construction		Red Ba	ank, NJ
5b. Description of Unit Involved	•					6a, No. of Employees in Unit:
Included: All full-time and regula	ir part-time jour	neymen and ap	prentice carpenters,	employed by the	employer.	20 Ch Charles and 1200
Excluded:						6b. Do a substantial number (30% or more) of the employees in the
excluding office c	lerical employ	ees, guards	and supervisors	, as defined in	the Act.	unit wish to be represented by the
						Petitioner? Yes No
Check One: 7a. Request fo				an an	d Employer dec	lined recognition on or about
7h Petitioner	(Date)		o, so state). epresentative and desires	codification under the	Act	i
Ba. Name of Recognized or Certified E			8b. Address	Definication dider the	ACI.	
Keystone Mountain Lakes Regional Co			650 Ridge Roa	d, Suite 200, Pitlsb	urgh, PA 1520	5
Bc. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	
412-922-6200			Oh Date of Occasilian as	bsproule@kmlcarpenters.org or Certification		
			8h. Date of Recognition of Unknown	Contract, if any (Month, Day, Year) April 30, 2019		y (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? NoIf so, approximately how many employees are participating?						
(Name of labor organization) has picketed the Employer since (Month, Day, Year)						
10. Organizations or individuals other tha	n Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as rep	resentatives an	d other organizations and individuals
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)						
10a. Name	10b. Ad	dress		10c, Tel. No.		10d. Cell No.
	4					
				10e, Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	ucts an election in th	s matter, state you	r position with respect to	11a. Election Type:	Manual [MailMixed Manual/Mail
11b. Election Date(s): April 25, 2019		11d. Election Locat East Rutherford, N				
12a. Full Name of Petitioner (Including		12b. Address (stree	et and number,	city, state, and ZIP code)		
Keyslone Mountain Lakes Regional Co		650 Ridge Road, S	uite 200, Pittsb	ourgh, PA 15205		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)						
12d. Tel No. 412-922-6200	12e. Cell No.		12f. Fax No.	[12g. E-Mail Ad bsproule@kmi	idress carpenters.org
13. Representative of the Petitioner wi	no will accept servi	ce of all papers fo	r purposes of the repres			
13a. Name and Title Raymond	G. Heinema	an, Esq.	13b. Address (street and		and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	`	13f. E-Mail Ad	
732-491-2104	732-491-2104 732-266-8287 732-491-2120 rheineman@krollfirm.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)		statements are tru		ledge and belief.	Date	1

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or stigation. 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 GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

Case No. 22-RC-239294

APRIL 9 2019

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 201 South 1st St NJ Elizabethport 07206-Allstate Power VAC, Inc. d/b/a ACV Enviro 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 201 South 1st St NJ Elizabethport 07206 Matt Smith 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (908) 355-5800 (908) 355-5800 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Transportation of Hazardous Waste Elizabethport NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [🚺 No [Check One: Ja. Request for recognition as Bargaining Representative was made on (Date) _ 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). 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 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: 🚺 Manual 🤲 Mail 🔲 Mixed Manual/Mail any such election. 11d Election Location(s): 11b. Election Date(s): April 24, 2019 11c. Election Time(s): 4:00 am to 6:00 am and 4:00 pm to 6:00 pm Employer Facility - Locker Room 1st Floor 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Kevin Young International Union of Operating Engineers, Local 825 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12g. E-Mail Address kyoung@iuoelocal825.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (732) 713-5049 (732) 713-5049 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) Lauren Bonaguro Esq. Attorney DeCotiis Fitzpatrick Cole & Giblin LLP 500 Fank W. Burr Boulevard, 5th Floor NJ Teaneck 07 13d. Cell No. 13f. E-Mail Address Ibonaguro@decotiislaw.com 13c. Tel No. 13e. Fax No. (646) 210-0132 (646) 210-0132 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Lauren Bonaguro Attorney 04/8/2019 16:47:52 Lauren Bonaguro Esq

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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Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

Employees Included
All full-time and part-time drivers

Employees Excluded all other employees, office clerical employees, managerial employees, professional employees, guards, and supervirsors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
22-RC-239302	APRIL Q 2010						

