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

DO NOT WRITE IN THIS SPACE Date Filed Case No. 04-RC-243167 6/12/10

									12/1/
INSTRUCTIONS: Unless o-filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he pelition must to nemed in the pet 12), The showing	os accompi High of: (1) of interest	anice by j tho pet should (	ition; (2) \$ti only be filed	wing ar interest (200 etement of Position ( d with the NLRB and	form (Form N should not b	LRB-505); and o served on ti	f (3) Description of Re he amployer of any oli	presentation nor party.
1, PURPOSE OF THIS PETITION: R bargaining by Petitioner and Peliti requests that the National Labo	ed al Perisah seasi	certified as d proceed u	represei under itz	nistive of the proper aut	e employees. The Pol Therity pursuant to S	luoner alloge action 9 of th	s that the folio • National Lai	bor Rolations Act.	cRective exist and
Za. Name of Employer:				•	siablishmani(s) involv			State, ZIP codej:	(
Ross Mechanical Group			309 C	'amer Di	rive, Unit I, Bei	nsalem, P.	A 19020		
3a. Employer Representative - Nan	na and Tille:		3b. Addi	033 (il \$0mi	os 26 - sialo semo):				
Ross Goldstein, President	/Owner		same						
3c. Tel. No. 267-552-8335	3d. Cell No. 267-234-13	79		3e. Fax No. 215-914	1-0309	JI. E-Mai rmghv	Address ac@rmgh	vac.com	
4a. Type of Establishment (Factory, I	mine, wholeseler, (	alc.)			ol Product or Service		5a. City an	d State where unit is for	cated:
HVAC Installation/servic	e			HVAC			Bensalen	n, PA	
5b. Description of Unit involved:							6a. Numbe	ir of Employees in Unit:	
Included:		<b>0</b>	<b>~</b> - 1	• - •			3		
Excluded:  6b. Do n substantial number (30% or nipro)  of the employees in the unit wish to be							sh to be		
Chrick One [x] 78. Request for rec	constion as Barna	ining Regre	sentalive	was made	on (Date) 5-2	8-19		onted by the Petitioner?	¥ Yes No
on or about (Date)	n/a	(3 <b>1</b> na	o reply re	celved, so	stato).		•		
7b. Pelitioner is cu						n under the Ac	1		
8a. Name of Recognized or Certific NONE	ad Bergaining Ag	ent ( <i>II non</i> e	), 80 <b>S</b> IBT	e)   8b. Ad	d/698:				
8c. Tel. No. 8d, Cell No. 8s. Fax No. 8s. E-Mail Address									
8g. Affiliation, if any:			8	i. Date of R	ecognition or Certificat	Recent (	ition Oslo of C Contract, if any	urrent of Most (Month, Day, Year)	
9. Is there now a strike or picketing a	it the Employer's e	stoblishme	ni(s) invo	Ivea? No	If so, approx	imately how n	any employee	s are participating?	
(Name of Labor Organization)					<del></del>	, has picke	ed the Employ	er since (Mosth, Day, Y	'esr)
10. Organizations or individuals othe individuals known to have a repri								es and other engentzation	ons and
10a Name	1105	Address				10c, Tel.	No	10d. Call No.	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				10e. Fax			
dd Stanlan David Water All DD		1-1-1-1						101. E-Mail Address	· · · · · · · · · · · · · · · · · · ·
11. Election Details: If the NLRB co				a your posic	Stri with 162 both 30 Stri		🗵 Мали	BI Mail Mixe	ManuaVMeil
11b. Election Data(s): 6-28-19			am			309 (	amer Dev	unit I Bensul	on AA
12a. Full Name of Patitiones (inclus	-	d number):			12b. Address (street			•	<del>-/- </del> -
Sheet Metal Workers Loc					1301 S Colum		-	nia, PA 19147	
12c. Full name of national or International Assn of She	et Metal, Air	tation of wh r, Rail, T	ich Petit Fransp	ortation	(SMART) Unio	vi none, so ste on, AFL-C	1e): 210		
12d. Tel. No. 12e. Cell No. 12l. Fax No. 12g. E-Mail Address 215-952-1999 215-689-2894 Jkeenan@lu19.com									
13. Representative of the Petitions			I ali pape			ntalion proce	eding.	.0111	
13a. Name and Title: James Keenan, III, Area Ma				13b, Addra	ss <i>(street and numbei</i> Columbus Blvd, l	t. city. State a	nd ZiP code):	7	
13c, Tel. No.	13d. Cell No.			13e. Fax N	lo .	127 6 14	ali Address	<del></del>	
215-952-1999	215-760-21	99		215-689	9-2894	Jkeen	an@lu19	:om	
I doctare that I have read the above	o pelltion and tha	t the state	ments a	e true to th	to best of my knowla	ilge and beli	)t.	· V / / )	<del></del>
Name (Print)		Signature	, ,	111	de	Tille			Date
James Keenan, III				ブル		Area Ma	rketing Re	presentative	6-12-19

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

Case No.

04-RC-243200

Date.Filed..

