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

DO NOT WRITE IN THIS SPACE						
Case No.	_	Date Filed				
	04-RC-244150	7/1/19				

<u> </u>									
(NSTRUCTIONS: Uniess a-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in t	must be accomp the petition of: (anied b	y both a sh Utlon; (2) S	owing of Interest (s Istement of Position	iee 6b below) and n form (Form NL	i e certificat RB-505); an	la Of service showin d (3) Description of	g service on Representation
 PURPOSE OF THIS PETITION; bargaining by Petitioner and Petit requests that the National Laboration 	oner destre	s to be certified a	a represe	entalive of th	te employees. The P	etitioner alleges	that the foll	owing circumstance	
a. Name of Employer:	-				Establishment(s) invo	•	-	, State, ZIP code):	
ACM Excel			5176	Harding	y highway May	slanding NJ	, 08330		
a. Employer Representative - Nan			3b. Add	ress (if sem	e as 2b - state same,):			
Geoff Berns/Melanie Cha	rleswort	h	same						
c. Tel. No. 509-625-1364	3d. Cell No			3e. Fax No),	3f. E-Mail A	ddress	•	
s. Type of Establishment (Fectory, I	nine, whole	seler, etc.)		4b. Princip	al Product or Service)	5a. City an	d State where unit is	located:
Architectural panel fabric	ation			Panel S	ystems		Maysian	ding NJ.	
b, Description of Unit Involved:							6a. Numbe	r of Employees in Un	it
ncluded: Panel fabricaters full∥	+ tima S	hon CNC or	nerate	w/fii11 <i>Re</i> e	art time sooki	na Bahinnin	7		
ixcluded:	t unie, 5	hop cire of	JOI ALC	(3/ LULIOC)	art milicipacku	ing Ocaliibadt		ubstantial number (30	% or more)
Owners & office staff,							of the	imployees in the unit	wish to be
hack One: 7a. Request for rec	ognition as	Bergaining Repre				75-2019 an	d Employer	seclined recognition	11 100 10110
on or about (Date) 7b. Petitioner is cui	<u>06-38</u>	2019 (If n		eceived, so	state).				
a. Name of Recognized or Certific						on under the Act.			
SMART LU# 27			,	,	Squankum-Ye	llowbrook re	l. no hox	847 Farmingd	ale NJ 07727
					oquaman 19		., po 00.	01,141111111111111111111111111111111111	
ic. Tel. No.	8d. Cell No			Se. Fax No	. 	8f. E-Mail A	ddress		-
732-919-1999	609-37	7-4515		732-93	8-7901	gnowat	nowatcki@smwlu27.org		
g. Affiliation, if eny:			₿ŧ	8h. Date of Recognition or Certification 18i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
International Association	SMAR1	<u> </u>				Recent Col	TURCE, IT BITY	(мопи, ову, теві)	
3. Is there now a strike or picketing a	t the Employ	er's establishme	nt(a) invo	olved? No	If so, appro	•		e are participating? _	
(Name of Labor Organization)								er since (Month, Day,	
Organizations or Individuals other individuals known to have a representation.								es end olher otgeniza	Mons and
ODLÇ Os. Name		10b. Address				10c. Tel. N		10d. Cell No.	
OB. HBITIS		IOD. AUDIBSS				100. 181. 10	J.	IOG. OBII NO.	
						10e. Fex N	o	10f. E-Mail Address	· · · · · · · · · · · · · · · · · · ·
1. Election Details: If the NLRB co	nducts and	election in this ma	itter, stal	e your posi	ion with respect to ar	ny such election:	11a. Electio	п Турв:	
							Manua Manua		RemileureM bex
1b. Election Date(s):		11c. Election Tir		. אופש			on Location(s	•	
July 25, 2019 2a. Full Name of Petitioner (Included		1,00	7m 1	0 8.00	12b. Address (street	f and number of	= 5hc	(P code):	
international Association					_			box 847 Fam	ingdal NI
					•	'n			
2c. Full name of national or internat		-				(if none, so state)	:		
nternational Asociation of			BIL LTB			140- 6 14-	Addaga		
zg. Tei. No. 732-919-1999	120. Cell N 609-37			121. Fax N 732-93		12g. E-Mal		vlu27.org	
3. Representative of the Paddons			all parv					T 142 / 101 K	
3a. Name and Title:					ss (street and numbe				
George Nowatcki/ Organize	r			322 Squ	ankum-Yellowb	rook rd Farm	ingdale n	07727	
3c. Tel. No.	13d. Cell N	<u> </u>		13a. Fax N		1	Address		
732-919-1999	609-37			732-93			cki@smv	vlu27.org	
declare that I have read the above	patition a			re true to ti	e best of my knowl				ID-to
Name (Print) George Nowatcki		Signature	1/2	aldr		Organizer			06.32-2019
CEOTE HOMBICKI				WI P		Olganized			וטב נגיפוון