RC PETITION

in which the employer concerned for service showing service on to (Form NLRB-505); and (3) Described for the NLRB and should not be a control of the NLRB and should n	ed is located. The he employer and ription of Repres se served on the	e petition must all other partie entation Case F employer or an	be accompanied by s named in the petition Procedures (Form NL y other party.	both a showing o on of: (1) the peti RB 4812). The sl	of interest (section; (2) State thousing of inte	e 6b below) and a certificate ment of Position form erest should only be filed
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certifi	ied as representative eed under its pro	e of the employees. The per authority pursuant to	Petitioner alleges the Section 9 of the Na	nat the following ational Labor Re	circumstances exist and lations Act.
2a. Name of Employer			dress(es) of Establishmen Arlington Avenue	it(s) involved (Street a	and number, city,	State, ZIP code)
Sunbelt Rentals	= 10	Ň.	I Kearny 07032-			
3a. Employer Representative - Name	and Title		3b. Address (If same as			
Francis Hassis	1 0 1 0 11 11		2341 Deerfield Dr SC Fort Mill 2971	5		
3c. Tel. No.	3d. Cell No.		3e. Fax No.	ļ	3f. E-Mail Addr	
(817) 821-9584		1 76 B272	4	<u></u> l	 	sunbeltrentals.com
4a. Type of Establishment (Factory, min	•	4b. Principal prod		_	5a. City a	nd State where unit is located:
Construction Services	·		Equipment Rental	<u> </u>		Kearny, NJ
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad Excluded: See Attached Page 2 for ad			· · · · · · · · · · · · · · · · · · ·	 		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []
Check One: 7a. Request for			tive was made on (Date)	an	d Employer decli	ned recognition on or about
7h Bollings		(If no reply received	or, so state). epresentative and desires	cartification under the	Act	
8a. Name of Recognized or Certified			8b. Address	ceruncation under the	ACL.	
out traine of thoograped of continue	g ,	mono, oo otatoj.	55.7100.000			
8c. Tel No.	8d Cell No.		8e. Fax No.	8f. E-Mail Addr		ess
8g. Affiliation, if any			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Contract, if any (Month, Day, Ye			
9. Is there now a strike or picketing at th				imately how many en		ticipating?
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)		
Organizations or individuals other the known to have a representative interest					resentatives and	other organizations and individuals
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. 			r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): April 23, 2019	5:00pm			11d. Election Location(s): Back office next to locker room.		
12a. Full Name of Petitioner (includin Pat Hielm International Union of Operating Engineers Local		ımber)		12b. Address (stree 65 Springfield Ave. NJ Springfield 0708		ity, state, and ZIP code)
12c. Full name of national or internation International Union of Operating Engineer	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No. (973) 671-6962	12e. Cell No. (201) 572-6658		12f. Fax No. (973) 671-9257	12g. E-Mail Address PHjelm@iuoe825.org		dress 25.org
13. Representative of the Petitioner w		ce of all papers fo	1 ` — - (entation proceeding	g.	
13a. Name and Title Vipin Varghese Esg. Partner DeCotiis, FitzPatrick, Cole & Giblin, LLP	·		13b. Address (street and 500 Frank W. Burr Boul	d number, city, state,		
13c. Tel No.	13d. Cell No.		NJ Teaneck 07666- 13e. Fax No.		13f. E-Mail Add	
(201) 347-2137	(516) 510-7952		(201) 928-5088	aladge and ballef		
I declare that I have read the above p		statements are tru	,	vieuge and bellet.		
Name (Print)	Signature Vipin Varghese		Title Partner	•	Date	0.00.54
in Varghese Esq. Vipin varghese Parties WILLELL FALSE STATEMENTS ON THIS PETITION CAN BE PLINISHED BY FINE ALL				IMPODISONIMENT // I	04/9/2019 1	

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE					
Case		Date Filed			
l	•				

Employees Included

All full-time and regular part-time technicians/mechanics and drivers employed by the employer at its 80 Arlington Ave, Kearny, NJ location

Employees Excluded

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

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					
22-RC-239297	APRIL 9, 2019					

