

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-230437	Date Filed 11-05-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 Jefferson Frankford Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4900 Frankford Ave PA Philadelphia 19124-2695
---	--

3a. Employer Representative - Name and Title Karen Sobczak	3b. Address (If same as 2b - state same) 4900 Frankford Ave PA Philadelphia 19124-2695
--	---

3c. Tel. No. (215) 831-2302	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ksobczak@jefferson.edu
---------------------------------------	---------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Healthcare	5a. City and State where unit is located: Philadelphia, PA
--	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 180	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
--	--------------------

8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
--------------------	--------------------	--------------------	---------------------------

8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

11b. Election Date(s): November 20, 2018	11c. Election Time(s): 6:00 a.m. to 8:00 a.m., 2:00 p.m. to 4:00 p.m., 6:00 p.m. to 8:00 p.m.	11d. Election Location(s): Conference Room
--	---	--

12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-
---	--

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, American Federation of State, County and Municipal Employees, AFL-CIO

12d. Tel No. (215) 735-1300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ChristenW@1199cnuhnce.org
---------------------------------------	----------------------	---------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Lance Geren Attorney O'Donoghue & O'Donoghue, LLP	13b. Address (street and number, city, state, and ZIP code) 325 Chestnut St Ste 515 PA Philadelphia 19106-2605		
13c. Tel No. (215) 629-4970	13d. Cell No. (202) 805-6148	13e. Fax No. (215) 629-4996	13f. E-Mail Address lgeren@odonoghuelaw.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) Lance Geren	Signature /s/ Lance Geren	Title Attorney	Date 11/5/2018 07:56:40
------------------------------------	-------------------------------------	--------------------------	-----------------------------------

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
04-RC-230437	11-05-18

Employees Included

All full-time and regular part-time nonprofessional employees, including certified nursing assistants, chief storekeepers, cooks, dietary aides, ER clerks, ER techs, housekeeping employees, monitor techs, OR material coordinators, patient sitters, sterile processing techs, supply chain tech, transport employees, and unit clerks, employed by the Employer at its 4900 Frankford Avenue facility.

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-230451	Date Filed 11/4/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 ACV Enviro		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 600 Cenco Blvd NJ Clayton 08312-2310	
3a. Employer Representative - Name and Title Richard Ziskin Esq.		3b. Address (If same as 2b - state same) 6268 Jericho Tpke, Suite 12A NY Commack 11725-	
3c. Tel. No. (631) 462-1417	3d. Cell No. (516) 965-3183	3e. Fax No. (631) 462-1486	3f. E-Mail Address richard@ziskinlawfirm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	
		5a. City and State where unit is located: Clayton, NJ	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 45
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): November 26, 2018	11c. Election Time(s): 5:00 a.m. to 7:00 a.m.; 5:00 p.m. to 7:00 p.m.	11d. Election Location(s): 600 Cenco Boulevard, Clayton, NJ 08312
--	---	---

12a. Full Name of Petitioner (including local name and number) Kevin Young International Union of Operating Engineers Local 825	12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue Third Floor NJ Springfield 07081-
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers	

12d. Tel No. (732) 713-5049	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kyoung@iuoe825.org
---------------------------------------	----------------------	---------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel C Stark Esq. attorney DeCotis FitzPatrick Cole & Giblin LLP		13b. Address (street and number, city, state, and ZIP code) 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666-	
13c. Tel No. (201) 347-2129	13d. Cell No. (201) 213-0458	13e. Fax No. (201) 928-0588	13f. E-Mail Address dastark@decotislaw.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) Daniel C Stark Esq.	Signature Daniel Stark	Title attorney	Date 11/4/2018 12:36:14
--	----------------------------------	--------------------------	-----------------------------------

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
04-RC-230451	11/4/2018

Employees Included

Technicians, Operators, Drivers, Working Foremen, Mechanics

Employees Excluded

Office clerical employees, managerial employees, guards, supervisors, and professional employees as defined by the Act