DO NOT WRITE IN THIS SPACE

				•	T-11C2	43209 6/	13/12
INSTRUCTIONS: Unless e-Filed using the Agemployer concerned is located. The petition the employer and all other parties named in Case Procedures (Form NLRB 4812). The sh	must be accompanied the petition of: (1) the p	by both a showi etition; (2) State	ng of interest (see ( ment of Position fo	6b below) and orm (Form NLI	l a certificat RB-505); an	te of service showing sei d (3) Description of Repr	rvice on resentation
PURPOSE OF THIS PETITION: RC-CERTIF bargaining by Petitioner and Petitioner desire requests that the National Labor Relations	es to be certified as repres	sentative of the e	nployees. <b>The Petit</b> i	ioner alleges	that the foll	owing circumstances ex	
Public Health Management	Compountion 25. Add	ldress(es) of Esta so Market Her Square	blishment(s) involved 3+. Philade East	d (Street and response)	number, City A 1910	, State, ZIP code):	
3a. Employer Representative - Name and Title			2b - state same):				
Pamela Natel		same		lor 5 m n			
3c. Tel. No. 215-985-6887		3e. Fax No.	j-2550	3f. E-Mail A	daress KULD T	mch oca	
4a. Type of Establishment (Factory, mine, whole Public Health Clinics	esaler, etc.)	4b. Principal P	roduct or Service		5a. City ah Philac	d State where unit Glocat	ed:
5b. Description of Unit Involved: ncluded: Nurse practioners, care of Consultants, Nurses, Specialists, pr	nanagers, social wor	Kers, Physic	ian's Hasistant	bs, Physician		er of Employee's in Unit:	
Excluded:	•				6b. Do a si of the e	ubstantial number (30% or employees in the unit wish ented by the Petitioner?	tø∕be
Check One: 7a. Request for recognition as on or about (Date)  7b. Petitioner is currently recognition.	(If no reply	received, so state	e). ————————————————————————————————————		d Employer o	declined recognition	
Ba. Name of Recognized or Certified Bargain Kandall E. Bacon II					Harrish	ourg, PA 1711	Õ
8c. Tel. No. 8d. Cell No. 4/2-	708-8566	8e. Fax No. 717-65	7-7662	8f. E-Majl A	ddress 11. bacc	meserubbs.org	
Bg. Affiliation, if any: SEIU Local 668		3h. Date of Reco	nition or Certification			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing at the Emplo	yer's establishment(s) inv	olved? NO	If so, approxim	ately how man	y employee:	s are participating?	7
(Name of Labor Organization)				, has picketed	the Employ	er since (Month, Day, Yea	ONIA
<ol> <li>Organizations or individuals other than Petiti individuals known to have a representative in</li> </ol>	oner and those named in hterest in any employees	items 8 and 9, w in the unit descrit	nich have claimed re bed in item 5b above	cognition as re . (If none, so s	epresentative tate)	es and other organizations	and
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, sta	ate your position	with respect to any s	uch election:	_/.		Manual/Mail
11b. Election Date(s): 6-26-19	11c. Election Time(s): 8AM - 10	AM 4/3	30 PM- 6 PW	11d. Election	n Location(s	ocadions	
12a. Full Name of Petitioner (including local na	me and number):	121	. Address (street an	d number, city	State and 2	ZIP code):	
Service Employees Union Internation	1,					c location	1.5
12c. Full name of national or international labor  Servic Employees J  12d. Tel. No. J 12e. Cell 1	organization of which Peti	itioner is an affilia	te or constituent (if $n$	none, so state). (	:		
12d. Tel. No. 12e. Cell N	No.	12f. Fax No.		12g. E-Mail	Address		
13. Representative of the Petitioner who will 13a. Name and Title:  Randall E. Bacon'tt organ	_	13b Address	street and number, o	city, State and	ZIP code):	rg, PA 17110	
	708-8544	13e. Fax No. 7/7-65	•		Address all.bac	on@seiub68.on	9
declare that I have read the above petition a		are true to the b					Data
Name (Print) Randall E. Bacon	Signature	UE.B	acon F	Organ	izing	$\sim$ 1	6/12/19
					-		

(2-18)

	DO	NOT	WRITE	١N	THIS	SPAC	ì
aca Ma		_		_		Dat	_

UNITED STATES OF AMERICA FORM NLRB-502 (RC) NATIONAL LABOR RELATIONS BOARD Date Filed RC PETITION 04-RC-243219 6/13/19 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): 1957 PIONEER Rd COMMONWEALTH Metals HUNTINEDON, Valley
3b. Address (if same as 2b - state same):
SAME 3a. Employer Representative - Name and Title: SUZANNE Stilwell (President) 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (215) 3948234

(215) 938 0129

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

Metal production, fabrication, and sales Metal fabrication, installate. Huntingdon Valley

5b. Description of Unit Involved:

Included: All full and part time helpers, welders, fabrication,

Initiateles. Excluded: Truck drivers full and part time, Office personell

Full and part time

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date)

and control (Date)

(If no reply received, so state). 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No and Employer declined recognition (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: 130 / Columbus
Howard Van Buren (215) 275 2470 Philadelphia, Pa. 19147 JAMES 8e. Fax No.