							2-170-2				- 9, 2019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition named in	must be accomp the petition of: (panied b 1) the pe	y both a sh tition; (2) S	owing of i tatement o	nterest (see of Position fo	6b below) and orm (Form NL	d a certificat RB-505); an	e of service show d (3) Description	ving se of Rep	rvice on resentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be certified a	s represe	entative of th	ne employe	es. The Petit	tioner alleges	that the foll	owing circumsta	nces e	
2a. Name of Employer:			2b. Add	lress(es) of	Establishm	ent(s) involve	ed (Street and I	number, City,	State, ZIP code):		
Altice Technical Services						ı, N.J. 07	869				
3a. Employer Representative - Nam	ne and Title	:	3b. Add	iress (if sam	e as 2b - s	tate same):					
Mary Beth Bower, Sr. Dir	ector O	perations	275	Centenn	ial Ave.	, Piscatav	way, N.J. 0	8854			
3c, Tel. No. 732-215-8229	3d. Cell No. 732-21.			3e. Fax No 516-80			af. E-Mail A		@alticetechs	ervic	esusa.com
4a. Type of Establishment (Factory, r Work Center	nine, whole	saler, etc.)		4b. Princip Cable T		or Service ne, Intern	net		d State where unit ph, N.J.	is loca	ted:
6b. Description of Unit Involved: Included: Full Time & Regular Part	Time Fi	ald Sarvice	Techn	icians				6a. Numbe	r of Employees in	Unit:	
Excluded: Managers, Supervisors, G					Constru	ction		of the e	bstantial number mployees in the unted by the Petitio	nit wis <u>t</u>	to be
Check One: X 7a. Request for rec on or about (Date) 7b. Petitioner is cur		(if n	o reply re	eceived, so	state).	4/9/2			eclined recognition		
6a. Name of Recognized or Certifie						Certification	under the Act.			_	
8c. Tel. No.	8d. Cell No) .		8e. Fax No).		8f. E-Mail A	8f. E-Mail Address			
3g. 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 a	t the Emplo	yer's establishme	nt(s) invo	olved?		so, approxin	nately how man	ny employee:	are participating	?	
(Name of Labor Organization)									er since (Month, D		
 Organizations or individuals other individuals known to have a representation 									s and other organ	nzation	s and
10a. Name		10b. Address				· · · · · · · · · · · · · · · · · · ·	10c. Tel. N	10c. Tel. No. 10d. Cell No.			
		}					10e. Fax N	10e. Fax No. 10f. E-Mail Addr		55	
11. Election Details: If the NLRB co	nducts and	election in this m	atter, sta	te your posit	ion with re	spect to any	such election:	11a. Election	Type:		
Adh Floritos Baladay	,	Idda Florian Tir					. late Stanti	Manua Manua		Mixed	Manual/Mail
11b. Election Date(s): 4/25/2019		Normal W	ork H	ours			683 Rt.		Randolph, N	.J. 07	7869
12a. Full Name of Petitioner (includ	•	•			1		nd number, city		•		
Joseph C. Lambert Jr. 12c. Full name of national or internat		W, Local 82		ioner is an s			ast Winds		8520		
International Brotherhood	d of Elec	trical Work				onsulacin (iii					
12d. Tel. No. 609-443-4100	12e. Cell N	No.	_	12f. Fax N 609-44	°. 3-8273		12g. E-Mai	Address	·		
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):											
Kevin D. Jarvis, Attorney 1526 Berlin Rd., Cherry Hill, N.J. 08003											
13c. Tel. No. 856-795-2181	13d. Cell I		.		5-2182			@obbbla	w.com		
I declare that I have read the above Name (Print)	e petition a	nd that the state Signature		re true to ti	ne best of		ge and belief. Title				Date
Joseph C. Lambert Jr.		S.g.rator	that		Lt.		Business A	Agent			4/9/2019

