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-247854	SEP 9, 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 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. 2s. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): FirstTransit 221 Henderson Road Monmouth Juction NJ 08852 3a. Employer Representative - Name and Title: 3b. Address (If same as 2b - state same): 896 FRELINGHUYSEN Ave. Newark NJ 07114 Paul O'Brien Regional Vice President 3c Tel No 3d. Cell No. 3f, E-Mail Address 732-316-9819 732-674-3443 Paul.OBrien@firstgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation of people Monmouth Juction NJ Transportation 5b. Description of Unit involved: 6a. Number of Employees in Unit: Included: All full & part time Mechanics / Technicians /Utility Workers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Excluded: All managers, bus drivers, office clerks, dispatchers, guards defined by the act Check One: 🕱 7s. Request for recognition as Bargaining Representative was made on (Date) 8-15-2019 and Employer declined recognition (If no reply received, so state). on or about (Date) ☐ 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: None 8c. Tel. No. 8d, Cell No. 8e. Fax No. 8f. E-Mail Address 8h, Date of Recognition or Certification | Bi, Expiration Date of Current or Most 8q. Affillation, if any: Recent Contract, if any (Month, Day, Year) N/A 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. N/A 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 221 Henderson Road Monmouth Juction 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 3400 Highway 35 Suite 7 Hazlet, NJ 07730 Teamsters Local Union No.469 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Teamsters Local Union No. 469 affiliated with the International Brotherhood of Teamsters 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d, Tel. No. 732-888-0100 732-888-1740 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: 3400 Highway 35 Suite 7 Hazlet, NJ 07730 Michael Tkatch Business Agent 13d. Cell No. 13f. E-Mall Address 13c. Tel. No. 13e. Fax No. 732-425-5055 732-888-1740 mtkatch@teamsters469.org 732-888-0100 ext 114 gowledge and belief. I declare that I have read the above petition and that the statements are true to the best of my, k Name (Print) Signature Date 8-16-2019 Michael Tkatch **Business Agent**

WILLFUL FALSE STATEMENTS 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 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
R C PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
22-RC-247910	SEP 10, 2019