(2 /5 ) 952 - 0250

8h. Date of Recognition or Certification 8f. E-Mail Address 8c. Tel. No. Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell 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: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 7:00 12a. Full Name of Petitioner (including local name and number):

12b. Address (street and number, city, State and ZIP code): Sheet Metal Worker Local 9 Philadelphia Pa. 191

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

Sheet Metal, Air Lail, and Transportation Tuternation/

12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 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):
1301 Columbus Blud
Philadelphis Po 19147

13e. Fax No. 13f. E-Mail Address 13a. Name and Title: HOWARD VAN BUTEN
JAMES KERNY (OrganizER) (Organizer)
13c. Tel. No. 13d. Cell No. 213-)275-2470 (215)275-2470 (215)9520250 Huanburen & Teleclare that I have gead the above petition and that the statements are true to the best of my knowledge and belief.

HOWARD

Signature

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

DO NOT WRITE IN THIS SPACE							
Case No.		Date Filed					
	04-RC-243273	6/13/19					

INSTRUCTIONS: Unless e-Filed								
in which the employer concern								
of service showing service on t								
(Form NLRB-505); and (3) Desc				RB 4812). The sho	wing of inte	rest should only be filed		
with the NLRB and should not I	be served on the	employer or an	y other party.	of omployons wish to h	o roprocented	for nurnages of collective		
bargaining by Petitioner and Petition	er desires to be certifi	ied as representativ	e of the employees. The	Petitioner alleges that	the following	circumstances exist and		
requests that the National Labor R	Relations Board proc	eed under its pro	per authority pursuant to	Section 9 of the Nati	onal Labor Re	lations Act.		
2a. Name of Employer			dress(es) of Establishmen	t(s) involved (Street an	d number, city,	State, ZIP code)		
Bauman Crane Company		85   P/	Bristol Rd Chalfont 18914-					
3a. Employer Representative – Name	and Title		3b. Address (If same as			•		
Frank Bauman	1010 111	. ,	85 Bristol Rd PA Chalfont 18914					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre			
(215) 822-2753	1	I dh Drinning an	(215) 822-6482	<u> </u>	info@baumancrar			
4a. Type of Establishment (Factory, mill Construction Services		4b. Principal prod	Crane rentals		Sa. City a	nd State where unit is located: Chalfont, PA		
5b. Description of Unit Involved	·	<u> </u>	Crane rentals	<del></del>		6a. No. of Employees in Unit:		
Included: See Attached Page 2 for ad	Iditional details				L	11		
						6b. Do a substantial number (30% or more) of the employees in the		
Excluded: See Attached Page 2 for ac	ditional details	,			,	unit wish to be represented by the		
5557 Mas 1557 ago 2 161 ag						Petitioner? Yes [ No [ ]		
Check One: 7a. Request f	or recognition as Barg	gaining Representa	tive was made on (Date) _	and	Employer decli	ned recognition on or about		
7. 7. 7.		(If no reply received			1-4			
8a. Name of Recognized or Certified			epresentative and desires of 8b. Address	certification under the F	ACT.	·		
ou. Nume of Necognized of Gertines		mone, so statej.	ÇO. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.		Bf. E-Mail Addre	ess		
8g. Affiliation, if any			8h. Date of Recognition or			ate of Current or Most Recent (Month, Day, Year)		
9. Is there now a strike or picketing at the	ne Employer's establis	shment(s) involved	? No If so, approx	imately how many emp	loyees are part	icipating?		
(Name of labor organization)		, has pick	eted the Employer since (/	Month, Day, Year)				
10. Organizations or individuals other th						other organizations and individuals		
known to have a representative interest						•		
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.	ducts an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail		
11b. Election Date(s): 06/28/2019		lection Time(s):		11d. Election Location	` '	<del> </del>		
12a. Full Name of Petitioner (including	6am ng local name and ni	umber)		85 Bristol Rd Chalfon 12b. Address (street	and number, ci	ity, state, and ZIP code)		
Darin Maher International Union of Operating Engineers Loc 12c. Full name of national or internation	nal labor organization	of which Petitioner	is an affiliate or constituen	1375 Virginia Drive PA Ft Washington 190 It (if none, so state)	)34	<del></del>		
International Union of Operating Engineer 12d. Tel No.	ers 12e. Cell No.		12f. Fax No.		12g. E-Mail Add	dress		
(215) 542-7500	(215) 479-4129		(215) 542-7557		darin.maher@iu	ioe542.com		
13. Representative of the Petitioner v	vho will accept serv	ice of all papers fo						
13a. Name and Title  Louis Agre Organizer/Business Agent/Attorney  13b. Address (street and number, city, state, and ZIP code)  1375 Virginia DR  1105 Louis Agre Organizer/Business Agent/Attorney  1375 Virginia DR								
IUOE Lŏcal 542 13c. Tel No.	13d. Cell No.		PA Ft Washington 1903 13e. Fax No.		13f. E-Mail Add			
(215) 542-7500	(215) 542-7500 lou.agre@iuoe542.com  I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
		statements are tru		neuge and beller.	D-4:			
Name ( <i>Print</i> ) Darin Maher	Signature Darin Maher		Title Organizer/Business Age	nt	Date 06/13/2019	15:49:30		
- w								

Darin Maher Organizer/Business Agent 06/13/2019 15:49:30
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 11 crane operators