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 RC PETITION

DO NOT WRITE	IN THIS SPACE
Cese No.	Date Filed
22-RC-239388	APRIL 10, 2019

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 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 s				10 TO ILI. THE SH	ining or mic	erest should only be med	
PURPOSE OF THIS PETITION: RC-CEI bargaining by Politioner and Pelilioner de requests that the National Labor Relat	RTIFICATION OF REI	PRESENTATI s representativ under its proj	VE - A substantial number to of the employees. The in per authority pursuant to	Petitioner alloges that Section 9 of the Nati	t the following onat Labor Re	circumstances exist and	
2a. Name of Employer Prestige Toyota of Ramsey		2b. Ad	dress(es) of Establishment NJ Rt 17, Ramsey	(s) Involved (Street an	d number, city,	State, ZIP code)	
3a. Employer Representative - Name and	Tille	1090	3b. Address (If same as				
Carlos Girard, General Manage		!	same	20 - Sidle Same)			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	· · · · · · · · · · · · · · · · · · ·	3f. E-Mall Add	ress	
844-838-7075							
4a. Type of Establishment (Factory, mine, w Automobile Dealership		ı, Principal prod I to Serv ice	duct or service		5a. City o Mahwa	and State where unit is located: Ih, NJ	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: All FT and regular PT	service technic	ians worki	ing at the 16 McKe	e Drive, Mahwa	h, NJ,	30 Sh. Oo a substantial auraba- (20%)	
service location. Excluded: All other employees includidefined in the Act.	ng service writers, s	salesman, pa	arts dept employees, gu	ards and superviso	rs as	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
4/9/19	(Date) (if no	reply received			•	ined recognition on or about	
8a. Name of Recognized or Certified Barr None			8b, Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mell Add	ress	
8g. Affiliation, if any			8h, Dete of Recognition or			Date of Current or Most Recent ny (Month, Day, Year)	
Is there now a strike or picketing at the Ed (Name of labor organization)		, has pick	eted the Employer since (A	Month, Day, Year)			
10. Organizations or individuals other than known to have a representative interest in a None	Petitioner and those ne	amed in Items	8 and 9, which have claims	ed recognition as repre	sentalives and	dolher organizations and individuals	
10a. Name	10b. Address	3		10c. Tel., No.		10d. Cell No.	
				10e, Fax No.		101. E-Mell Address	
11. Election Details: If the NLRB conducts any such election.	an election in this ma	itter, state you	r position with respect to	11a, Election Type:		Mall Mixed Manual/Mall	
11b. Election Date(s): May 2, 2019	11c, Electio 11:00 - 1:0			11d. Election Location(s):			
12a. Full Name of Potitioner (Including Id United Service Workers Union, Loc	cal name and number	91)		12b. Address (street and number, city, state, and ZIP code) 138-50 Queens Blvd., Briarwood, NY 11435			
12c. Full name of national or International la	bor organization of wh	nich Petitioner	is an affiliate or constituen	t (if none, so stete)			
12d. Tel No. 718-658-4848 x1263		<u> </u>	12f. Fex No. 718-523-4732		12g. E-Mail Ad maryh@usw		
13. Representative of the Petitioner who	will accept service o	f all papers fo					
13a. Name and Title			13b. Address (street and	d number, city, state, a	nd ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress	
I declare that I have read the above peliti	on and that the state	ments are tru	ie to the best of my know	ledge and belief.			
Name (Print) Sig	mature Rolf	Con	Title Attorney for Lo	ocal 355	Oate 4/10/19		

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 GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed 22- RC-239499