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R C P E T I T I O N

DO NOT WRITE IN THIS SPACE							
Case No.		Date Filed					
	04-RC-244253	7/2/10					

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) **ESS Support Services LLC** 800 Kings Highway N, Suite 405, Cherry Hill, NJ 08034 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Tom Basehore, Regional Manager Same 3c Tel No 3d. Cell No. 3e Fax No 3f. E-Mail Address 856-482-0300 x 3263 N/A 856-334-1772 TBasehore@ESS.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service **Educational Staffing** Paraprofessional Services Winslow, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 150 Included: See attached A 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See attached A Petitioner? Yes 🗸 No 7/2/17 and Employer declined recognition on or about Request for recognition as Bargaining Representative was made on (Date) Check One: No Roply (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 None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification 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) 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10f. E-Mail Address None 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): 11c. Election Time(s); 11b. Election Date(s): mail ballot returned in two weeks US postat mail 7/15/19 - 7/26/19 12a. Full Name of Petitloner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Electrical Radio and Machine Workers of America (UE) c/o Karen Hardin One Gateway Center, Suite 1400, Pittsburgh, PA 15222 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Electrical, Radio and Machine Workers of America (U.E.) 12e. Cell No 12g. E-Mail Address 412-471-8919 440-645-8072 412-471-8999 karen.hardin@ueunion.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Michael J. Healey 13b. Address (street and number, city, state, and ZIP code) 247 Ft. Pitt Boulevard, Fourth Floor, Pittsburgh, PA 15222 13e. Fax No. 13f. E-Mail Address 13d. Cell No 13c, Tel No. mike@unionlawyers.net 412-760-0342 412-281-9509 412-391-7711 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title July 2, 2019 Attomey Michael J. Healey 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 A:

All full-time and regular part time paraprofessional classroom aides, primary classroom assistants and classroom assistants including one on one aides and non instructional aides, employed by the Employer in the Winslow, NJ Area School District;

Excluding all office clerical employees and guards, managerial employees and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.		Date Filed			
	04-RC-244290	7/2/19			

INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, wy	vw.nlrb.gov, submit a	n original of this	Petition to	o 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						
				1D 4012). THE SH	Jwilly Of	interest should only be thed	
1 PURPOSE OF THIS PETITION: RC	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 Petition	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 R	elations Board proc	eed under its pro	per authority pursuant to	Section 9 of the Nat	ional Labo	r Relations Act.	
2a. Name of Employer			dress(es) of Establishment	(s) involved (Street ar	d number,	city, State, ZIP code)	
Pone Electric, Inc.		P/	Vine Lane A Levittown 19054-				
3a. Employer Representative - Name	and Title		3b. Address (If same as				
Mike Pone	_		7 Vine Lane PA Levittown 1905	i4-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail A	Address	
(267) 249-1642				(poneelectric	@comcast.net	
4a. Type of Establishment (Factory, mir.	e, wholesaler, etc.)	4b. Principal pro	duct or service		5a. C	City and State where unit is located:	
Electronic Instr. & Contr	ols		Electrical Services	•		Levittown, PA	
5b. Description of Unit Involved		·				6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ad	ditional details					3	
000,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						6b. Do a substantial number (30%	
Evaludad		 -				or more) of the employees in the unit wish to be represented by the	
Excluded: See Attached Page 2 for ad	ditional details					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).							
7h Detitioner			o, so state). epresentative and desires o	antification under the	۸		
8a. Name of Recognized or Certified			8b. Address	ertification under the A	101.		
ba. Name of Necognized of Certified	parganing Agent (//	none, so statej.	OD. Madicas				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail A	Address	
				ì			
8g. Affiliation, if any			8h. Date of Recognition or			on Date of Current or Most Recent	
					Contract, if	any (Month, Day, Year)	
			<u> </u>				
9. Is there now a strike or picketing at the	e Employer's establis	hment(s) involved	? If so, approxi	imately how many em	oloyees are	participating?	
(Name of labor organization)		, has pick	eted the Employer since (A	Month, Day, Year)		·	
10. Organizations or individuals other th	an Petitioner and tho	se named in items	8 and 9, which have claims	ed recognition as repre	esentatives	and other organizations and individuals	
known to have a representative interest	in any employees in	the unit described i	in item 5b above. (If none,	so state)		Ť	
						·	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				40- FN-		405 F Mail Address	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	ucts an election in thi	e matter state you	r nosition with respect to	44a Flaskas Tunai	- Manual	A Dail D Mined Manual/Mail	
any such election.	ucis an election in th	s matter, state you	position with respect to	11a. Election Type:	171 Manua	al Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Location	on(s):		
July 5, 2019	9:00 a.i			Employer's Office			
12a. Full Name of Petitioner (including	g local name and nu	ımber)		12b. Address (street	and numb	er, city, state, and ZIP code)	
Richard Donovan International Brotherhood of Electrical Workers	Local Union No. 269			670 Whitehead Road NJ Lawrenceville 086	48		
12c. Full name of national or internation International Brotherhood of Electrical W	al labor organization orkers	of which Petitioner	is an affiliate or constituen	t (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mai	Address	
(609) 394-8129	(215) 787-7953		(609) 599-2998			bew269.com	
13. Representative of the Petitioner v	ho will accept servi	ce of all papers for					
13a. Name and Title			13b. Address (street and		nd ZIP cod	(e)	
Andrew L. Watson, Attorney Pellettieri, Rabstein & Altman			989 Lenox Drive, First F NJ Lawrenceville 08648	loor -			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail		
(609) 520-0900	(609) 520-0900		(609) 896-1265		awatson@	pralaw.com	
I declare that I have read the above p	etition and that the	statements are tru	e to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Date		
Richard Donovan	Richard Donovan		Small Work Representat	ive		019 12:27:30	
Nichard Bonovan						TI E 40 DEOTION 4004	