	111011		22-10-247			0, =0.0
INSTRUCTIONS: Unless e-Filed using	ng the Agenc	y's website, <u>ww</u>	<u>vw.nlrb.gov</u> , submit ar	n original of this I	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						
with the NLRB and should not be se	on of neprese	entation case r	roceaures (Form NLF	KB 4612). The Sh	owing or inte	rest snoula only be filea
1. PURPOSE OF THIS PETITION: RC-CER	TIFICATION OF	REPRESENTATION	y Ot <i>ner party.</i> VE - A substantial number (of employees wish to	he represented	for numoses of collective
bargaining by Petitioner and Petitioner des	sires to be certific	ed as representativ	re of the employees. The P	etitioner alleges that	t the following	circumstances exist and
requests that the National Labor Relational Labor Relation 2a, Name of Employer	ons Board proc	eed under its proj	per authority pursuant to dress(es) of Establishment	Section 9 of the Nat	Ional Labor Re	lations Act.
Quest Diagnostics Incorporated		1	Malcom Avenue, Tete	• • • • • • • • • • • • • • • • • • • •		Sidia, Zir cood
3a. Employer Representative - Name and	Title		3b. Address (If same as			
Richard C. Alnor, Regional Manag	er		Same			
3c. Tel, No.	3d. Cell No.	The Control of the Co	3e. Fax No.	I	3f, E-Mail Addre	- -
(201) 393-5801	·**			<u> </u>		or@questdiagnostics.com
4a. Type of Establishment (Factory, mine, with Health Care	holesaler, etc.)	4b. Principal prod	duct or service I Testing Medical Sp	o o imain o		nd State where unit is located:
5b. Description of Unit Involved	- **	Conecting and	a resulty wiedical Sp	Cumna	INEW TON	c, Brooklyn, Queens, Bronx, NY 6a. No. of Employees in Unit:
Included: All full-time and regular part-time	e drivers/couriers	employed by the E	Employer at its Manhattan, t	Bronx, Brooklyn, and	Queens, NY	18
"mini-hub" facilities, who are not	t currently recogn	ized as included in	the certified bargaining uni	it at the Teterboro, NJ	facility.	6b. Do a substantial number (30%
Excluded: excluding all office clerical employees, qualification employees/clerks	professional employe	es, dispatchers, field or	perations employees, package pre	eparation employees, fleet r	naintenance	or more) of the employees in the unit wish to be represented by the
employees, mailroom employees/clerks	s. confidential employ	eas, managenal employ	yees, guards and supervisors as d	defined by the Act, and all o	ther employees.	Petitioner? Yes 7 No
Check One: / 7a. Request for red	cognition as Barg	jaining Representa	tive was made on (Date)	lone and	Employer decli	ned recognition on or about
<u> </u>		(If no reply received				
			epresentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified Barg		none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	,	8f, E-Mail Addr	ess
8g. Affiliation, If any			8h. Date of Recognition or	r 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 Er	mployer's establis	shment(s) involved	? No. # so, approx	I	plovees are par	ticipating?
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(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 a						
10a. Name	10b. Ad	dress	, and the same of	10c. Tel. No.		10d. Cell No.
None	ļ			10e, Fax No.	-	10f, E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in th	is matter, state you	ur position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s):		lection Time(s):		11d. Election Locat		
October 4, 2019			2:45 pm to 3:15 pm	One Malcom Aven	The state of the s	
12a. Full Name of Petitioner (including to International Brotherhood of Teamsters, L.		umber)		12b. Address (stree 810 Belmont Aveni		city, state, and ZIP code)
12c. Full name of national or international la		of which Petitioner	r is an affiliate or constituen			
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ac	Idress
973-636-0093					teamtersloca:1	
13. Representative of the Petitioner who	· ·	• •		·		
13a. Name and Title Raymond G	i. Hein <mark>e</mark> m	an, Esq.	13b. Address (street and Kroll Heinemen Carton,LLC.			9830
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	
732-491-2100			732-491-2120		rheineman@k	rollfirm.com
I declare that I have read the above petit		statements are tr		viedge and belief.		
Name (Print) Raymond G. Heineman Signature Attorney Date September 10, 2019						
Raymond G. Heineman WILLFUL FALSE STATERE	WHE WATHER	ETITION CAN BE	Attorney PUNISHED BY FINE AND	IMPRISONMENT/II		
****** AP 1 UPA= A:V:PWP	er-refigire rines.			1110014111011111111111111111111111	, , , , , , ,	,

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 el seg. The principal use of the information is to assist the National Labor Relations Board (NLRA) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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							
22-RC-248478	SEP 18, 2019							