RC PETITION 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									
(Form NLRB-505); and (3) Des					RB 4812). The s	howing of inte	rest should only be filed		
with the NLRB and should not	be served on the	employer or	any othe	party.					
PURPOSE OF THIS PETITION: Re bargaining by Petitioner and Petitio requests that the National Labor	ner desires to be certifi	ied as represent	tative of the	employees. The	Petitioner alleges t	hat the following	circumstances exist and		
2a. Name of Employer	relations board proc				nt(s) involved (Street				
THE KINTOCK GROUP			•	•	ark, New Jersey		,		
3a. Employer Representative - Nam	e and Title		3b. A	ddress (If same a	s 2b – state same)				
JASON BRANCIFORTE, ESC	815 C	ONNECTICUT	ΓAVENUE, NW, S	SUITE 400, WA	ASHINGTON, DC 20006-4046				
3c. Tel. No. (202) 414-6867	3d. Cell No.		3e. Fa	x No. 318-7767	3f. E-Mail Address ibranciforte@littler.com				
4a. Type of Establishment (Factory, m	ine wholesaler etc.)	4b Principal				<u>'</u>	nd State where unit is located:		
DETENTION FACILITY		REHABILIT				NEWAR	K, NEW JERSEY		
5b. Description of Unit Involved						ء ا	6a. No. of Employees in Unit:		
Included: Full-time and regular p		m employees	s in the titl	es of Employme	ent Counsellor, Co		6b. Do a substantial number (30%		
Instructor, Case Mana	ger.						or more) of the employees in the		
All other employ	vees under the	e Act					unit wish to be represented by the		
	•		•				Petitioner? Yes ✓ No		
Check One: 7a. Request							ned recognition on or about		
<u> </u>	(Date)	(If no reply rece	ived, so sta	Employ	er never res	ponded.			
8a. Name of Recognized or Certified	r is currently recognized I Bargaining Agent (I	<u>-</u>		8b:\Address	certification under the	e Act.			
O- T-INI-	T O LO - II N -			1,		Lor E Mail Add			
8c. Tel No.	8d Cell No.		8e, Fa	x No.		8f. E-Mail Addre	?SS		
8g. Affiliation, if any			8h. Date	of Recognition o	r Certification		ate of Current or Most Recent		
						Contract, if any	(Month, Day, Year)		
O to the construction of the construction of	d . =								
9. Is there now a strike or picketing at	tne Employer's establis					mployees are parti	cipating?		
(Name of labor organization)	· <u> </u>				Month, Day, Year)		<u></u>		
 Organizations or individuals other t known to have a representative interes 						presentatives and	other organizations and individuals		
known to have a representative interes	st in any employees in	the unit describe	ed iii ileiii 5	above (ii none,	, so siale)				
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.		
	1				L				
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB con any such election.	ducts an election in thi	s matter, state y	your positio	with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Location(s):					
4/25/2019	2:30 - 3	:30 P.M. AND	6:30 - 7:30	P.M.	THE KINTOCK GROUP				
12a. Full Name of Petitioner (includi DISTRICT 1199J, NUHHCE, AFSCM		ımber)		12b. Address (street and number, city, state, and ZIP code) 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102					
12c. Full name of national or internatio AFSCME	nal labor organization	of which Petition	ner is an aff	liate or constituen	nt (if none, so state)		,		
12d. Tel No.	12e. Cell No.		12f. F	x No.		12g. E-Mail Add	ress		
(973) 624-1199				22-0801		9	•		
13. Representative of the Petitioner	who will accept servi	ce of all paper:	s for purpo	ses of the repres	sentation proceedin	g.			
13a. Name and Title ARNOLD S	HEP COHEN, A	ATTORNEY	13b. A		d number, city, state, DOR, NEWARK, NJ 0710				
13c. Tel No.	13d, Cell No.		13e. F			13f. E-Mail Addr	ress		
(973) 642-0161			l l	02-1055		ASC@OXFELD			
I declare that I have read the above	petition and that the	statements are			vledge and belief.	<u> </u>			
Name (Print)	\$fignature _		Title			Date			
ARNOLD SHEP COHEN	117\ <i>[</i> \sqrt	~	ATTO	NEY		4/10/2019			

