UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 04-RC-257224	Date Filed 3/2/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 950 W. Basin Road, New Castle, DE, 19720-1008 The News Journal of Wilmington, Delaware Mailing Address: P.O. Box 15505, Wilmington, DE 19850 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mike Feeley, Executive Editor same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 302-324-2679 mfeeley@delawareonline.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Printing & Publishing Online News Media New Castle, DE 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time &part-time Reporters, Editorial and Media employees in Wilmington area Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No All other employees, guards, and supervisors as defined by the NLRA. Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 03/02/20 and Employer declined recognition on or about (Date) no reply (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 8d. Cell No. 8c. Tel. No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? (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: X Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s) March 24, 2020 Bill Frank room-downstairs conference room 11 a.m. -1 p.m. 12a. Full Name of Petitioner (including local name and number): NewsGuild of Great Philadelphia, Communications 12b. Address (street and number, city, State and ZIP code): 1329 Buttonwood St., Philadelphia, PA 19123 Workers of America Local 38010 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The NewsGuild, Communications Workers of America 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. (267) 240-8540 bross@local-10.com (215) 928-0118 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): 1601 Market Street, Suite, 1500, Philadelphia, PA 19103 Vlad Kachka, Freedman and Lorry, PC, Attorney 13c. Tel. No. 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 215-926-8400 215-935-7516 267-243-5085 vkachka@freedmanlorry.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) Signature Date 03/02/20 Vlad Kachka, Freedman & Lorry, PC Attorney

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 04-RC-257297	Date Filed						

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 pursuent 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) Bynum Hospitality, Inc. See Attached 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Robert Bynum, President 8806 Marshall Road Wyndmoor PA 19038 3c. Tel. No. 3d. Cell No. 3f. E-Mall Address 2157325200 2152751122 rbbynum@aol.com 5a. City and State where unit is located. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Restaurants Entertainment and Food Philadelphia, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit; Included: Audio Technicians 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, guards and supervisors as defined by the Act unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/2/2020 and Employer declined recognition on or about (Date) (If no reply received so state), 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 None n/a 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address n/a n/a n/a n/a 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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) n/a 10b. Address 10c. Tel. No. 10a. Name 10d. Cell No. n/a n/a n/a 10e Fax No 10f, E-Mail Address n/a n/a 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 118, Election Type: / Manual Mail I Mixed Manual/Mail atly such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 3/23, 24 OR 30/2020 11:30 am South - 600 N Broad Street Philadelphia, PA 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 2401 Swanson Street Philadelphia PA 19148 Intrational Alliance of Theotrical Stage Employees Moving Picture Technicians Artists and Alliad Crafts AFL-CIO Local B 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees. Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO 12d Tel No 12e Cell No 12f. Fax No. 12g. E-Mail Address 215 952-2106 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 138. Name and Title Ryan R. Sweeney, Esq. 13b. Address (street and number, city, state, and ZiP code) 325 Chesinut Street Suite 200 Phradelphia PA :9102 13d. Cell No. 13f, E-Mail Address 13e. Fax No. 215 735-9099 RSweeney@cjtlaw.org 215 640-3201 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature : Date 3/2/2020 Ryan R. Sweeney, Esq. Attorney

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. § 15t 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.

Bynum Hospitality, Inc. - RC Petition

2b. There are five relevant addresses: the Corporate Headquarters and Four Establishments

Bynum Hospitality, Inc Robert Bynum, President 8806 Marshall Rd, Wyndmoor PA 19038 215-732-5200 (landline) 215-275-1122 (cell) rbbynum@aol.com

South 600 N Broad Street Phila. PA 19130

Green Soul 1410 Mt. Vernon St Phila. PA 19130

Warmdaddy's 1400 s. Christopher Columbus Blvd Phila. PA 19147

Relish 7152 Ogontz Ave #2016 Phila, PA 19138

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT	WRITE IN THIS SPACE	
04-RC-257607	Date Filed 3/6/2020	