	,				22-RU-2464	1/0		SEP 18, 2019
INSTRUCTIONS: Unless e-Filed u employer concerned is located. 1 the employer and all other partie Case Procedures (Form NLRB 48	The petition must s named in the p (12). The showin	t be accompanied etition of: (1) the p g of interest shou	by both a so petition; (2) i id only be fil	howing of interest (s Statement of Position led with the NLRB an	ee 6b below) and n form (Form NL) nd should not be	l a certifica RB-505); ar served on	te of service sho ld (3) Description the employer or	owing service on n of Representation any other party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratery	tioner desires to b	e certified as repre rd proceed under	sentative of t its proper a	the employees. The Pouthority pursuant to	etitioner alleges Section 9 of the	that the foi National La	lowing circumst bor Relations A	ances exist and ct.
28. Name of Employer: Planned Companies, PBS		i Xch	ange at S	Establishment(s) invo Secaucus Junctio	מכ		, State, ZIP code):
Lifestyle, a single employ				e Station, Secau	· · · · · · · · · · · · · · · · · · ·	94		
3a. Employer Representative - Na Robert Francis, President		150	Smith Ro	ne as 2b - state same) oad NJ 07050): -			
3c. Tel. No. 973-739-0080	3d. Cell No.		3e. Fax N	0.	3f. E-Mail A	ddress		
4a. Type of Establishment (Factory, Building Services	mine, wholesaler,	etc.)	4b. Princip	pal Product or Service		5a. City ar Secauc	us, NJ	it is located:
5b. Description of Unit Involved: Included:	vildina aansi	las ampleyes		itation		6a. Numbi	er of Employees in	n Unit:
All F-T and regular P-T b Excluded: Office clericals, superviso					id frontdesk	of the	ubstantial number employees in the cented by the Petiti	unit wish to be
Check One:	rently recognized	(If no reply as Bargaining Rep	received, so presentative a	state).			declined recogniti	
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Mail A	ddress	······································	
8g. Affiliation, if any:			Sh. Date of R	tecognition or Certifica			irrent or Most (Month, Day, Yea	ur)
9. Is there now a strike or picketing a	the Employer's e	establishment(s) inv	volved? No	If so, approx	cimately how man			
(Name of Labor Organization)	than Dattioner	ad these served in	Home 9 and	O which have claimed			er since (Month, L	
 Organizations or individuals other Individuals known to have a repre None 							s and other organ	nizations and
10a. Name	10b.	Address			10c. Tel. No		10d. Cell No.	
					10e. Fax No		10f. E-Mail Addre	ess
11. Election Details: If the NLRB co.	nducts and election	n in this matter, st	ate your posi	tion with respect to any	y such election:	11a. Election	<u> </u>	Mixed Manual/Mail
11b. Election Date(s): 10/1 and 10/5		Election Time(s): 0 am-8:30 am	; 2:30 pn	n-4:30 pm	11d. Election Building	Location(s		MIXED WATIOARMAN
12a. Full Name of Petitioner (includi Local 32BJ	ing local name an	d number):		12b. Address (street 494 Broad Street Newark, NJ 07	eet	State and a	ZIP code):	
12c. Full name of national or internati Service Employees Interna			lioner is an a	iffiliate or constituent (îf none, so state):		- , ,	
12d. Tel. No. 973-824-3225	12e. Cell No.		12f. Fax N		12g. E-Mail			
Representative of the Petitionel Anne and Title: Brent Garren	r who will accept	service of all pap	13b. Addre 25 W. 1	poses of the represer ess (street and number 8th Street, 5th Flo ork, NY 10011-19	r, city, State and 2 DOT			
i	13d. Cell No. 917-208-42		13e. Fax N 212-38	8-2062	13f. E-Mail / bgarren(oj.org	
declare that I have read the above Name (<i>Print</i>)	petition and tha	t the statements a	are true to th	ne best of my knowle	Title			Date
Brent Garren		her	105	an	Deputy Ger	eral Cou	ınsel	09/18/19

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R D PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RD-248668	SEP 19, 2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 about death to filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and about a statement of positions are accounted by the filed with the NLRB and a statement of positions are accounted by the filed with the NLRB and a statement of positions are accounted by the filed with the NLRB and a statement of positions are accounted by the filed with the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are accounted by the NLRB and a statement of positions are