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

DO NOT WRITE IN THIS	SPACE
Case No.	Date Filed

	RCPEI					KU-239		KII <u>16,20</u> :
INSTRUCTIONS: Unless Agency's website, employer concerned is locuservice showing service on	atea. The petition mu	si be uc		e howing	of intere	st (see oo	below) and a ce	rtificate of
the employer and all other	parties named in the	petitio	n of: (1) the petition; (2) Staten	nent of P	Position fo	rm (Form NLRI	B-505); and
(3) Description of Represe		,	•	showing	of intere	est should	l only be filed wi	th the NLRB
and should not be served o	n the employer or an	other	party.					
1. PURPOSE OF THIS P	ETITION: RC-CER	TIFIC	ATION OF REPRESE	NTAT	VE - A s	substantia	l number of emp	loyees
wish to be represented fo	r purposes of collectiv	e barga	ining by Petitioner and	Petition	er desire	s to be ce	rtified as represen	ntative of
the employees. The Petit		_	• .					
Board proceed under its	•		•		-			
2a. Name of Employer: Sunbelt Rentals, Inc.		25. A 80 A	ddress(es) of Establish lington Avenue, Kearn	nent(s) y, NJ 07	involved 1032			State, ZIP codes:
3a. Employer Representat	ive - Name and Title:	36. A	ddress (if same as 2b -	state sai	ne).			
Patricia J. Hill, Esq.		50 N.	Laura Street, Suite 260	0, Jacks	onville, F	FL 32202		
3c. Tel. No.	3d. Cell No.		Je. Fax No.		31. E-N	lail Addre	ess	
904-598-6140	404-815-3500		904-598-6240		pihill@	sgrlaw.co	om	
a. Type of Establishment (etc.) Construction Services	ractory, mine, wholes	aler,	46. Principal Product Equipment Rentals	or Servi		5a. City a Kearny,	and State where a	init is located:
56. Description of Unit Inv	volved:					óa. Numi	per of Employees	in Unit:
Included: All full-time and the Employer's Flooring div	2 1				1	2		
Excluded: All Office Cleric			•	•	r		substantial numb	
Guards, and Supervisors as				1, 3	,	more) wish to Petitio	of the employees be represented be mer? Yes X	s in the unit by the No
Check One: 7a. Request for on or about (D			epresentative was made ly received, so state).	on (Da	te)	and Em	ployer declined r	ecognition
**		•						
8a. Name of Recognized or (If none, so state)	Certified Bargainin	as Bar g Agen	gaining Representative 8b. Address:	and des	ires certi	fication u	nder the Act.	
8c. Tel. No.	8d. Cell No.		Se. Fax No.		81. E-M	ail Addre	SS	
8g. Artiliation, if any:		r X	h Date of Recognition	or	XI. Expi	ration Da	te of Current or I	Most
og. / tritiation, it any.		Įč	 Date of Recognition ertification 					
0.1.1	Tari and David		1111		Recent	Contract.	if any (Month, D	uv. Year)
9. Is there now a strike or pic			• •					
If so, approximately how ma	any employees are part	ricipatir	ıg?					
(Name of Labor Organization	on) , has p	icketed	the Employer since (A	fonth, D	ay, Year)		-	
10. Organizations or indiv	organizations and ind					-		_
in item 5b above. (If none	10b. Addres	9			TOC. Te	I. No.	Tod. Cell No.	
International Union of Opera Engineers, AFL-CIO, Local			3rd Floor, Springfield	NJ	(973) 67	1-6962	(201) 572-6658 10t, E-Mail Add	race
II. Election Details; It the I	.]				(973) 6	71-9257	phjelm@iuoe82	5.org
respect to any such election:	•		_		N	/anual_X	Mail Mixed	Manual/Mail
11b. Election Date(s): Monday, April 29, 2019	7:45am	n i ime	(S):		Back of	ection Loc fice next	to lockér room.	
12a. Full Name of Petitione number): Pat Hjelm, Busines	r (including local nar	ne and	12b. Address 65 Springfield	street of Ave, 3	md numi	er, city, S	itate and ZIP coa	e):
12c. Full name of national or	international labor or	ganızat	ion of which Petitioner	is an al	filiate or	constitue	nt (i) none, so sta	te):
International Union of Opera	iting Engineers, AFL-	CIO, L			بالمدا	Most Add	roar	
12d. Tel. No.	Tze. Cell No.		12f. Fax No.			Mail Addi		
973) 671-6962	(201) 572-6658	1000 00	(973) 671-9257	nuwnoc.	phjelm@	viuoe825	org	<u> </u>
13. Representative of the P 13a. Name and Title:	entioner who will acc	ept sei						g.
Vipin Varghese Esq			13b. Address (street at 500 Frank W. Burr Bo	ulevard	5th Floor	r, Teaneck	c, NJ 07666-	
13c. Tel. No. (201) 347-2137	13d. Cell No. (516) 510-7952		13e. Fax No. (201) 928-5088	· · ·	13t. E-N vvarghe	Mail Addr se@decot	ess tiislaw.com	
I declare that I have read t		that t		to the	est of m	y knowle	dge and belief.	
Name (Print)	Signati		111	Title				Date
Vipin Varghese	(Thu)	KM 1	Vargnese	Partr	ner			4/16/19

FORM NLRB-502	(RC)
(2-18)	` ′

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS	SPACE
Case No.	Date Filed
00 DO 00000	