Employees Excluded 2 shop mechanics

	DO NOT WRITE	E IN THIS SPACE					
Case	-	Date Filed					
	04-RC-243273	6/13/19					

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

DO NOT WRITE IN THIS S	PACE				
Case No.	Date Filed				
04-RC-243539	6/19/19				

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition named in	must be ac the petition	ccompanied n of: (1) the p	by both a sh etition; (2) S	owing o	f interest (see 6 t of Position for	b below) and rm (Form NL	d a certificate RB-505); and	e of service : d (3) Descrip	showing tion of R	service on epresentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desire	s to be cert	ified as repres	sentative of th its proper au	e employ	yees. The Petition	oner alleges tion 9 of the	that the follo	owing circun oor Relations	nstances s Act.	
2a. Name of Employer:	,		2b. Ac	dress(es) of	Establish	ment(s) involved	(Street and	number, City,	State, ZIP co	ode):	
First Transit			See	Attached	Sheet						
3a. Employer Representative - Nan	ne and Title	:	3b. Ac	ldress (if sam	e as 2b -	state same):	<del></del>				
Andrew R. Joppa, Sr.Dir	of Labor	r Relatio		412 Pennsylvania Avenue Vilmington, DE 19806							
3c. Tel. No.	3d. Cell No	<b>o</b> .	<del></del>	3e. Fax No			3f. E-Mail A	Address	<del></del>	<del></del>	
401.309.4733				401.633	3.7013		andrew	.joppa@f	irstgroup.	.com	
4a. Type of Establishment (Factory, I	mine, whole	saler, etc.)	. , , .			t or Service	,,	1 1	d State where	unit is lo	cated:
Transportation				Mechar	nics				hed Sheet		
5b. Description of Unit Involved:	,						,,	6a. Numbe	r of Employee	es in Unit:	,
Included:				أمطاء همالمما	E1a	نانمو تتمان	41	6			
All Full time and regular   Excluded:	part-um	e mecna	nics iocai	ed at the	Emple	yers raciii	ties	6h Do o o	botostial au-	-1 (200)	24 272 22
		oo dofi	nad in tha	A at				of the e	ibstantial nun mployees in t	the unit wi	sh to be
All others, guards and sur Check One: 7 7a. Request for rec					on (Date	) N/A		represe d Employer d	nted by the P		× Yes No
on or about (Date)	_	baryaming	•	received, so	•	1N/A	Y an	a Employer a	ecimea recof	grittori	
7b. Petitioner is cur		onized as B				es certification ur	nder the Act.				
8a. Name of Recognized or Certific	ed Bargaini	ng Agent (	If none, so st	ate) 8b. Ad	dress:						
None											
8c. Tel. No.	8d. Cell No	o.		8e. Fax No	).		8f. E-Mail A	Address		·	
8g. Affiliation, if any:				8h. Date of Recognition or Certification 8i. Expiration Recent Cont							
9. Is there now a strike or picketing a	t the Emplo	yer's establ	ishment(s) in	volved? No		If so, approxima	ately how ma	ny employees	are participa	ting?	
(Name of Labor Organization)					البدنتا		, has picketed	the Employe	er since (Mon	th, Day, Y	'ear)
Organizations or individuals other individuals known to have a repre-									s and other o	organizatio	ons and
10a. Name		10b. Addr				·····	10c. Tel. N	<del>~</del>	10d. Cell No		
iva. Name		100. Addit	<b>C</b> 33				100. 161. 14	·	100. 0011 110	•	
							10e.,Fax No.		10f. E-Mail A	Address	
11. Election Details: If the NLRB co	nducts and	election in t	this matter, st	ate your posit	ion with i	espect to any su	uch election:	11a. Election	туре:		
Only mechanics				•				Manua		Mixe	d Manual/Mail
11b. Election Date(s):		11c. Elect	ion Time(s):				11d. Electi	on Location(s	):		
July 2, 2019		10:00-	10:30 am					ached Sho			
12a. Full Name of Petitioner (includ	ling local na	me and nu	mber):		12b. Ad	dress (street and	d number, cit	y, State and 2	IP code):		
Teamsters Union Local N	o. 115				1096	5 Decatur R	Road, Phil	adelphia,	PA 1915	4	
12c. Full name of national or Internat	ional labor o	organization	of which Pet	titioner Is an a	ffiliate or	constituent (if n	one, so state	):			· · · · · · · · · · · · · · · · · · ·
International Brotherhood											
12d. Tel. No.	12e. Cell N			12f. Fax N	0.		12g. E-Ma				
215.335.0100 215.333.4146 mail@teamsters115.org											
13. Representative of the Petitione	r who will a	accept ser	vice of all pa	pers for purp	oses of	the represental	tion proceed	ing.			
13a. Name and Title:				13b. Addre	ess (stree	et and number, c	ity, State and	ZIP code):			ļ
Shane Reilly, Sec. Treas. & 1	Business	Managei	<b>r</b>	Same							
13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address											
Same Same											
declare that I have read the above	e petition a	nd that the	statements	are true to t	ne best c						12.1 1
Name (Print)		Sig	gnature	. Λ.	11.		tle	Q. Th	one N.f	<b>70</b> -	Date 10
Shane Reilly			74/VOV	NL 14		[ S	ec. I reas.	& Busin	CSS IVIAIIA	KCI	6/17/19