03/06/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Broad 600 LLC 7600 Stenton Ave., Suite 1M, Philadelphia, PA 19118 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Robert Bynum, President same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (215)732-5200 (215)275-1122 rbbynum@aol.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Restaurants Entertainment and Food Philadelphia, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and part time sound technicians/audio technicians 6b. Do a substantial number (30% Excluded: All other employees, guards and supervisors as defined by the Act or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/6/2020 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 None n/a 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address n/a n/a n/a 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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) n/a 10a. Name 10b. Address 10c Tel No 10d. Cell No. n/a n/a 10e. Fax No. 10f. E-Mail Address n/a n/a 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): 11c. Election Time(s): 11d. Election Location(s): 3/23, 24 or 30/2020 11:30 a.m. South- 600 N. Broad Street, Philadelphia 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts AFL-CIO Local 8 2401 Swanson Street, Philadelphia, PA 19148 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO 12d. Tel No. 12f. Fax No. 12g. E-Mail Address (215)952-2106 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Ryan R. Sweeney, Esquire 13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 200, Philadelphia, PA 19106 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (215)735-9099 (215)640-3201 rsweeney@cjtlaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Ryan R. Sweeney, Esquire

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

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 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 OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN TH	IS SPACE
Case No.	04-RC-257634	Date Filed 3/9/20

1	RC PETITIO	,	04-RC-237034 3/9/20				
employer concerned is loca the employer and all other p	nted. The petition must be accomp parties named in the petition of: (www.nlrb.gov/ , submit an origin panied by both a showing of intere 1) the petition; (2) Statement of Pos t should only be filed with the NLR	st (see 6b below) a sition form (Form I	and a certificate of servic VLRB-505); and (3) Desci	e showing service on ription of Representation		
bargaining by Petitioner an	d Petitioner desires to be certified a	PRESENTATIVE - A substantial num is representative of the employees. The under its proper authority pursuar	he Petitioner alleg	es that the following circ	umstances exist and		
2a. Name of Employer: Delaware Valley Reside	ential Care, LLC	2b. Address(es) of Establishment(s) 280 Jacksonville Rd. Warm		The state of the s	code):		
3a. Employer Representative Wanda Hernandez, Hu	e - Name and Title: man Resources Generalist	3b. Address (if same as 2b - state s Same	ame):	3000			
3c. Tel. No. 484-681-4697	3d. Cell No.	3e. Fax No. 484-674-7039					
4a. Type of Establishment (Fa Healthcare Facility	ctory, mine, wholesaler, etc.)	4b. Principal Product or Se Long-Term Residentia		5a. City and State wh Warminster, PA			
5b. Description of Unit Invol Included: All Full Time & Part Time		**		6a. Number of Emplo	yees in Unit:		
Excluded: All other employees				represented by the	in the unit wish to be e Petitioner? X Yes No		
on or about		esentative was made on (Date) no reply received, so state). ning Representative and desires certif	by petition	and Employer declined re-	cognition		
	Certified Bargaining Agent (if non						
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Ma	il Address			
8g. Affiliation, if any:	A	8h, Date of Recognition or Ce	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
	eting at the Employer's establishme	ent(s) involved? No If so, a	1000	many employees are particeted the Employer since (N	A STATE OF THE STA		
(Name of Labor Organization 10. Organizations or individual individuals known to have None	Is other than Petitioner and those n	amed in items 8 and 9, which have cl ployees in the unit described in item 5	aimed recognition a	s representatives and other			
10a. Name	10b. Address	30000 11-11-1011	10c. Te	. No. 10d. Cell	No.		
			10e. Fa	x No. 10f. E-Ma	il Address		
11. Election Details: If the Ni	LRB conducts and election in this m	natter, state your position with respect			il Mixed Manual/Mail		
11b. Election Date(s): 3/20/2020	11c. Election To 6:30-8:00 an	me(s): n; 2:00-4:00 pm		11d. Election Location(s): Facility Conference Room			
	(including local name and number)			city, State and ZIP code): Ielphia PA 19107			
	international labor organization of w al and Health Care Employee	hich Petitioner is an affiliate or consti	tuent (if none, so st	əte):			
12d. Tel. No. 2150735-1300	12e. Cell No.	12f. Fax No. 215-735-9878		Mail Address			
13a. Name and Title:	etitioner who will accept service of the counsel to District 1199c	of all papers for purposes of the re 13b. Address (street and a Willig, Williams & Da	number, city, State	and ZIP code):	Philadelphia PA 19103		
13c. Tel. No. 215-656-3655	13d. Cell No.	13e, Fax No. 215-561-5135	jricha	Mail Address rdson@wwdlaw.com	322		
I declare that I have read the	e above petition and that the stat	ements are true to the best of my l	nowledge and be	ief.	Date		
Joseph D. Richardson	ے " ک	DIDIL	102 0785 - Carrier and Carrier	o District 1199c	3/6/20		