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-230531	Date Filed 11/6/18

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: Aramark	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): The University of Scranton, 900 Mulberry Street, DeNaples Center, Scranton, Pennsylvania 18510
3a. Employer Representative - Name and Title: Joseph Boyd, General Manager	3b. Address (if same as 2b - state same): Same

3c. Tel. No.: (570) 941-7456	3d. Cell No.:	3e. Fax No.: (570) 941-4140	3f. E-Mail Address: Joseph.boyd@scranton.edu
--	----------------------	---------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Food Service Provider	4b. Principal Product or Service: Dining Service	5a. City and State where unit is located: Scranton, Pennsylvania
--	--	--

5b. Description of Unit Involved: All full-time and regular part-time cooks, included: cashiers, food service workers, utility workers, drivers, receivers, and lead employees employed by Aramark at Scranton University food service. Excluded: All other employees, guards and supervisors and all others excluded by law.	6a. Number of Employees in Unit: 175	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11-5-18 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): None	8b. Address:
--	---------------------

8c. Tel. No.:	8d. Cell No.:	8e. Fax No.:	8f. E-Mail Address:
----------------------	----------------------	---------------------	----------------------------

8g. Affiliation, if any:	8h. Date of Recognition or Certification:	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):
---------------------------------	--	---

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name:	10b. Address:	10c. Tel. No.:	10d. Cell No.:
		10e. Fax No.:	10f. E-Mail Address:

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): 11-29-18	11c. Election Time(s): 7 a.m. to 10 a.m. and 2 p.m. to 5 p.m.	11d. Election Location(s): DeNaples Center, 2nd Floor Conference Rm.
---	---	--

12a. Full Name of Petitioner (including local name and number): Pennsylvania Joint Board of Workers United Attn: David Melman, Manager SEIU	12b. Address (street and number, city, State and ZIP code): 1017 Hamilton Street, Allentown, Pennsylvania 18101
--	---


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

12d. Tel. No.: (800) 354-3135	12e. Cell No.: (215) 219-1416	12f. Fax No.: (610) 433-6203	12g. E-Mail Address: dmelman@pajbwu.org
---	---	--	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: James F. Runckel, Esquire	13b. Address (street and number, city, State and ZIP code): Spear Wilderman, P.C., 230 S. Broad St., 14th Floor, Phila., PA 19102

13c. Tel. No.: (215) 732-0101	13d. Cell No.:	13e. Fax No.: (215) 732-7790	13f. E-Mail Address: jfrunckel@spearwilderman.com
---	-----------------------	--	---

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

Name (Print) James F. Runckel	Signature 	Title Attorney for Petitioner	Date 11-5-18
---	---	---	------------------------

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	04-RC-230871	Date Filed	11-09-18
----------	--------------	------------	----------

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 Samuel Adams Pennsylvania Brewery	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7880 Penn Dr PA Breinigsville 18031-1508
--	---

3a. Employer Representative - Name and Title Luis Mer	3b. Address (If same as 2b - state same) 7880 Penn Dr PA Breinigsville 18031-1508
---	--

3c. Tel. No. (610) 391-4919	3d. Cell No. (610) 841-6071	3e. Fax No.	3f. E-Mail Address
---------------------------------------	---------------------------------------	--------------------	---------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages (Alcoholic)	4b. Principal product or service Brerery	5a. City and State where unit is located: Breinigsville, PA
---	--	---

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 63	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	---

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
--	--------------------

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
--------------------	---------------------	--------------------	---------------------------

8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
 (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): November 27, and November 29 2018	11c. Election Time(s): 5am-7am and 5pm to 7pm	11d. Election Location(s): Breakroom in the Brewhouse
--	---	---

12a. Full Name of Petitioner (including local name and number) Louis Agre International Union of Operating Engineers, Local 542	12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Dr Ste 100 PA Fort Washington 19034-
--	---

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

12d. Tel No. (215) 542-7500	12e. Cell No. (215) 852-6548	12f. Fax No. (215) 542-7557	12g. E-Mail Address Agrelou@gmail.com
---------------------------------------	--	---------------------------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

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) Louis Agre	Signature Louis Agre	Title Counsel	Date 11/9/2018 09:07:26
-----------------------------------	--------------------------------	-------------------------	-----------------------------------

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.