in the petition of: (1) the petition; (2) Staten interest should only be filed with the NLRB		rm (Form NLRB-5)			rocedures (For	m NLRB 4812). The showing of	
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 Monmouth Medical Center 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 300 Second Ave NJ Long Branch 07740-							
3a. Employer Representative – Name and Juliet Gossett Human Resources	Title		3b. Address (If same as 300 Second Ave	2b - state same)			
3c. Tel. No.	3d. Cell No.		NJ Long Branch 07740- 3e. Fax No.		f. E-Mail Addre	Pec	
(732) 923-5000	04.00)	1.3	uliet.Gossett@		
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	nd State where unit is located:	
Healthcare			Healthcare		i	Long Branch, NJ	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for a	dditional details	i			-	22	
						6b. Do a substantial number (30% or more) of the employees in the	
						unit no longer wish to be	
Excluded: See Attached Page 2 for a	idditional details	3			1	represented by the certified or	
					1	currently recognized bargaining representative? Yes	
Check One: 7a. Request for re	cognition as Barn	aining Penresents	ative was made on (Date)	hae	Employer decli	ned recognition on or about	
Check One.		(If no reply receive		and	Employer decil	ned recognition on or about	
7h Petitioner is c			epresentative and desires of	certification under the A	ct		
8a. Name of Recognized or Certified Barr		d as barganing it	8b. Address	11 Fairfield Place			
International Union of Operating Engineers I		3 McGlynn Busines	I	NJ West Caldwell 0700	06-		
8c. Tel No.	8d Cell No.		8e. Fax No.	8	Bf. E-Mail Addre	ess	
(973) 244-5808			(973) 227-3785	r	mmcglynn@iuc	pe-68.org	
8g. Affiliation, if any			8h. Date of Recognition or	Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
AFL-CIO				'	, ,	08/15/2019	
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? No If so, approxi	imately how many emp	loyees are part	ticipating?	
(Name of labor organization)		has nich	keted the Employer since (A	Month Day Year			
10. Organizations or individuals other than	those named in ite				other organiza	ations and individuals known to	
have a representative interest in any emplo							
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in thi	s matter, state you	r position with respect to	11a Election Type:	7 Manual F	Mail Mixed Manual/Mail	
any such election.				Tra. Election Type.	ivianuai <u>v.</u>	Mixed Walldal/Wall	
11b. Election Date(s):		ection Time(s):		11d. Election Locatio			
10/23/2019	15:30			Monmouth Medical (
12a. Full Name of Petitioner (b) (6), (b)	(7)(C)			· <u> </u>	6), (b) (7)(C)	ity, state, and ZIP code)	
12c. Full name of national or international la I.U.O.E Local 68 Operating Engineers	bor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)(b)	(6), (b) (7)	(C)	
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress	
(b) (6), (b) (7)(C)					b) (6), (b) (7)	(C)	
13. Representative of the Petitioner who	will accept servi	ce of all papers f		entation proceeding.			
13a. Name and Title			13b. Address (street and	f number, city, state, an	nd ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No. 13f. E-Mail Address				
I declare that I have read the above petit	ion and that the	statements are tr	ue to the best of my know	ledge and belief.			
Name (Print) Si	gnature		Title		Date		
		C)				16:20:54	
(b) (6), (b) (7)(C) WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U.S	. CODE, TITLE	E 18. SECTION 1001)	