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

Employees Included Electricians

Employees Excluded None

DO NOT WRITE IN THIS SPACE					
Case Date Filed					
04-RC-244290	7/2/19				

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	04-RC-244824	Date Filed	1	7/15/19			

INSTRUCTIONS: Unless e-Filed in which the employer concerne of service showing service on the (Form NLRB-505); and (3) Described the NLRB and should not be serviced.	ed is located. The he employer and ription of Repres he served on the	e petition must all other parties entation Case F employer or an	be accompanied by to s named in the petition Procedures (Form NLI y other party.	ooth a showing of on of: (1) the petitic RB 4812). The sho	interest (see on; (2) State owing 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	CERTIFICATION OF er desires to be certifi	REPRESENTATION PROPERTY IN REPRESENTATION PROPER	VE - A substantial number re of the employees. The per authority pursuant to	Petitioner alleges that Section 9 of the Nati	the following onal Labor Re	circumstances exist and lations Act.	
2a. Name of Employer	*,	2b. Ad	dress(es) of Establishment	t(s) involved (Street and	d number, city,	State, ZIP code)	
New Penn Motor Express, LLC 3a. Employer Representative – Name	and Title		Cinnaminson 08077- 3b. Address (If same as	2h state came)			
Dan Schmidt	and muc	,	625 South Fifth Av PA Lebanon 1704				
3c. Tel. No.	3d. Cell No.		PA Lebanon 1704: 3e. Fax No.		f. E-Mail Addr	000	
	(717) 269-6513	3	Co. Tax No.	J	dschmidt@newpe		
4a. Type of Establishment (Factory, min		4b. Principal prod	duct or service		5a. City a	nd State where unit is located:	
Transportation			Terminal and Transport	tation	_	Palmyra, NJ	
5b. Description of Unit Involved	•					6a. No. of Employees in Unit:	
Included: See Attached Page 2 for add	ditional details				<u></u>	6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for additional details or more) of the employees in the unit wish to be represented by the							
						Petitioner? Yes [No []	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/15/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 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. 8e. Fax No.				- 8	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 th	e Employer's establis	shment(s) involved	No If so, approx	mately how many emp	loyees are par	ticipating?	
(Name of labor organization)							
10. Organizations or individuals other th known to have a representative interest					sentatives 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: 📝 Manual 🦳 Mail Mixed Manual/Mail			
11b. Election Date(s): July 31, 2019	2:00 p.s	lection Time(s): m. to 6:00 p.m.		Employee Breakroom	11d. Election Location(s): Employee Breakroom at Employer's facility.		
12a. Full Name of Petitioner (<i>includin</i> Shawn Dougherty Teamsters Local 107			•	12275 Townsend Road PA Philadelphia 19154	and number, c	ity, state, and ZIP code)	
12c. Full name of national or international International Brotherhood of Teamsters		of which Petitioner					
12d. Tel No. (215) 552-0070	12e. Cell No.		12f. Fax No. (215) 552-0071	s	I2g. E-Mail Add dougherty@te	amsters107.com	
13a. Name and Title Lance Geren Attorney for Teamsters Loc O'Donoghue & O'Donoghue, LLP	Lance Geren Attorney for Teamsters Local 107 325 Chestnut Street Suite 600						
13c. Tel No. (215) 629-4970	13d. Cell No. (202) 805-6148	•	13e. Fax No. (215) 629-4996		I3f. E-Mail Add geren@odonog		
I declare that I have read the above p				ledge and belief.	<u> </u>	·	
Name (Print)	Signature		Title	-	Date		
Lance Geren	Lance Geren Attorney for Teamsters Local 107 07/15/2019 07:21:28						

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			
	04-RC-244824	7/15/19			

Employees Included

All full-time and regular part-time clerical employees employed by the Employer at its 2300 Garry Road, Cinnaminson, New Jersey facility.