### First Transit Mechanic Locations

- 1. 2000 Industrial Highway Building 5 Eddystone, PA 19022
- 2. Building C-2 Cargo City Philadelphia, PA 19153

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

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
04-RC-243667	6/20/19							

		RC PETITIO	Ń					04-R	C-2436	67	6	/20/19
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NERB 481	he petition named in t	must be accomp the petition of: (:	anied by i) the pet	/ bot	h a sho ; (2) St	owing of Intere atement of Pos	st (see 6b sition for	n below) and m (Form NLR	a certificat (B-505); and	e of service sho I (3) Description	on in wh wing se i of Rep	ich the rvice on resentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire:	s to be certified a	s represe	ntativ	ve of the	employees. Ti	he Petitio	ner alleges t	hat the follo	owing circumst	ances ex	
2a. Name of Employer: Inspira Health Life Center	Vinelar	nd	2b. Addi 2445	Del	es) of E sea D	stablishment(s) Prive, Vine	involved land N.	(Street and n J 08360	umber, City,	State, ZIP code	):	
3a. Employer Representative - Nam Shawn McIntyre, Transi			3b. Addi Same	ress	(if same	e as 2b - state s	ame):	,			-	
3c. Tel. No. 856-295-5433	3d. Cell No	j.			Fax No. 6-451	-1723	<del></del>	3f. E-Mail A	ddress		<del></del>	
4a. Type of Establishment <i>(Factory, i</i> Healthcare	nine, whole	saler, etc.)				or Product or Se ent Healthc			5a. City an Vinela	d State where ui nd, NJ	nit is loce	ited:
5b. Description of Unit Involved: Included: All full-time, regular pa Excluded: All other employees	art-time	, and per di	em Di	rive	ers ar	nd Bus Aid	des		26 6b. Do a si	r of Employees  bstantial numbe  mployees in the inted by the Peti	r (30% c	to be
Check One: 🗷 7a. Request for rec on or about (Date) 7b. Petitioner is cur	no r	eply (If n	o reply re	ceive	ed, so s	tate).	06/20/ ication un			eclined recognit		<del></del>
8a. Name of Recognized or Certifle None	d Bargaini	ng Agent (If none	e, so state	9)	8b. Add	drėss:						
8c. Tel. No.	8d. Cell No	).		8e. I	Fax No.			8f, E-Mail A	ddress			
8g. Affiliation, if any:	<u> </u>		8h	. Dat	te of Re	cognition or Ce	rtification			irrent or Most (Month, Day, Ye	ar)	
9. Is there now a strike or picketing a	t the Employ	yer's establishme	nt(s) invo	ved (	? No	If so, a	pproxima	tely how man	y employee	s are participatin	g?	
(Name of Labor Organization)										er since (Month,	. ,	
10. Organizations or individuals other individuals known to have a repre None	r than Petitic esentative in	terest in any emp	imed in iti loyees in	the i	8 and 9 unit des	cribed in item 5	b above.	ognition as re (If none, so si	presentative late)	es and other orga	inization	s, and
10a. Name		10b. Address				<del></del>		10c. Tel. No	).	10d, Cell No.		
								10e. Fax No		10f, E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and			e yai	ur positi	on with respect	to any su		× Manua	I Mail [	Mixed	Manual/Mail
11b. Election Date(s): July 12, 2019		11c. Election Tir 10:00 a							n Location(s ee Break			
12a, Full Name of Petitioner (includ Teamsters Local 331	ling local na	me and number):				12b. Address ( 1 Philadely	street and ohia Av	number, city, ve., Egg I	State and 2 Iarbor C	ity, NJ 082	15	
12c. Full name of national or internat International Brotherhood			nich Petiti	oner	is an a	ffiliate or constit	uent (if no	one, so state):				
12d, Tel. No. 609-641-2331	12e, Cell N			60		1-2740		12g. E-Mail				
13. Representative of the Petitione 13a. Name and Title: Joseph Richardson, Esq.	r who will a	accept service o	f all pape	13b Wi	. Addre	ss (street and n	umber, ci	tv. State and	ZIP code):	, 24th Floor,	Philad	elphia PA
13c, Tel. No. 215-656-3655	13d, Cell N			21		1-5135		1.	Address son@wv	vdlaw.com		
I declare that I have read the above Name (Print)	e petition a	nd that the state Signatúr		re tru	ue to th	e best of my k	nowledge Tit					Date
Joseph D Richardson, Esc	<b>]</b> .	Signatur	KL.	X.	LH.	<u></u>		ttorney				Date 6/20/19

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
04-RC-243726	6/21/19

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 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 barrelines by Retificacy and Retificacy desired by representation of the employees. The Retificacy and Retificacy desired as representative of the employees. The Retificacy and Retificacy desired as representative of the employees.