DO NOT WRITE IN THIS SPACE

Attachment

Case	Date Filed
04-RC-230871	11-09-18

Employees Included
All brewhouse operators

Employees Excluded
Supervisors, clericals, guards and all other employees who are not brewhouse operators

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-230873	Date Filed 11-09-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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
Sunbelt Rentals

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
89 Second Street
PA Wilkes-Barre 18702-

3a. Employer Representative - Name and Title
Isaac Putnam

3b. Address (if same as 2b - state same)
89 Second Street
PA Wilkes-Barre 18702-

3c. Tel. No. (570) 392-4111

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Equipment Rental

5a. City and State where unit is located:
Wilkes Barre, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
8

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Excluded: See Attached Page 2 for additional details

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
November 23, 2018

11c. Election Time(s):
6 to 8 am

11d. Election Location(s):
Employer's facility-Breakroom

12a. Full Name of Petitioner (including local name and number)
Louis Agre
International Union of Operating Engineers, Local 542

12b. Address (street and number, city, state, and ZIP code)
1375 Virginia Dr Ste 100
PA Fort Washington 19034-

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

12d. Tel No. (215) 542-7500

12e. Cell No. (215) 852-6548

12f. Fax No. (215) 542-7557

12g. E-Mail Address
Lou.Agre@IUOE542.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Louis Agre Counsel
IUOE Local 542

13b. Address (street and number, city, state, and ZIP code)
1375 Virginia Dr Ste 100
PA Fort Washington 19034-

13c. Tel No. (215) 542-7500

13d. Cell No. (215) 852-6548

13e. Fax No. (215) 542-7557

13f. E-Mail Address
Agrelou@gmail.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) Louis Agre	Signature Louis Agre	Title Counsel	Date 11/8/2018 08:24:13
-----------------------------------	--------------------------------	-------------------------	-----------------------------------

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.

DO NOT WRITE IN THIS SPACE

Attachment

Case 04-RC-230873

Date Filed
11-09-18

Employees Included

All drivers, mechanics and yard personnel

Employees Excluded

Guards, clericals, supervisors, administrators, counterpersons.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-230956	Date Filed 11/9/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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: Temple Univ. Health System Jeanes Hospital	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7600 Central Ave. Philadelphia, PA 19111
--	---

3a. Employer Representative - Name and Title: Beverly Sherbondy, HR Director	3b. Address (if same as 2b - state same): Same
--	--

3c. Tel. No. 215-728-2000	3d. Cell No.	3e. Fax No. 215-728-2682	3f. E-Mail Address beverly.sherbondy@tuhs.temple.edu
-------------------------------------	---------------------	------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal Product or Service Hospital	5a. City and State where unit is located: Philadelphia, PA
--	---	--

5b. Description of Unit Involved: Included: All f/t & p/t non-professionals CNAs, EVS, DAs, UCs, orderly, transport, ER Techs etc Excluded: Guards, licensed and technical employees, management and those excluded by NLRA	6a. Number of Employees in Unit: 180	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
---	---------------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
---------------------	---------------------	--------------------	---------------------------

8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
---------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name N/A	10b. Address N/A	10c. Tel. No.	10d. Cell No.	10e. Fax No.	10f. E-Mail Address
-------------------------	----------------------------	----------------------	----------------------	---------------------	----------------------------

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): November 29, 2018	11c. Election Time(s): 6am - 8am, 2pm-4pm, 6pm-8pm	11d. Election Location(s): Employees breakroom/lounge in hospital
--	--	---