Employees Excluded

All other employees, managerial employees, guards and supervisors within the meaning of the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	04-RC-244892	Date Filed			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb"gov/s, 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): HHS 9990 Verree Road, Philadelphia, PA 19115 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Lisa Molnar, President Human Capital 12495 Silver Creek Road, Dripping Spring, TX 78620 Mgmt 3c. Tel. No. 3d, Cell No. 3e, Fax No. 3f. E-Mail Address 512-478-1888 512-591-0125 Lisam@hhs1.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a, City and State where unit is located: Healthcare and Support Services Housekeeping & laundry service Philadelphia, PA 5b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: 13 All full-time and regular part-time housekeeping and laundry employees. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? All other employees, supervisors and guards as defined by the Act. Check One: 🗵 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) no reply received (If no reply received, so state). July 11, 2019 and Employer declined recognition 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 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) 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: Request that employees be permitted to self-release in order to vote. X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): July 24, 2019 2 p.m. to 4 p.m. conference rm. at 9990 Verree Rd., Phila. PA 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): Retail, Wholesale and Department Store Union, Local 108 1576 Springfield Avenue, Maplewood, NJ 07040 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers Union International Union 12d. Tel. No. 12e, Cell No. 12f. Fax No. 12q. E-Mail Address 973-762-7224 973-762-6065 cnhallir108@aol.com 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): Wendy Chierici, Esquire 230 S. Broad Street, Suite 1400, Phila. PA 19102 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 215-732-0101 215-298-3808 215-732-7790 wchierici@spearwilderman.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title 7/15/2019 Union Counsel

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN 1	HIS SPACE
Case No.	Date Filed
04-RC-244895	7-16-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, [WWW.ni/b goV/s], 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 perties 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 filled 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 amployees wish to be represented for purposes of collective bargaining by Pelitioner 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): Prizer Painter Stove Works 318 June Ave, Blandon PA 19510 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Gregory Rollin / General Manager 318 June Ave, Blandon PA 19510 3d. Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mall Address 610.376.7479 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: stoves, refrigerators. Reading PA Factory 6b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 120 Assembly, manufacturing, paint, polish, shipping, break press, welders and fridge department 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? 区 Yes Excluded: Office, management, supervisors and all others excluded under the act, Check One: [x] 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: 8e. Fax No. 8c. Tel. No. 8d. Call No. 8f. E-Mall Address 8g. Affiliation, If any: 8h. Date of Recognition or Cartification 8l. 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) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address William Dorward 1301 S Columbus Blvd Philadelphia PA 19147 215.952:1999 610.633.6494 10e, Fax No. 10f F-Mail Address bdorward2@lu19.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: Manual Mall Mixed Manual/Mall 11b. Election Date(s): 11c, Election Time(s): 11d Election Location(s): August 9th 2019 2:30 pm 318 June Ave, Blandon PA 19510 12s. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code) 1301 S Columbus Blvd Philadelphia PA 19147 **SMART Local 19** 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): (smart) Sheet Metal air rail & transportation workers international association 12d. Tel. No. 12e. Cell No. 121. Fax No. 12g. E-Mail Address 215.952.1999 610.633.6494 215.952.0250 bdorward2@lu19.com 13. Representative of the Petitioner who will accept sorvice of all papers for purposes of the representation proceeding. 13a, Name and Title: 13b. Address (street and number, city, State and ZIP code): 1301 S Columbus Blvd Philadelphia PA 19147 William Dorward / Area Marketing Representative 13d, Cell No. 13f. E-Mall Address 13c, Tel. No. 13e. Fax No. 215.952.1999 610.633.6494 215.952.0250 bdorward2@lu19.com I declare that I have road the above polition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title William Dorward William Area Marketing Representative

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 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or illigation. 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 OF AMERICA NATIONAL LABOR RELATIONS BOARD