with the NLRB and should not be served on the employer or any other party.									
PURPOSE OF THIS PETITION: RC-CER bargaining by Petitioner and Petitioner des	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  DV Flora			dress(es) of Establishment		nd number, city,	State, ZIP code)			
3a. Employer Representative – Name and Mr. David Paleschi		!	3b. Address (If same as	2b – state same) me					
3c. Tel. No.	3d. Cell No.		3e. Fax No.	· I	3f. E-Mail Addre	ess			
800.676.1212 ext 1370						schic@dvflora.com			
4a. Type of Establishment (Factory, mine, who Wholesale	holesaler, etc.) 4b. Prin		duct or service	···	1	nd State where unit is located: Sewell, NJ			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: All full-time and regular pa	art-time delivery truck o	Irivers e	mployed by the Employ	er at its 520 Mantu		30 6b. Do a substantial number (30%			
Excluded: All other employees, ware production, guards and su				ng & receiving,		or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No			
	(Date) (If no reply	receive				ned recognition on or about			
8a. Name of Recognized or Certified Barge			epresentative and desires of 8b. Address	certification under the	Act.				
oa. Hame of Heooginzed of Octimed Daign	uning Agent (it none, se	ololoj.	Ob. Addiess						
8c. Tel No.	8d Cell No.		8e. Fax No.	8e. Fax No. 8f. E-Mail Address					
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)					
Is there now a strike or picketing at the Em     (Name of labor organization)									
10. Organizations or individuals other than Pe known to have a representative interest in an	etitioner and those named	in items	8 and 9, which have claime	ed recognition as repr	esentatives and	other organizations and individuals			
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts a any such election.			r position with respect to	11a. Election Type:		MailMixed Manual/Mail			
11b. Election Date(s): July 11, 2019	11c. Election Tin	ne(s):	3:00am - 6:00am	11d. Election Locat		Employee Cafeteria			
12a. Full Name of Petitioner ( <i>including loc</i> Highway Truck Drivers & Helpers Loc	al 107 a/w Internationa			12275 To		ity, state, and ZIP code) Philadelphia, Pa 19154			
12c. Full name of national or international lab	oor organization of which F al Brothe <u>rhood of Te</u>			·					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Add	dress			
13. Representative of the Petitioner who w	vill accept service of all	papers f	or purposes of the repres	entation proceeding	J.	· - · · ·			
13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Chris Buschmeier -Trustee / Organizer / Business Agent 13b. Address (street and number, city, state, and ZIP code) 12275 Townsend Rd, Philadelphia, Pa 19154									
13c. Tel No. 215.552.0070 ext. 107	13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address								
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.									
Name (Print) Sign	nature (	<del>/</del>	Title	·	Date	June 20, 2019			
Chris Buschmeier	Mulle		Organizer / Trustee	e / Business Age	ent	Julie 20, 2019			

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

#### PRIVACY ACT STATEMENT

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

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

,	DO NOT WRITE	IN THIS SPACE
Case No.		Date Filed
	04 00 040004	0/00/40

			U	<u>4-RC-243891</u>		6/26/19
INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, <u>w</u> v			Petition to ar	
in which the employer concerne						
of service showing service on t	he employer and	all other partie	s named in the petition	on of: (1) the peti	tion; (2) State	ment of Position form
(Form NLRB-505); and (3) Desci				RB 4812). The sl	howing of inte	rest should only be filed
with the NLRB and should not be	e served on the	employer or an	y other party.			-
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certifi	ed as representativ	ve of the employees. The	Petitioner alleges th	nat the following	circumstances exist and
2a. Name of Employer	ordina Board proc		dress(es) of Establishmen			
Temp-Air, Inc., a Sunbelt Rentals Co.			00 Happy Lane E Newark 19711-		-	·
3a. Employer Representative - Name	and Title		3b. Address (If same as			
Steve Piech			200 Happy Lane DE Newark 19711	<u></u>		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess
(302) 369-3880	_	6				
4a. Type of Establishment (Factory, min	e, wnoiesaier, etc.)	4b. Principal pro			5a. City a	nd State where unit is located:
Rental & Leasing  5b. Description of Unit Involved			HVAC			Newark, DE 6a. No. of Employees in Unit:
	###===## ###=##=					9
Included: See Attached Page 2 for add	iltional details				F	6b. Do a substantial number (30%
Excluded: See Attached Page 2 for add	ditional details /		, <del>* "                                   </del>	<u></u>		or more) of the employees in the unit wish to be represented by the
			3			Petitioner? Yes [ ] No [ ]
Check One: 7a. Request for		A CONTRACTOR OF THE CONTRACTOR		an	d Employer decli	ned recognition on or about
7b Petitioner		(If no reply received of as Bargaining Re	o, so state). epresentative and desires (	certification under the	Act	
8a. Name of Recognized or Certified	Bargaining Agent (#	none, so state).	8b. Address	SCILINGERON GINGET BIC	770.	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addre	ess
8g. Affiliation, if any			8h. Date of Recognition or Certification  8i. Expiration Date of Current or Mc Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at th	e Employer's establis	hment(s) involved	? If so, approx	imately how many en	nployees are par	ticipating?
(Name of labor organization)		, has pick	eted the Employer since (/	Month, Day, Year)		
10. Organizations or individuals other th known to have a representative interest					resentatives and	other organizations and individuals
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>		· · ·	r position with respect to			Mail Mixed Manual/Mail
11b. Election Date(s): July 11, 2019	6:00 a.r	ection Time(s): n. to 6:30 a.m.		11d. Election Local Employee Breakroo	` '	Lane, Newark, Delaware
12a. Full Name of Petitioner (including Howard Halverson United Association of Journeymen and Apprent	ces of the Plumbing and	Pipefitting Industry of	the United States and	201 Executive Court DE Newark 19702-	et and number, c	ity, state, and ZIP code)
M2c. Full name of national or internation United Association of Journeyman and A	ai labor organization (	of which Petitioner	ng industry of the United S	t <i>(if none, sò state)</i> tates and Canada, A	FL-CIO	
12d. Tel No. (302) 636-7400	12e. Cell No.		12f. Fax No.		12g. E-Mail Add organizer@uald	dress ocal74.com
13. Representative of the Petitioner w	ho will accept servi	ce of all papers fo		•		
13a. Name and Title Lance Geren Attorney for UA Local 74 O'Donoghue & O'Donoghue, LLP			13b. Address (street and 325 Chestnut Street, Su PA Philadelphia 19106-	number, city, state, ite 600	and ZIP code)	_
13c. Tel No.	13d. Cell No.		13e. Fax No.	_	13f. E-Mail Add	
(215) 629-4970	(202) 805-6148	tatamenta asa t-	(215) 629-4996	lodge and holief	.961611@0001100	,
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						
Name (Print)	Signature Lance Geren		Title Attorney for UA Local 74		Date 06/25/2019	07:07:47
Lance Geren WILLELL FALSE STATE		TITION CAN BE	· ·			