ON CAN BE PUNISHED BY FINE AND INIPRISONNENT (U.S. CODE, TITLE 18, SECTION 100

PRIVACY ACT STATEMENT

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Employees Included 22

Employees Excluded

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE

NATIONAL DABOR REDATIONS BOARD	Case No.	Data Filed
RD PETITION	22-RD-249064	SEP 27, 2019
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, sub-	mit an original of this Petition to an NLRB offic	e in the Region in which the employer concerned is
located. The petition must be accompanied by both a showing of interest (see t	ib 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-50	5); 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 em		
1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF F		
recognized bargaining representative is no longer their representative. The P		
Labor Relations Board proceed under its proper authority pursuant to S	ection 9 of the National Labor Relations Act	and aumbou eith. Chate 7/D anda) a
2a Name of Employer LANDS RADING & EAT. 12.	dress(es) of Establishment(s) involved (Street of ACE 112 AC/C 125 E/C	-51 KUTHERFORD N. T.
TITE FEBOW OF POST POLICE CONTINUES	ACETICACIO ICD CU	- J Col H-Clerios
3a-Employer Representative - Name and Title	3b. Address (If same as 2b – state same)	07073
CINDSMY NEWHARI	5 A m &_	
3c, Tel. No.	3e. Fax No.	St. E-Mail Address
201-842-5050		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal proc	duct or service	5a. City and State where unit is located:
HORSE PACING Shorts Book OA	MBLING	
Sh. Description of Unit lavolved		6a. No. of Employees in Unit:
Included: 40 MEADOLANDS RACING		40
Michael 40 MEHDOLANUS KACINO	- AND ENIGHIATA	6b. Do a substantial number (30%
Excluded: CA a 1 T		or more) of the employees in the
Excluded: CASHIELS		unit no longer wish to be
		represented by the certified or
		currently recognized bargaining
		representative? Yes No
Check One: 7a. Request for recognition as Bargaining Representa	tive was made on (Date) a	nd Employer declined recognition on or about
(Date) (If no reply received	d, so state).	
7b. Petitioner is currently recognized as Bargaining Re	epresentative and desires certification under th	e Act.
Ba. Name of Recognized or Certified Bargaining Agent	8b. Address	111111111111111111111111111111111111111
LABOR INING UNION OF N. MARICA	121 E 847H 51.	N.Y N.Y 10010
BC, Tel No. Bd 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
	11114.	Contract, if any (Month, Day, Year)
	UNKNOWN	INKNOWN
9. Is there now a strike or picketing at the Employer's establishment(s) involved	?If so, approximately how many e	mployees are participating?
•	eted the Employer since (Month, Day, Year) _	. [
10. Organizations or individuals other than those named in items 8 and 9, which	have claimed recognition as representatives	and other organizations and individuals known to
I have a representative interest in any employees in the unit described in item 5b	above. (If none, so state)	•
FANDURI SOOMS BOOK	,	
10a. Name 10b. Address 17	70 10c, Tel. No.	10d. Cell No.
15 3 -100 (1-1-132/1	317/20 871-6	1 9-06/2
FANDUEL SPONSBOOK INERAN	10c. Fax No.	10f, E-Mail Address
158 JERG	CULTY NOT	
11. Election Details: If the NLRB conducts an election in this matter, state you	r position with respect to 11a. Election Typ	e: Manual Mail Mixed Manual/Mail
any such election.	0730 3	atign(s): 1 PACETIZACK RD.
11b. Election Date(s):	11d Election Loc	align(s): / FIACE I EACH MO.
7/10 7/3/)	£ - K47	
^{12a.} (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	(b)(6).(b)(7)((b)(6),(6)	b) $(7)(C)^{(1)}(b)(6), (b)(7)(C)$ (b) $(6), (6), (6), (6), (7)(C)$ (b) $(6), (6), (6), (7)(C)$
12c. Full name of national or international labor organization of which Petitioner	1 OF NORTH AME	Rica loope 108
CABULERS INERNATIONAL UNION	1 01- 10 012/14 17/19	12g. E-Mail Address
12d. Tel No.	121. Fax No. 725-0541	12g. E-Mail Address
2727257457		(b)(6),(b)(7)(C)
		(b) (6), (b) (7)(C (b) (6), (b (D) (O), (D) (7)(C)
(1) (0) (1) (7)(0)	or purposes of the representation proceed!	ng.
(1) (0) (1) (7)(0)	or purposes of the representation proceed!	ng.
		(b) (7)(C) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	or purposes of the representation proceed!	(b) (7)(C) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	or purposes of the representation proceeds 13b. Address (street and number (b) (6) 13e. Fax No.	(b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	or purposes of the representation proceeds 13b. Address (street and number (b) (6) 13e. Fax No.	(b) (7)(C) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13d. Cell No.	or purposes of the representation proceeds 13b. Address (street and number (b) (6) 13e. Fax No. ue to the best of my knowledge and belief.	(b) (7)(C) (b) (e) (e) (e) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13d. Cell No.	or purposes of the representation proceeds 13b. Address (street and number (b) (6) 13e. Fax No.	(b) (7)(C) (b) (e) (e) (e) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13(b) (6), (b) (7)(C) 1 dectare that I have read the above petition and that the statements are tr (b) (6), (b) (7)(C) Signati(b) (6), (b) (7)(C)	or purposes of the representation proceeds 13b. Address (street and number (b) (6) 13e. Fax No. ue to the best of my knowledge and belief.	(b) (7)(C) (b) (e) (e) (e) (7)(C) (b) (6), (b) (7)(C) (c) (d) (6), (b) (7)(C) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef 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. 22-RC-248796	Date Filed SEP 25, 20	19