	04-RC-245061 7/17/19					
INSTRUCTIONS: Unless e-Filed using employer concerned is located. The the employer and all other parties na Case Procedures (Form NLRB 4812).	petition must be accompanied med in the petition of: (1) the	l by both a showing of interest (s petition; (2) Statement of Position	ee 6b below) and n form (Form NLR	a certificate B-505); and	e of service sho I (3) Description	on in which the owing service on n of Representation
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certified as repre	esentative of the employees. The P	etitioner alleges t	hat the follo	wing circumst	ances exist and
2a. Name of Employer:	2b. A	ddress(es) of Establishment(s) invo	olved (Street and n	umber, City,	State, ZIP code):
PHMC (Aublich	Conference	00 Market street s		Philadelpl	hia, PA 191	102
3a. Employer Representative - Name a Robert Heininger Medical		ddress (if same as 2b - state same,): 			
215-485-2500 1-	1. Cell No. 267-315-4445	3e. Fax No. 215-985-2560		gere pl	tmc.org	
4a. Type of Establishment (Factory, min Community Hea 5b. Description of Unit Involved:	e, wholesaler, etc.)	4b. Principal Product or Service Community Health		Philad	State where un	
included: Medical assistan	its 4 non-provessiona	1 starf		oa. Number	7	ii Oiiit.
Excluded: All other empl	byees guards and	I supervisor as define	elbythe Het	6b. Do a su of the er represer	bstantial numbe nployees in the nted by the Petit	
Check One: 7a. Request for recogn on or about (Date) 7b. Petitioner is curren	(If no reply	tive was made on (Date) y received, so state). epresentative and desires certification		Employer de	eclined recogniti	ion
8a. Name of Recognized or Certified E		tate) 8b. Address:		11 1	ე.ტ	17116
SETU 668 Kand	all Bacon H	2589 Interst				
917-657-7677	1. Cell No. H12 · 708 -8566	8e. Fax No. 717-657-7662			seinble8.0	rg
Bg. Affiliation, if any: Service employees Inter		8h. Date of Recognition or Certifica			rrent or Most Month, Day, Yea	ar)
Is there now a strike or picketing at th (Name of Labor Organization)	e Employer's establishment(s) ir	nvolved? If so, appro	ximately how many , has picketed		are participating r since (Month,	
Organizations or individuals other the individuals known to have a representation					s and other orga	anizations and
10a. Name	10b. Address		10c. Tel. No		10d. Cell No.	
	-		10e. Fax No		10f. E-Mail Add	ress
11. Election Details: If the NLRB condu	icts and election in this matter, s	state your position with respect to an	ny such election: 1	1a. Election Manual		Mixed Manual/Mail
11b. Election Date(s): 7/31/19 8/1/19	11c. Election Time(s):	le see attached	1 1	Location(s)		hod
12a. Full Name of Petitioner (including Randall E. Becon II	local name and number):	12b. Address (stree	t and number, city,	State and Z	IP code):	9A 17110
12c. Full name of national or internation	al labor organization of which Pe		(if none, so state):			
Dervice Employed	es <u>Internation</u> le. Cell No.	12f. Fax No.	12g. E-Mail	Address		
202 730 - 760 8	the will accent service of all na	aners for nurnoses of the represe		i.org/		
13a. Name and Title:	Organizing Divecto	13b. Address (street and number	er, city, State and a	ZIP code):	urg, PH	17110
412-708-8566	id. Cell No. 412 - 708-8506	13e. Fax No. 717-457-7662	13f. E-Mail A	Address bacon	seiub68.	srg
I declare that I have read the above po		s are true to the best of my knowl	edge and belief. Title		···	Date
Randall E. Bacon II	Signature	& Bounts	Organiz	ing D	rector	7/17/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	04-RC-245349	7/24/19			

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 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): 2a. Name of Employer: JWT Wholesale Tire Company 4667 Somerton Road, Unit H Trevose, PA 19053 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Steve Ira, General Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (267) 778-9923 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Wholesaler Trevose, PA Tires 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 12 All drivers employed at the Employer's Trevose, PA facility. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be All other employees, guards and supervisors defined in the Act. represented by the Petitioner? ☒ Yes ☐ No Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) 07/22/19 and Employer declined recognition on or about (Date) no reply received (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: 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? N_0 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 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type On site election at earliest possible date. Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Wednesday July 30, 2019 Between 3 p.m. and 6 p.m. Employer's facility 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code): Teamsters Local 929, affiliated with IBT and Teamsters 4345 Frankford Avenue Philadelphia, PA 19124 Joint Council No. 53 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 12g. E-Mail Address 12e. Cell No. 12d. Tel. No. 12f. Fax No. 215-288-8128 (215) 288-1430 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: Same John Bryan, Recording Secretary 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel. No. john.bryan@teamsterslocal929.org 267-972-9910 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title 07/22/19 Counsel Neal Goldstein