#### PRIVACY ACT STATEMENT

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

#### Attachment

DO/N	OT WRITE IN THIS SPACE
Case	Date Filed
	,

#### **Employees Included**

All full-time and regular part-time driver/technicians, HVAC technicians, service technicians and yard associates employed by the Employer at its 200 Happy Lane, Newark, Delaware facility.

### **Employees Excluded**

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

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE	
Case No	04 BC 244025	Date Filed	
	04-RC-244086	6/28/19	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on 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) 9209 Ridge Pike PA Philadelphia 19128 Meadowview Rehabilitation and Nursing Center 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 9209 Ridge Pike PA Philadelphia 19128-Crystal Jordan 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. (610) 825-6560 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Rehabilitation and Nursing Philadelphia, PA Healthcare Facilities 6a. No. of Employees in Unit: 5b. Description of Unit Involved 75 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [ No [ ] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (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 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , 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) 10c. Tel. No. 10d. Cell No. 10b. Address 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): July 15, 2018 11c. Election Time(s): 11d Election Location(s): 6:00 A.M. to 8:00 A.M. and 2:00 P.M. to 4:30 P.M. Employee Breakroom at Employer's Facility 12a. Full Name of Petitioner (including local name and number)

Chris Woods
District 11990, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12b. Address (str. 1319 Locust Stree PA Philadelphia 11 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

National Union of Hospital and Health Care Employees 12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-12g. E-Mail Address ChristenW@1199cnuhhce.org 12d. Tel No (215) 735-1300 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) Lance Geren Attorney for District 1199C O'Donoghue & O'Donoghue, LLP 325 Chestnut Street, Suite 600 PA Philadelphia 19106-13e. Fax No. 13f. E-Mail Address Igeren@odonoghuelaw.com 13d. Cell No. 13c. Tel No. (215) 629-4996 (202) 805-6148 (215) 629-4970 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 Name (Print) Signature Attorney for District 1199C Lance Geren 06/28/2019 06:30:54 Lance Geren

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

#### PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE	E IN THIS SPACE
Case	Date Filed
04-RC-244086	6/28/19

#### **Employees Included**

All full-time and regular part-time certified nursing assistants, dietary employees, housekeeping employees, and laundry employees employed by the Employer at its 9209 Ridge Pike, Philadelphia, Pennsylvania facility.

#### **Employees Excluded**

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS S	SPACE
Case No.	44115	Date Filed
	04-RC-244115	6/28/19

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): Lehigh University 420 E. Packer Avenue Bethlehem, PA 18015 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: J. Andrew Cassano, Administrative Director Same Zoellner Arts Center 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 610-758-5301 jacfl 1@lehigh.edu 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Entertainment Entertainment venue Bethlehem, PA 5b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: 20 All full-time and regular part-time stagehands at Zoellner Arts Center Excluded: All supervisors. Clericals, temporary workers, work study students, ticket takers, management, guards Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 6/19/19 and Employer declined recognition (If no reply received, so state). on or about (Date) no reply 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: N/A 8f. E-Mail Address 8d, Cell No. 8e Fax No 8c. Tel. No. N/A N/A N/A N/A 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) N/A N/A N/A If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_{0}\,$ (Name of Labor Organization) N/A , has picketed the Employer since (Month, Day, Year) N/A 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) N/A 10d. Cell No. 10b. Address 10c. Tel. No. 10a. Name N/A N/A N/A N/A 10f. E-Mail Address 10e, Fax No. N/A N/A 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: All full-time and regular part-time stagehands at Zoellner Arts Center Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 7/16/2019 3:00 pm 420 E. Packer Ave.. Bethlehem, PA 18015 12b. Address (street and number, city, State and ZIP code) 12a. Full Name of Petitioner (including local name and number): International Alliance of Theatrical Stage Employees Local | P.O. Box 1723, Bethlehem, PA 18016-1723 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Int'l Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists, and Allied Crafts of the U.S. Its Territories 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. iatse200ba@gmail.com 610-360-4705 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): 121 N. Cedar Crest Blvd., 2nd Floor, Allentown, PA 18104 13a. Name and Title: Quintes D. Taglioli, Esquire 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. qdtaglioli@markowitzandrichman.com 610-820-9531 610-820-9445 610-390-2599 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) 06/26/19 Attorney Quintes D. Taglioli