RC PEI				2-RC-2			23, 2019	
INSTRUCTIONS: Unless e-Filed usi								
in which the employer concerned is								
	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							
(Form NLRB-505); and (3) Descripti with the NLRB and should not be s					ಜ 4812). The Sh	lowing of inte	erest snould only be tiled	
1, PURPOSE OF THIS PETITION: RC-CEP					of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner de requests that the National Labor Relati	sires to be cartifl	ed as representati	ve of the empl	oyees. The P	etitioner alleges th	at the following	circumstances exist and	
2a. Name of Employer	ons Board proc				s) involved (Street a			
Cubitac Cabinetry Corp.		101 F	Railroad Av	e, Suite #2	, Ridgefield, NJ	07657		
3a. Employer Representative – Name and	Title		1	s (If same as	2b – state same)		vinance and the contract of th	
Joel Weiss, President 3c. Tel No.	3d. Cell No.		Same 3e, Fax No	(3f E-Mail Addr	P45	
Sec. 161 No.	ou. oui no.		Joe, rax no		Į	info@cubita		
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro		8			and State where unit is located:	
factory		cabinetry and	turniture			Ridgefie		
5b. Description of Unit Involved	t time product	nn nnd mainte	noo omale::	non accusaci	ad his the Energy	as at ita	6a. No, of Employees in Unit;	
Included: All full-time and regular par Ridgefield, NJ, facility:	rante broducii	on and maintena	пое етрюус	ses employe	eo by the Employe	द्रा वा ॥\$	6b. Do a substantial number (30%	
Excluded: All office clerical employ	ee professio	nal amplayes	e autordo o	nd eusoniis	ore se defined	in the Act	or more) of the employees in the unit wish to be represented by the	
All once ciencal employ	ee, professio	mai employees	s, guaius ai	iiu supervis	ouis as deliried	III UIC ACL	Petitioner? Yes V No	
Check One: 7a. Request for re	cognition as Ban	gaining Represent	ative was mad	e on (Date) _	an	d Employer deg	ined recognition on or about	
<u> </u>		(If no reply receive						
8a. Name of Recognized or Certified Barr				and desires c b. Address	ertification under the	Act.		
United Production Workers Union, Local	17-18	,	73	5 Wythe Ave	nue, Brooklyn, NY			
8c. Tel No. (718) 875-2140	8d Cell No.	a compression and the second s	8e, Fax No			8f. E-Mail Add Info@local171		
8g. Affiliation, if any			8h, Date of R	ecognition or	Certification		Date of Current or Most Recent	
Independent			-ACRON WASHINGTON			October 5, 201		
9. Is there now a strike or picketing at the E							rticipating?	
(Name of labor organization)		, has pic	keted the Emp	oloyer since (A	nonth, Day, Year) _			
Organizations or individuals other than I known to have a representative interest in a	Petitioner and the	sse named in item:	s 8 and 9, whic	ch have claime	ed recognition as rep	oresentatives and	other organizations and individuals	
10a. Name	10b. Ad	idress	-		10c; Tel, No.		10d. Cell No.	
				.1	10e. Fax No.	47	10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.			our position with	h respect to	11a. Election Type		Mail Mixed Manual/Mail	
11b. Election Date(s): 10/17/19	6:30 to	lection Time(s): > 7:30 A.M.			11d, Election Loca 101 Railroad Ave,	Suite #2, Ridge		
12a. Full Name of Petitioner (including to Keystone Mountain Lakes Regional Court							city, state, and ZIP code) adelphia, PA 19130	
12c. Full name of national or international lunited Brotherhood of Carpenters	abor organization	of which Petitions	er is an affiliate	or constituen	t (if none, so state)			
12d. Tel No. (215) 569-0340	12e. Cell No.		12f, Fax N : (215) 56			12g. E-Mail A e.eggie-local6		
13. Representative of the Petitioner who	will accept ser	vice of all papers			entation proceedir			
13a. Name and Title Raymond G	6. Heinem	an, Esq.			d number, city, state 307, Iselin, NJ, 08830	, and ZiP code)		
13c. Tel No. 732-491-2104	13d. Cell No. 732-266-8287		13e, Fax N 732-491-2			13f. E-Mail Ad		
I declare that I have read the above petit				· · ·	viedge and belief.	Ic		
Name (Print) Signature Title Date								
Raymond G. Heineman	IM/		Attorney	A STATE OF THE PARTY OF THE PAR		Sept. 25,		
WILLFUL FALSE STATEME	ENTE ON THIS F	ETITION CAN BE	PUNISHED 6	BY FINE AND	IMPRISONMENT (J.S. CODE, TIT	E 18, SECTION 1001)	

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