		KCPEII	TION		 	22	-RC-23	9836 \AI	RIL. 1	6.20
INSTRUCTIONS: Unless e- Agency's website, employer concerned is locate service showing service on	ea. Ine	petition musi	De ac		on a snowing	g oj inici	est (see ou	below) una a c	erry scure	9
the employer and all other p										
(3) Description of Represent). The showir	ng of inter	rest should	l only be filed w	ith the N	ILRB
and should not be served on										
1. PURPOSE OF THIS PET	TITIO	N: RC-CERT	IFICA	TION OF REI	PRESENTA	TIVE - A	substantia	l number of em	ployees	
wish to be represented for p	ourpose	s of collective	barga	ining by Petition	er and Petitio	oner desir	es to be ce	rtified as repres	entative o	of
the employees. The Petitio	ner alle	eges that the	follow	ing circumstan	ces exist and	requests	that the N	ational Labor	Relation	is
Board proceed under its p	roper :	authority pu	rsuant	to Section 9 of	the National	l Labor R	elations A	et.		
2a. Name of Employer: Sunbelt Rentals, Inc.			26. A	ddress(es) of Es lington Avenue	tablishmeni(s) involved 07032	(Street at	nd number, City	, State, Z	IP code):
3a. Employer Representative	e - Nam	e and Title:	1	ddress (if same				<u> </u>		
Patricia J. Hill, Esq.			50 N.	Laura Street, Su	ite 2600, Jack	ksonville,	FL 32202			1
3c. Tel. No. 3	d. Cell	No.	L:	3e. Fax No.		31. E-I	Mail Addre	ess		
904-598-6140 4	104-815	-3500		904-598-6240		pihill@	asgrlaw.co	m		
4a. Type of Establishment (Fa etc.) Construction Services	actory, i	mine, wholesa	ler,	4b. Principal P Equipment Rei	roduct or Ser itals	vice	5a. City Kearny,	and State where NJ	unit is lo	cated:
5b. Description of Unit Invol	lved:			L			6a. Num	per of Employe	es in Unit	i:
Included: All full-time and re	egular p	oart-time techi	nicians	mechanics and	drivers emple	oyed at	2			
the Employer's Industrial Too								70.33000		
07032				-				substantial nun		
Excluded: All Office Clerical	emplo	yees, Technic	al emp	loyees, Manage	rial employee	es,		of the employe		unit
Guards, and Supervisors as de								be represented		ĺ
						· · · · · · · · · · · · · · · · · · ·	Petitio			
Check One: 7a. Request for r						Date)	and Em	ployer declined	recognit	ion
on or about (Date	<u> </u>		•	ly received, so s	,					- 1
7b. Petitioner is 8a. Name of Recognized or C	current	ly recognized	as Bar	gaining Represe	ntative and d	esires cer	tification u	nder the Act.		
(If none, so state) N/A	Certifie	o Bargaining	Agen	ab. Address	:					
N/A							4	•		
8c. Tel. No. 8	d. Cell	No.		8e. Fax No.		81. E-1	Mail Addre	SS		. 1
8g. Affiliation, if any:			8	 Date of Recoger interesting 	nition or	8i. Exp	8i. Expiration Date of Current or Most			
				Citification		Recent	t Contract,	if any (Month,	Day, Yea	r)
9. Is there now a strike or picke	eting at	the Employer	's esta	blishment(s) inv	olved?					
If so, approximately how many	v emplo	vees are parti	cipatir	IP?						1
(Name of Labor Organization					ince (Month	Day Year	r)			Ì
								-		
10. Organizations or individ							-		•	
representatives and other or	-		viduais	known to have	a representat	ive intere	s t in any e	mpipyees in the	unii des	cribed
in item 5b above. (If none, s	so state	10b. Address				1106 17	el No	10d Cell No		
International Union of Operati	no			3rd Floor, Spri	10c. lel. No. 10d. Cell No. (973) 671-6962 (201) 572-6658			8		
Engineers, AFL-CIO, Local 82	25	0708		on the state of the	-G	10e. Fa (973)	ax No. 671-9257	10f. E-Mail Ac phjelm@iuoe8	dress 25.org	
II. Election Details: If the NI respect to any such election:	RB co	nducts and ele	ection	n this matter, st	ate your posit					
•	- -	112 UZ-2	·1·7·	6):				Mail Mixed	Manual/	Mail
11b. Election Date(s): Monday, April 29, 2019		T1c, Election 6:45am	ı ime(5):	,	Back of	ffice next	to locker room.		
12a. Full Name of Petitioner number): Pat Hjelm, Business	(includ	ing local nam	e and	12b. A	ddress (streetingfield Ave.	t and num	ther, city, 2	tate and ZIP co ld, NJ 07081	ide):	
12c. Full name of national or in	nternati	onal labor org	anizat	ion of which Pe	•				ate):	
International Union of Operation	ng Eng 2e. Cel	ineers, AFL-C	CIO, L	ocal 825 121. Fax No.			-Mail Add			
973) 671-6962 (2 13. Representative of the Pet	201) 57	2-6658	ent co	(973) 671-9257	re for nurno	phjelm	@iuoe825	org	no	
13a. Name and Title:	i cioner	WHO WILL RCC	cpt sel				· · · -	-	B.	1
				13b. Address (s 500 Frank W. E	ireei ana nun Burr Boulevar	d 5th Flor	or. Teanecl	NJ 07666-		
Vipin Varghese Esq							,			1
13c. Tel. No.	3d. Cei	No.		13e Fax No.		13f. E-	Mail Addr	ess		
(201) 347-2137	516) 51	0-7952		(201) 928-5088		vvargh	ese(a)deco	tiislaw.com		
declare that I have read the	above			ne statements a			my knowle	edge and belief		
Name (<i>Print)</i> Vipin Varghese		Signatu	re /	// 0	Tit	le rtner			Date	cho l
		Just	WI'	argressi	I al	anoi			17/11	6/19
			-	·/I				•		