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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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN T	HIS SPACE
O4-RC-257730	3/10/20

RC PETITION						04-1	RC-257	730	3/10/20		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procadures (Form NLRB 48:	he petition must be named in the pet 12). The showing	e accompanie ition of: (1) the of interest sho	ed by b e petition buid on	oth a si on; (2) S ly be fil	howing of interes Statement of Pos led with the NLRI	t (see ition f 3 and	6b below) and form (Form NL should not be	l a certificat RB-505); and served on ti	fice in the Region in e of service showing d (3) Description of i he employer or any	which the service on Representation other party.	
 PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Labo 	ioner desires to be	certified as rep	presenta	tive of t	he employees. Th	e Peti	itioner alleges	that the follo	owing circumstance	collective s exist and	
2a. Name of Employer: Washington Consulting Group, Inc. (WCG) 2b. Address(es) of Establishment(s) invol FAA Bldg., Hog Island Road											
3a. Employer Representative - Nan Roger Jolley	htative - Name and Title: 3b. Address (il same as 2b - state same): 4915 Auburn Avenue, Suite 3					01, Bethes	da MD 2	0814	1.0000		
3c. Tel. No. (301) 656-2330	3d. Cell No. Unknown	د با درست	(3	1000	56-1996		3f. E-Mail A grjolley	ddress @gmail.c	com	500 - 101 <u>157 9 3 - 148 - 1</u>	
4a. Type of Establishment (Factory, I Training Facility	mine, wholesaler, e	tc.)	Ab A	. Princip ir Tra	pal Product or Ser affic Control	_{vice} Trai	ning	5a. City and Philade	State where unit is I Iphia, PA	ocated:	
5b. Description of Unit Involved: Included: All remote pilot operators Excluded:	(RPOs) and	ATC Instru	uctors	(AT	CIs)			4	r of Employees in Uni		
All others Check One: 7a. Request for rec	cognition as Barnair	ning Regresent	tative w	as made	on (Date)	_	an	of the e	mployees in the unit inted by the Petitiones lectioned recognition	vish to be	
on or about (Date)		(If no rep	oly rece	ived, so	state).		$\overline{}$		20,000 coo	2 way	
7b. Petitioner is cui				_	and desires certifi ddress:	cation	under the Act.				
8c. Tel. No.	8d. Cell No.		8e	. Fax N	0.	*****	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:			8h. D	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's es	tablishment(s)	involve	d? No	If so, a	proxi			s are participating? er since (Month, Day,	Year)	
Organizations or individuals other individuals known to have a repressione									es and other organiza	ions and	
10a. Name	10b. A	ddress		10c. Tel. No			0.	10d, Cell No.			
							10e. Fax N	o.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter,	state y	our pos	ition with respect t	o any		X Manua	I Mail Mi	ed Manual/Mail	
11b. Election Date(s): March 31, 2020		PM - 3:00					11d. Election	n Location(s /Breakro	om		
12a. Full Name of Petitioner (included International Association Workers, AFL-CIO			space		12b. Address (s 9000 Mach				zip code): lboro, MD 207	72	
12c. Full name of national or internat International Association							none, so state)	:			
12d. Tel. No. (646) 926-2910	12e. Cell No. (646) 245-20		(6		02-5720			a@iamav	v.org		
Representative of the Petitioner who will accept service of all p Name and Title: Nicholas A. Scotto, Special Representative			113	b. Addr	poses of the rep ess (street and no rt St, Ste 1710	mber,	city, State and	ZIP code):		*	
13c. Tel. No. (929) 226-1724	13d. Cell No. (631) 219-41		(6		002-5720			Address @iamaw.	org		
I declare that I have read the above Name (Print)	e petition and that	the statemen		rue to t	he best of my kn		dge and belief. Title			Date	
Name (Print) Nicholas A. Scotto			S			Special Representative 3/10/					