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

DO NOT WRITE IN THIS SPACE					
Case No.		Date Filed			
	04-RC-245703	7/30/19			

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INSTRUCTIONS: Unless e-Filed u. employer concerned is located. T the employer and all other perties Case Procedures (Form NLRB 48	he petition named in 12). The sh	must be accomp the petition of: (1 lowing of interes	panied by 1) the per t should	y both a : tition; (2) only be f	showing of interest (so) Statement of Position filed with the NLRB an	ee 6b n form nd sho	below) and r (Form NLF ould not be	a certificat RB-505); an served on t	e of service sho d (3) Description he employer or	owing s n of Rei any oth	ervice on presentation ter party.
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desire	es to be certified a	s represe	entative of	f the employees. The Pe	etitior	ner alleges t	that the foll	owing circumst	апсев е	ellective exist and
2a. Name of Employer. Mountain View Care & Rehabilitation Center 2			2b. Add 2309	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2309 Stafford Avenue, Scranton, PA. 18505							
				3b. Address (if same as 2b - state same): Same							
3c. Tel. No. (570)341-0050	3d. Cell No.			3e. Fax (570)3	No. 341-0051	3f. E-Mail Address ceo@mountain			viewscranton.org		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home				4b. Principal Product or Service 5a. City and Stat Patient Care Scranton, I				nit is loca	ated:		
5b. Description of Unit Involved: Included: All Regular Full Time & Part Time Laundry, HouseKeepir				6a. Number of Employees in Unit:							
Excluded: All Other Employees, Supervisors and Guards as				efined by the Act				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No			h to be
Check One: X 7a, Request for reconstruction on or about (Date) 7b. Petitioner is cur		(If n	o reply re	ceived, s		/30/19		Employer o	leclined recogniti	on	
Ba. Name of Recognized or Certifie					Address:						
Bc, Tel. No.	8d, Cell No).		8e. Fax No.			8f. E-Mail Address				
3g. Affiliation, if any:			8h	. Date of	Recognition or Certifica				irrent or Most (Month, Day, Yea	ar)	
3. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) invo	lved?	If so, approx	ximate	ely how man	y employee:	are participating	3?	
(Name of Labor Organization)		····				, h	as picketed	the Employ	er since (Month,	Day, Ye	ar)
 Organizations or individuals other individuals known to have a repre 									es and other orga	inization	s and
10a. Name	ĺ	10b. Address					10c. Tel. No	١.	10d. Cell No.		
							10e. Fax No).	10f. E-Mail Add	ress	
11. Election Details: If the NLRB con The Petitioner Request an				e your po:	sition with respect to an	y sucl	h election:] Mixed	Manual/Mail
11b. Election Date(s): 11c. Election Time(s) 8/14/19 6:00AM - 8:00								on Location(s): Chapel Room at Employers Facility			
12a. Full Name of Petitioner (include Retail, Wholesale & Depa	rtment S	Store Union ((RWD		12b. Address (street 370 Seventh A	ven	ue Suite	501 Nev		1000	1
izc. Full name of national or internati Retail, Wholesale & Depa						Wor	kers (RV	VDSU-U	JFCW)		
12d. Tel. No. (917)653-2932	12e. Cell No. (917)653-2932			(212)779-2809 pt		12g. E-Mail Address pbazemore@rwdsu.org					
 Representative of the Petitioner who will accept service of all papers. Name and Title: Paul Bazemore, Organizer 			13b. Address (street and number, city, State and ZIP code): 370 Seventh Avenue Suite 501 New York, NY 10001								
13c. Tel. No. (917)653-2932	-2932 13d, Cell No. (917)653-2932					13f. E-Mail Address pbazemore@rwdsu.org					
declare that I have read the above	petition a			e true to	the best of my knowle						Date
^{Name (Print)} Paul Bazemore		Signature	1	9_		Or	ganizer			ļ	Date 07/30/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.

DO NOT WRITE IN THIS SPACE

Date Filed

04-RD-244543

7/09/19

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.