(631) 247-0404

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RM PETITION

DO NOT WRITE IN THIS SPACE									
Case No.	Date Filed								
22-RM-240442	APRIL 29, 2019								

lan.bogaty@jacksonlewis.com

Date

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner 2b. Address(ea) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 Turner Place Cascades Containerboard Packaging J Piscataway 08864
3b. Address (If same as 2b – state same)

1 Tumer Place

M. Piscalaway 08854-3a. Employer/Petitioner Representative - Name and Title Mathieu Cole Regional Human Resources Manager 3d. Cell No. 3a. Fax No. 3f. E-Mall Address (631) 247-0404 mathelu_cote@cascades.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Containers & Packaging Menufecturing of corrugated products 5a. Description of Unit involved 5b. City and State where unit is included: See Alleched Pene 2 for additional details Piscataway, NJ Excluded: See Attached Page 2 for additional details 6. No. of Employees in Unit: 133 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7e.or 7b, whichever is applicable 7a. 7 A labor organization made a demand for recognition on the Employor/Petitioner on (Date) 03/20/2019 The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative Ba. Recognized or Certified Bargaining Agent - Name Luke H. Gordon 8b. Affiliation, if any United Steel, Peper and Forestry, Rubber, Manufacturing, Energy, Allied-industrial and Service Workers International Union, AFL-CIO/CLC District 4 of the United Steels ara (USW) AFL-CIO Bc. Address 8d, Tel, No. Be. Cell No. (732) 287-4011 2025 Lincoln Highway Suite 130 8g, E-Mail Address NJ Edison 08817-Bf. Fax No. ma.weu@nah 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11. 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) 12. Organizations or individuals other than those named in Item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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 and affiliation if any 12b. Address 12c, Tel, No. 12d, Cell No. 12e, Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a, Election Type: Manual Mail Mixed Manual/Mail any such election 13d. Election Location(s): 13b. Election Date(s): 13c. Election Time(s): May 14 & 15, 2019 4:00 p.m. - 8:00 p.m. each day Second Floor Future Gym 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code): 58 South Service Road Suite 250 14a, Name and Title Ian B. Bogaty Beg. Attorney for Cascadea Containerboard Paskaging Jackson Lawls P.C. NY Melville 11747-14c, Tel No. 14d. Cell No. 14e, Fax No. 14f. E-Mall Address

04/24/2019 10:08:59 lan B. Bogaty Eaq lan B. Bogaty, Esq. WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney for Cascades Containerboard

Title

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Slanature

PRIVACY ACT STATEMENT

Soliditation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 at 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 volunlary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

<u></u>	DO NOT WRITE IN THIS SPACE							
Case		Date Filed	_					

Allachment

Employees Included Production & Maintenance employees

Employees Excluded

All other employees including supervisors, managers, office clericals, professional employees, confidential employees and guards as defined by the Act.