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
04-RC-257746	3-10-20

							C-2577		3-10-20	
INSTRUCTIONS: Unless e employer concerned is lo the employer and all othe Case Procedures (Farm N	er parties named NLRB 4812). The	in the petition of: showing of intere	(1) the pe st should	y bout a snowing of i tition; (2) Statement o only be filed with the	f Position fo NLRB and s	on below) a nm (Form N should not b	nd a certific ILRB-505); a le served on	ate of service nd (3) Descr the employe	Region in which the e showing service on ption of Representation or any other party.	
1. PURPOSE OF THIS PET bargaining by Petitioner a requests that the Nation	TITION: RC-CER and Petitioner de	TIFICATION OF RE	EPRESEN as represe d under its	TATIVE - A substantial intative of the employe s proper authority pur	number of er es. The Petit suant to Sec	mployees wi ioner allege ction 9 of th	sh to be reprise that the fore	esented for pa flowing circu abor Relatio	irposes of collective imstances exist and ns Act.	
2a. Name of Employer:			2b. Add	ress(es) of Establishme	ant(s) involve	d (Street and	number, Ci	y, State, ZIP	code):	
Inspira Health Netw			600 C	Cedar Street Mil	ville NJ (08332			<u>**</u>	
3a. Employer Representati			3b. Add	ress (if same as 2b - st	ate same):				9-1	
William Krasner EN	MS Director		Same	*						
3c. Tel. No. 856-694-1985	3d. Cell	No.	-	3a. Fax No.		3f. E-Mail				
a. Type of Establishment (F	England mine wh	alamba ata l		856-506-3323		Krasne	rw@ihn.e			
Pre hospital emerge	ncy medical	services		4b. Principal Product of emergency med		ices	5a. City a Millville		re unit is located:	
5b. Description of Unit Inve Included:	olved:						6a, Numb	er of Employs	es in Unit:	
All full time part tin	ne and per d	iem pre hospi	tal care	providers, see a	ttached		160			
Excluded: See Attached							of the	employees in	mber (30% or more) the unit wish to be	
Check One: X 7a. Reques	st for recognition	as Bargaining Repr	esentative	was made on (Date)	03/05/2	020 a		declined reco	Petitioner? X Yes	
on or about	t (Date) no r	esponse (If	o reply re	ceived, so state).					gor	
8a. Name of Recognized or	Certified Pares	cognized as Bargair	ning Repre	sentative and desires	ertification un	nder the Act.				
None	Ceruneo barga	ining Agent (II non	e, so state	8b. Address:					*	
	3								20	
Sc. Tel. No.	8d. Cell	No.		Be. Fax No.		8f. E-Mail Address			· ·	
8g. Affiliation, if any:				Date of Recognition of	Certification	stion 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
In these names and the second										
Is there now a strike or pick		loyer's establishme	nt(s) invoh	ved? No				s are particip	Deliver to the second s	
(Name of Labor Organization									nth, Day, Year)	
Organizations or individual individuals known to have	as other than Pet a representative	interest in any emp	amea in ite Noyees in 1	ms 8 and 9, which hav the unit described in ite	m 5b above.	ognition as i	representativ state)	es and other	organizations and	
None 0a, Name		1405 444		The second second		TT				
ua, Name		10b. Address				10c. Tel. N	0.	10d. Cell No		
	1				10e. Fax No.			o. 10f. E-Mail Address		
1. Election Details: If the N	LRB conducts an	d election in this ma	atter, state	your position with resp	ect to any su	ch election:				
Election by Mail 1b. Election Date(s):		144 54 4 55			¥/.		Manua	The same of the sa	☐ Mixed Manual/Ma	
April 4, 2020		11c, Election Tin	ne(s):	11d. Election Location(s):			i):			
2a. Full Name of Petitioner	fincheding local	L and number		I day adday	s (street and	By Mai	And the second	7/D andalı		
nternational Associa					gin Parkv			7.		
2c. Full name of national or i	international labor	r organization of wh	ich Petition	ner is an affiliate or con	stituent (if no	ne, so state);			
nternational Associa						250		(#)(ž.	
2d. Tel. No.	12e. Cell	No.	7	2f. Fax No.	370	12g. E-Mai	Address		AND C	
17-376-7237 3. Representative of the Pe	office who will	scrent comics of	all paner	e for numeros of the	rannocanteti	on mosses	ina			
3a. Name and Title:	CAMORE WILD WIL	occept service of		3b. Address (street an						
rank Wagner				159 Burgin Parkw						
3c. Tel. No.	13d. Cell	No.	1	3e. Fax No.		13f. E-Mail	Address			
17-376-7237	100 March 2000 1000	85-6799		(617)984-5695		933	mage.c	rg		
declare that I have read the		and that the state	ments ere	true to the best of m	knowledge					
ame (Print) Frank Wagner		Signature	A	11/	Title	TOTAL AND THE	epresenta	itive	03/06/20	
			1 11	1/	144		-property		05/05/20	