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

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

FORM NLRB-502 (RD)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS	S SPACE
Case No.	04-RD-243520	Oate Filed 6/19/19

	RD PETITIO		- 1	.04-RI	0-243520	6/19/19
employer concerned is the employer and all of	s e-Filed using the Agency's website located. The petition must be according the parties named in the petition of:( n NLRB 4812). The showing of intere	npanied by both a showing or 1) the petition: (2) Statement	f Interest (see ) of Position for:	f below) and a cen m (Form NLR8-60)	tificate of service al 5): and (3) Descripti	hawing service on on of Representation
recognized bargaining n	TITION: RD- DECERTIFICATION (RE epresentative is no longer their represent proceed under its proper authority p	ntative. The Petitioner alleges	that the follows	ing circumstances	yees assert that the exist end requests	certified or currently that the National
28. Name of Employer Franch, Holdings	DBA M.C. Eusbyr	20. Address(es) of Establish	ment(s) involved		Berlin NIP co	de)
3a. Employer Representation  Nike Franci	ive - Name and Title	3b. Address (if same as 2b -	ate same)	me		
3c. Tel. No. 767-91	3d. Fax No.	3e. Cell No.	3f. E-Mail			
	Factory, mine, wholesaler, etc.)	· L		pal product or service	wet me	
5a. Description of Unit Involution	lime tregular pa	trine short	metal a	perenticus		State where unit d:
Excluded: All pt		ial quards, av		1 '	•	
6. No. of Employees in Unit	recognized bargaining r	r (30% or more) of the employe		longer wish to be r	epresented by the o	ertified or currently
8a. Name of Recognized or C	Certified Bargaining Agent Tylery Rail and Transportation	ational Association	ion of	8b. Affiliation, if an	nknowi	^
Bc. Address Street	Wetal Markers Po	60   9   Bd. Tel. N	3-1999	Se. Cell No.	NAND-O	
1301, 5, Colu	2010 Sudan 19147	81. Fax No		8g. E-Mail Address		
9. Date of Recognition or Cent	27 2018	10. Expiration Date of Current	or Most Recent		onth, Day, Year)	
11a. is there now a strike or p	icketing at the Employer's establishmen	t(s) involved? 🔲 Yes 🛂 🕅	0   11b. ff so, a	pproximately how n	nany employees are	participating?
11c. The Employer has been	icketing at the Employer's establishmen picketed by or on behalf of <i>(Insert Nam</i>		0   11b. ff so, a			a labor organization, of
11c. The Employer has been (Insert Address)	picketed by or on behalf of (Insert Nam	"NA		elno	e (Month, Day, Yea	a (abor organization, of
11c. The Employer has been (Insert Address) 12. Organizations or individual		e) W/A ;, which have claimed recognition	on as represente	sinc atives and other org in none, so state)	e (Month, Day, Yea	a labor organization, of
11c. The Employer has been (insert Address) 12. Organizations or individual and individuals known to h	picketed by or on behalf of (Insert Nam is other those named in items 8 and 11c ave a representative interest in any em	e) W/A ;, which have claimed recognition	on as represents item 5 above. (	atives and other org off none, so state)	ce (Month, Day, Year antizations / 12d. Fax No.	a labor organization, of
11c. The Employer has been (Insert Address) 12. Organizations or individual and individuals known to h	picketed by or on behalf of (Insert Nam is other those named in items 8 and 11c ave a representative interest in any em	e) W/A ;, which have claimed recognition	on as representa item 5 above. (	atives and other org off none, so state)	e (Month, Day, Yea	a labor organization, of
11c. The Employer has been (insert Address)  12. Organizations or individual and individuals known to h  12a. Name  13. Election Details: If the Ni matter, state your position	is other those named in items 8 and 11c ave a representative interest in any emp 12b. Address  RB conducts an election in this with respect to any such election.	e) WA , which have claimed recognition ployees in the unit described in	nn es represents ftem 5 above. ( 12c. Tel. No 12e. Cell No 13e. Election	etnostives and other org	ne (Month, Day, Yea anizations N 12d. Fax No.	a labor organization, of
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11c. The Employer has been (insert Address)  12. Organizations or individual and individuals known to he 12a. Name  13. Election Details: If the Nimetter, state your position with 13b. Election Date(s)  14. Full N(b) (6), (b) (7)  14a. Add (b) (6), (b) (7)(C)	is other those named in items 8 and 11c are a representative interest in any employees.  RB conducts an election in this with respect to any such election.	e) WA , which have claimed recognition ployees in the unit described in	nn es represente lem 5 above. ( 12c. Tel. No 12e. Cell No 13e. Election 215 E	stives and other org	in (Month, Day, Year antizations No. 12d. Fax No. 12f. E-Mail Address	a labor organization, of BON & South NOT
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PRIVACY ACT STATEMENT

Sofictiation 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 itigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.