PURPOSE OF THIS PETITION: RD recognized bargaining representative Labor Relations Board proceed ur	is no longer their represent	ative. The Petitioner alleges that	t the following circumstances	ees assert that the certified or currently exist and requests that the National
2a. Name of Employer			nt(s) involved (Street and number	r, city, state, ZIP code)
(Jarda World		500 Corporate	Ur Bldg 5 Ke	ading PA 19605
3a. Employer Representative - Name		3b. Address (If same as 2b - sta	ite same)	0
Erwin Ortega Br	anch Manager	Same		
	ax No.	3e. Cell No.	3f. E-Mail Address	- 1
	10-926-7485	610-763-4156	Erwin. Orteg	a @ Garda.com
4a. Type of Establishment (Factory, min				Se .
Transportation	Company		Logistics	
5a. Description of Unit Involved Included:				5b. City and State where unit is located:
SEE ATTACK	hed Downer	rts)		Philadelphia PA. 19148
Excluded.				PA. 19148
6. No. of Employees in Unit	Do a substantial number recognized bargaining recognized			represented by the certified or currently
8a. Name of Recognized or Certified Ba	rgaining Agent	SPFPA	8b. Affiliation, if ar	ıy
Security Police Fire	Professionals o	of America Local C)nion(s 04)	
8c. Address	110,000.01 4.0	8d. Tel. No.		
2509 S. Broad str	eet (suite 201)	1877-3	386-1067	
Philadelphia, DA19	148	8f. Fax No.	8g. E-Mail Addres	
printage print pril 1	ודט	1877-3	786-1067 Local 500	SPFPA & Juno. com
9. Date of Recognition or Certification 2/2/2009			Most Recent Contract, if any (A	
11a. Is there now a strike or picketing at	the Employer's establishmen			many employees are participating? 24
			11b. II so, approximately now	
11c. The Employer has been picketed b	y or on behalf of (Insert Nar	NONE		a labor organization, of
(Insert Address)				nce (Month, Day, Year)
12. Organizations or individuals other th				rganizations
and individuals known to have a rep 12a. Name	12b. Address	ipioyees in the unit described in i	12c. Tel. No.	12d. Fax No.
NONE			12e. Cell No.	12f. E-Mail Address
	•		126. 061/140.	121. E-Mail Address
Election Details: If the NLRB cond matter, state your position with respe			13a. Election Type: Manu	al Mail Mixed Manual/Mail
13b. Election Date(s)	13c. Election Tir	ne(s)	13d. Election Location(s)	
JUN 19 201	9 6 P	vi .	GARRIA READ	ing PARKING LOT
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	- GARDA	world Ren	-	EZMINAL
b) (6), (b) (7)(C)	arate 71P c (b) (8), (b) (7)(c)	(b	diwq PA 7	14c. Fax No.
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		(6), (b) (7)(C)	14e. E-Mail Address
14f. Affiliation, if any	···		(-), (-) (-)	
15. Representative of the Petitioner w	the will accept service of a	I nanore for nurneges of the re-	propertation proposition	
45 - Noved	nto will accept service of a	papers for purposes of the re		
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)	106. 1 dx 110.
(b) (6), (b) (7)(C)	b) (6), (b) (7)(C)		b) (6), (b) (7)(C)	15g. E-Mail Address
I dealers that I have seed the st	(v) (v), (v) (7)(C)			
I declare that I have read the above po		b) (6), (b) (7)(C) ^{my} x		In-1- 5%-4
Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)			b) (6), (b) (7)(C)	Date Filed
WILLFUL FALSE STATE		VĒ.		TLE 18, SECTION 1001)

LABOR AGREEMENT

THIS LABOR AGREEMENT, entered into this 08 day of September, 2017, by and between GARDA CL ATLANTIC, INC. ("GCLA") hereinafter referred to as "GCLA" or "Company", and INTERNATIONAL UNION, SECURITY POLICE AND FIRE PROFESSIONALS OF AMERICA ("SPFPA") and its Amalgamated Local 506, hereinafter designated as "Union", made and entered into for the purpose of fixing the scale of wages, schedule of hours and certain rules and regulations affecting employees covered pursuant to the terms hereof.

PREAMBLE

It is the intention and purpose of the parties to improve labor relations among the Company, its employees and the Union, and to further the advancement of the armored car industry.

- B. Towards this end, it is the intention of the parties to set forth in this agreement, the rates of pay, hours of work and other conditions of employment, for all employees coming under the jurisdiction of the Union and covered by this agreement; to provide procedures for the equitable adjustment of grievances; and to prevent lock-outs, strikes, work stoppages or any other interference with the operation of the Company during the life of the agreement.
- C. It is understood that the Company shall not unfairly coerce employees in the performance of their duties.
- D. Employees are required to conduct themselves in a professional manner and to comply with generally understood principles of moral conduct, integrity and work ethics, at all times.
- E. It is with this understanding that this agreement is entered into between the Union, the Company, and its employees.

IN CONSIDERATION of the mutual promises and covenants herein set forth and contained, the parties hereto agree as follows:



The Company recognizes the Union as the exclusive representative for purposes of collective bargaining for all Drivers, Driver/Guards, Driver/Messengers, ATM Drivers, and Vault/Route Custodians performing Guard

duties as-defined in Section 9(b)(3) of the National Labor Relations Act, as amended; who are employed by the Employer at its 500 Corporate Drive, Rear Building 5, Reading, PA facility. Excluding all other employees, including cash processing tellers, money room employees, office clerical employees, professional employees and supervisors as defined in the Act and pursuant to NLRB Case No. 4-RC-21516 dated February 2, 2009.