5b. Description of unit involved:

All full time, part time, and per diem pre hospital emergency medical service providers. Mobile Intensive Care (MICP) paramedics, Mobile Intensive Care Nurses (MICN), Emergency Medical Technicians (EMT), and Dispatchers employed by the employer who are dispatched/dispatching from the following nine locations:

Main EMS Building: 600 Cedar Street., Millville NJ 08332

Life Support 1: 238 South Evergreen Avenue., Woodbury NJ 08096

Life Support 2: Franklinville Fire Department., 181 Swedesboro Road., Route 47 and Route 538 Franklinville NJ 08322

Life Support 3: Hurffville Fire Company., 213 East Holly Avenue., Turnersville NJ 08012

Life Support 4: Logan Township EMS., 49 Coontown Road., Logan Township NJ 08085

Life Support 5: Memorial Hospital of Salem County., 310 Woodstown Road., Salem NJ 08079

Life Support 6: 1200 Southwest Boulevard, Vineland NJ 08326

Life Support 7: Inspira Health Center Bridgeton., 333 Irving Avenue., Bridgeton NJ 08302

Flight Hangar: Millville Airport., 97 Bogden Boulevard., Millville NJ 08332

Who were employed by the Employer during the payroll period ending week of March 4th 2020.

Excluded:

All other employees, Registered Nurses who are employed by the Employer but are represented by another Union, office clericals, guards, and supervisors as defined in the act.

Also eligible to vote are all per diem employees, in the unit who have worked an average of four (4) hours per week immediately preceding the eligibility date for the election. p

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
O4-RC-258148	Date Filed 3/17/20					

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 representa ive 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) 105 Schneider Lane Pike County Light & Power 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 105 Schneider Lane PA Milford 18337-Steven Grandinali 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address grandinali@pclpeg com (570) 832-2988 (570) 832-0342 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Milford, PA Energy 5b. Description of Unit Involved 6a. No. of Employees in Unit: 8 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 V No Check One: 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 curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. 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 recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-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): 11c. Election Time(s): 11d. Election Location(s): April 17, 2020 8:30am-9:30am Conference Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Maria L Vooris International Brotherhood of Electrical Workers Local 777 4 Clearview Terr 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical Workers 12g. E-Mail Address Maria vooris@ibew.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (518) 703-2365 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) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-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) Signature Title Date International Lead Organizer Maria Vooris 03/16/2020 14:05:26 Maria L Vooris

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

PRIVACY ACT STATEMENT

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

Attachment DO NOT WRITE IN THIS SPACE Case Date Filed

Employees Included All full and part time regular employees in the Customer Service Representative, Designer/Engineer, Gas Technician, and Planner Scheduler Titles

Employees Excluded Managers, Supervisors and Guards as defined in the act

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

DO NOT WRITE IN THIS	SPACE
Case No.	Date Filed
04-RD-257379	3/3/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.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 7 below) and a certificate of service showing service on the employer and all other petition and in the petition of (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation

the employer and all other par Case Procedures (Form NLR)	1995 named in the 34812). The sho	wing of interest	should only be file	d with the NLF	B and sho	uld <u>not</u> be served o	п the employer or	any other party.	
PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board process.	ntative is no longe	er their represent	stive. The Petitioner	r alleges that the	he followin	a circumstances ex	s assert that the ce let and requests t	rtified or currently hat the National	
2a. Name of Employer	# 1 U W				nt(s) Involved (Street and number, city, state, ZIP code)				
West End Fire Company #3 801 West Bridge Street, P					enixvîlle,	PA 19460			
3a. Employer Representative - N	3b. Address (if sam	ne as 2b - state	same)						
Rick Beittel Jr Same						Address			
3c. Tel. No.	3d. Fax No.		3e. Cell No.						
			610-724-2063			@aol.com		marnin	
4a. Type of Establishment (Factor Fire and EMS station	'y, mine, wholesal	er, etc.)		r orașe	Fire and	al product or service I EMS			
5a. Description of Unit Involved							5b. City and is located	State where unit	
Included: All Fuil-time and per-diem EMT-B, EMT	-P. Advanced EMT, Pi	refighter EMT-B, Fire	fighter EMT-Pemployses	who are in good sta	nding.		Phoenix	The many	
Excluded:									
All other employees incl									
6. No. of Employees in Unit 24	7. Do a s recogn	ubstantial numbe nized bargaining r	r (30% or more) of the representative? 🔀 🗅	ne employees ir res No	the unit no	longer wish to be re	presented by the ca	ertified or currently	
8a. Name of Recognized or Certif			<u> </u>			8b. Affiliation, if any			
International Association	of Fire Fight	ers Local 483	99		100.000			3	
8c. Address		0		8d. Tel. No.		8e. Call No.			
PO Box 308				610-933-1	140				
Phoenixville, Pa 19460			68	8f. Fax No. 610-933-5	160	8g. E-Mail Address local4839@gm	ail.com	1.com	
9. Date of Recognition or Certifica	ttion		10. Expiration Date	of Current or I	Most Recen	t Contract, if any (Mo	nth, Day, Year)	33	
January 6, 2011			December 31,	2019					
11a. Is there now a strike or picke	ting at the Employ	yer's establishma	nt(s) involved?	Yes X No	11b. If so,	approximately how n	nany employees are	participating?	
11c. The Employer has been pick								a labor organization, of	
(Insert Address)			57			sino	e (Month, Day, Yea	r)	
12. Organizations or individuals of	ther those named	in items 8 and 1°	Ic, which have claim	ed recognition	аз гергезел	tatives and other org	anizations None		
and individuals known to have	a representative	interest in any er	nployees in the unit	described in ite	m 6 above.	(If none, so state)	12d. Fax No.		
12a. Name	12b. Addre				120. 161. 1	NO.	IZU. FAX NO.		
		100			12e. Cell I	No.	12f. E-Mail Addres	5	
13. Election Details: If the NLRs matter, state your position with			ection available v	vhen	13a. Elect	lon Type: Manual	X Mail □	Mixed Manual/Mail	
13b. Election Date(s)		13c. Election Ti	1.00			ion Location(s)		0.000000	
March 13, 2020	40	0700-1900			801 W	. Bridge St, Phoe	mixville, PA, 1	9460	
14. Full Name of Petitioner				- 3					
(b) (6), (b) (7)(C)							7		
14a. Address (Street and number (b) (6), (b) (7)(C)	, clty, state, ZIP c	ode)			14b. Tel. N	Vo.	14c. Fax No.		
		(S)		•	14d. Cell (b) (6), (√o. b) (7)(G)	14e. E-Mail Addres (b) (6), (b)		
14f. Affiliation, if any							(b) (b), (b)	(,)(0)	
15. Representative of the Petition		aut camileo of a	Il nances for numer	non of the sone	onontation	proposition			
15. Representance of the Petition 15a. Name	oner who will acc	ept service or a	ii papera for purpo:	aea o) the repi	15b.Title	brocearing			
(b) (6), (b) (7)(C)					Parame	dic	Vi.		
15c. Address (Street and number (b) (6), (b) (7)(C)	, city, state, ZIP c	ode)	Ð		15d. Tel. I	No.	15e. Fax No.		
		3			15f. Çell N (b) (6), (15g. E-Mail Addres (b) (6), (b)	(7)(C)	
I declare that I have read the ab	ove netition and	that the statem	ents are true to the	host of my kn	S. Marketter	The second secon	(D)	(1)(0)	
Name (Print)		o) (6), (b) (7)		DOOL OF HIS KIL	Title	or separate		Date Filed	
(b) (6), (b) (7)(C)	(,) (O), (D) (T)			Individ			March 3, 2020	
WILLFUL FALSE S	TATEMENTS O				D IMPRISO	NMENT (U.S. CODE	, TITLE 18, SECTI	ON 1001)	