ARTICLE 2 - BULLETIN BOARD, ACCESS AND SHOP STEWARDS:

- (a) <u>Shop Stewards</u> Company recognizes the right of the Local Union to designate Stewards and alternates from the Company's seniority list. The authority of the Stewards and alternates so designated shall be limited to and shall not exceed the following duties and activities:
- (i) The investigation and presentation of grievances to the Company or the designated Company representative in accordance with the collective bargaining agreement;
- (ii) The transmission of such messages and information, which shall originate with, and be authorized by, the Local Union or its officers provided such information and/or message:
 - (I) Has been reduced to writing; or
- (II) If not reduced to writing, are of a routine nature and do not involve work stoppages, slowdowns, refusal to handle goods, or any other interference with the Company's business.

The Union agrees to these limitations upon the authorized Stewards and alternates. The Union shall not be liable for unauthorized acts of the Stewards.

The Steward or the alternate shall be permitted reasonable time to investigate, present grievances and process grievances. Where mutually agreed to by the Local Union and the Company, the Steward and/or the alternate may investigate grievances off the property or other than during their regular schedule with the exception of during an unpaid meal break applicable to all persons involved. The Company recognizes the right of the Steward and/or his or her alternate to be represented by another Steward or alternate should such Steward or alternate reasonably contemplate disciplinary action.

(b) <u>Bulletin Board and Access</u> - Subject to prior notice and approval by the Company, the Company agrees that authorized union representatives will have access to designated areas of the Company's facility for the purpose of providing representation of bargaining unit members and the carrying out of other legitimate Union business. It is understood that the Company will not unreasonably withhold visitation approval as contemplated herein.

Upon execution by the parties, this Agreement shall be effective as of July 2, 2016, and shall remain in full force and effect through midnight, July 1, 2019.

IN WITNESS WHEREOF, the parties executed by the respective officers thereur , 2017.	hereto have caused this Agreement to be nto duly authorized this day of
INTERNATIONAL SEGURITY POLICE AND FIRE PROFESSIONALS OF AMERICA, AMALGAMATED Local 506 By: And A Conferd Its: INTERNATIONAL VIP., REGION I By: Local 506 STPPA	FOR THE COMPANY: GARDA CL ATLANTIC, INC. By: Its: REGIONAL DIRECTONS EMPLOYEE & LABOR RELATIONS
Ву:	्राच्या । विकास क्षेत्र । विका विकास
Its:	

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

Case No.

DO NOT WRITE IN THIS SPACE

Date Filed

04-RM-245364 7/24/19 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 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 of 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(es) of Establishment(s) involved (Street and number, City, State, ZIP code): St. Mary Medical Center 1201 Langhorne-Newtown Road, Langhorne, PA 19047 3a. Employer/Petitioner Representative - Name and Title: 3b. Address (if same as 2b - state same): Dr. Larry Brilliant, President Same 3c. Tel. No. 3d. Cell No. 3e, Fax No. 3f. E-Mail Address 215-710-2006 215-990-8829 610-988-0868 LBrilliant@stmaryhealthcare.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Hospital Health Care 5a. Description of Unit Involved: 5b. City and State where unit is located: Included: Langhorne, PA See Exhibit A. Excluded: 6. Number of Employees in Unit: See Exhibit A 821 Unless a charge alleging a violation of Section 8(b)(7) is panding, check EITHER item 7a or 7b, whichever is applicable 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8a. Name of Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any: N/A 8c. Address: 8d Tel No 8e. Cell No. 8f. Fax No. 8q. E-Mail Address 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year). N/A 11 . Is there now a strike or picketing at the Employer's establishment(s) involved? $N_{
m O}$ 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 organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) Pennsylvania Association of Staff Nurses and Allied Professionals. 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. PASNAP 1 Fayette Street, Suite 475 215-360-1251 12f. E-Mail Address Conshohocken, PA 19428 12e. Fax No. 610-567-2915 mark@pasnap.com 13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 13a. Election Type: x Manual Mail Mixed Manual/Mail 13b. Election Date(s): 13c. Election Time(s): 13d, Election Location(s): 6:30a-9:30a;11:00a-2:00p;6:30p-9:30p Medical Staff Conference Room Aug. 22 & Aug 23 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14a. Name and Title: 14b. Address (street and number, city, State and ZIP code): Michael G. Tierce 1818 Market Street, 29th Floor, Philadelphia PA 19103 14d. Cell No. 14f, E-Mail Address 14c. Tel. No. 14e. Fax No. 215-751-2865 215-990-8829 610-988-0868 mgt@stevenslee.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) Title Michael G. Tierce 7/28/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801) PRIVACY ACT STATEMENT

Attorney

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 may cause the NLRB to decline to invoke its processes

Exhibit A to RM Petition

Unit Description:

Included: All full-time, part-time, per diem and pool Registered Nurses employed by the Employer at its facility located at 1201 Langhorne-Newtown Road, Langhorne, PA 19047

Excluded: All other employees, physicians, other professional employees, technical employees, service and maintenance employees, skilled maintenance employees, business office clerical employees, guards and supervisors, as defined by the Act.