FORM NLRB-SQ (RD) UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE				
(2-16)	NATIC	NAL LABOR RELATI	IONS BOARD		Case N	-RD-2586	26	2/20/20	
INSTRUCTIONS: Unless employer concerned is to the employer and all other Case Procedures (Form I	e-Filed using the ocated. The peer parties name NLRB 4812). To	he Agency's website dition must be accord of in the petition of:(he showing of intere	mpanied by both a s (1) the petition; (2) S ast should only be fi	submit an origin showing of intere- statement of Posi- iled with the NLR	al of this a st (see 7 b tion form B and sho	Petition to an NLRB or selow) and a certificat (Form NLRB-505); an suid not be served on	office in the R le of service s d (3) Descrip the employe	egion in which the showing service on tion of Representation or any other party.	
PURPOSE OF THIS PET recognized bargaining rep Labor Relations Board (TTION: RD-DE	CERTIFICATION (RE	MOVAL OF REPRE	SENTATIVE) - A	substantial	rumber of employees	assert that th	e cartified or currently	
2a. Name of Employer 2b. Add Lehigh Hanson Aggregates 1101			2b. Address(es) o	Address(es) of Establishment(s) inuclved (Streat and number, city, étate, ZIP code) 101 Railroad Avenue, Newport, New Jersey, 08345					
3a. Employer Representative - Name and Title Al Lorenzo- Plant Manager		Title	3b. Address (if same as 2b - state same) Same						
3c Tel. No. 215-852-0288	3d Fax N	ax No. 3e, Cell No.			3f. E-Mail Address				
4a: Type of Establishment (Factory, mine, wholesalar, etc.) Mine				4b. Principal product or service Concrete Sand and Gr.					
5a. Description of Unit Involve Included:	ed .						5b. City	and State where unit	
8 employees includin Excluded:	ng operator	s and maintena	ance included	in union				ort, New Jersey	
6. No. of Employees in Unit 8	7.1	Do a substantial numb recognized bargaining	ber (30% or more) of g representative? 🔯	f the employees in	the unit n	o longer wish to be re	presented by	the centried or currently	
8a. Name of Recognized or Co Teamsters Local 676	ortified Bargaini				4	8b. Affiliation, if any			
8c. Address 101 W Crescent Blvd Collingswood, NJ 08108				8d. Tel. No. 856-964-2	101	Se. Cell No.			
				8f. Fax No. 856-964-49	856-964-4944				
7. Date of Recognition or Certification 10. Expiration 0.05/31/2017 05/31/2020				ate of Current or I	Most Rece	nt Contract, if any (Mo	onth, Day, Yes	ar)	
			05/31/2020						
	cketing at the E	mployer's establishm	The State of the S	Yes X No	11b. If so	, approximately how r	many employe	es are participating?	
11a. Is there now a strike or pil 1c. The Employer has been p (Insert Address)	icketed by or o	n behalf of (Insert N	nent(s) involved?			sirx	oe (Month, De	a labor organizati sy, Year)	
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WILLFUL FALSE STATEMENT

Solicitation of the information is to bits form is authorized by the internation and instance proceedings or fligistion. The modifie was for the information in the Section 1899, 7494-43 (Dec. 13, 2006). The NLRB will further explain these uses upon recess. Disclosure of this information to the NLRB in solutions, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Name (Print)

Marc Furman Esq

Signature

Marc Furman, Esquire

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RM-257405	3/4/20				

Date

03/4/2020 09:46:55

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer/Petitioner 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 801 W. Bridge Street PA Phoenixville 19460-Valley Forge Volunteer Fire Department d/b/a/ West End Fire 3a. Employer/Petitioner Representative - Name and Tille 3b. Address (If same as 2b – state same) 801 W. Bridge Street Rick Beittel Jr. President PA Phoenixville 19460 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No (610) 724-2063 beittelr@aol.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Fire, EMT, Ambulance, etc. 5a. Description of Unit Involved 5b. City and State where unit is Included: See Attached Page 2 for additional details located: Phoenixville, PA 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 24 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative 8a. Recognized or Certified Bargaining Agent - Name Jeremy Ulrich 8b. Affiliation, if any International Association of Fire Fighters, Local 4839 International Association of Fire Fighters 8d. Tel. No 8e. Cell No. (610) 933-1140 P.O. Box 308 8g. E-Mail Address 8f. Fax No. PA phoenixville 19460-(610) 933-5160 local4839@gmail.com 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification 12/31/2019 11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organiza ions and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: Manual Mail Mixed Manual/Mail any such election 13c. Election Time(s): 13d. Election Location(s): 13b. Election Date(s): 2 to 3 weeks from filing multiple employer's station 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 30 South 17th Street - 19th Floor PA Philadelphia 19103-14a. Name and Title Marc Furman Esq. Attorney Cohen Seglias Pallas Greenhall & Furman PC 14f. F-Mail Address 14c Tel No 14d Cell No. 14e Fax No. mfurman@cohenseglias.com (215) 564-1700 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

Title

Attorney

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		

Employees Included

Full-time and regular part-time A-EMT/Firefighter, EMT-B/firefighter, EMT-P/firefighter

Employees Excluded

Volunteers, clerical, supervisory or administrative