12a. Full Name of Petitioner (including local name and number): District 1199C	12b. Address (street and number, city, State and ZIP code): 1319 Locust Street, Philadelphia, PA 19107
--	--

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 AFSCME, AFL-CIO

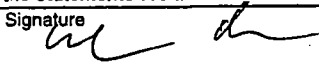
12d. Tel. No. 215-735-1300	12e. Cell No. 215-906-5756	12f. Fax No. 215-735-1362	12g. E-Mail Address usamaha@199Cnuhnce.org
--------------------------------------	--------------------------------------	-------------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Lance Geren, Esq.	13b. Address (street and number, city, State and ZIP code): 325 Chestnut St. Suite 515, Philadelphia, PA 19106
--	--

13c. Tel. No. 267-777-9315	13d. Cell No. 202-805-6148	13e. Fax No. 215-629-4996	13f. E-Mail Address lgeren@odonoghuelaw.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) Usamah Abdullah	Signature 	Title Director of organizing	Date 11/9/18
---------------------------------	--	---------------------------------	-----------------

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-231494	Date Filed 11-23-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 FJ Hess And Sons	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 116 McTa Dr PA Swiftwater 18370-7724
---	---

3a. Employer Representative - Name and Title Salvatore Furino Sr.	3b. Address (if same as 2b - state same) 116 McTa Dr PA Swiftwater 18370-7724
---	--

3c. Tel. No. (570) 839-1300	3d. Cell No.	3e. Fax No. (570) 839-3400	3f. E-Mail Address briannahardy@fjhess.com
---------------------------------------	---------------------	--------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service HVAC/Sheetmetal	5a. City and State where unit is located: Swiftwater, PA
--	--	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 13	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
--	--------------------

8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
--------------------	--------------------	--------------------	---------------------------

8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): December 7, 2018	11c. Election Time(s): 9:30 am to 10:00 am	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): FJ Hess Fabrication Shop
---	--	--	---

12a. Full Name of Petitioner (including local name and number) Jeffrey Edward Schmude Sr. Jeff Schmude Sheet Metal Workers Local #44	12b. Address (street and number, city, state, and ZIP code) 248 Parrish St PA Wilkes Barre 18702-4667
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
SMART Sheet Metal Air Rail And Transportation

12d. Tel No. (570) 822-4781	12e. Cell No. (570) 262-5645	12f. Fax No. (570) 822-6615	12g. E-Mail Address jeff@smwlu44.org
---------------------------------------	--	---------------------------------------	--

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. 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) Jeffrey Edward Schmude Sr.	Signature Jeffrey Edward Schmude SR.	Title Marketing Developer	Date 11/21/2018 10:03:43
---	--	-------------------------------------	------------------------------------

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.

DO NOT WRITE IN THIS SPACE

Attachment

Case	04-RC-231494	Date Filed	11-23-18
------	--------------	------------	----------

Employees Included
HVAC Full/Part time, Sheetmetal Full/Part time

Employees Excluded
Plumbers Full/Part tme, Drivers Full/Part time

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-231871	Date Filed 11/30/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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
Simpson House

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2101 Belmont Avenue
PA Philadelphia 19131-

3a. Employer Representative - Name and Title
Richard Coyle

3b. Address (If same as 2b - state same)
2101 Belmont Avenue
PA Philadelphia 19131-

3c. Tel. No. (215) 792-2198

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
rcoyle@simpsonhouse.org

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

4b. Principal product or service

5a. City and State where unit is located:
Philadelphia, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
5

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

8b. Address
1319 Locust Street
PA Philadelphia 19107-

8c. Tel. No. (215) 735-1300

8d. Cell No.

8e. Fax No.

8f. E-Mail Address
christenw@1199cnuhce.org

8g. Affiliation, if any
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ **If so, approximately how many employees are participating?** _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
12/12/2018

11c. Election Time(s):
1:00 PM to 2:00 PM

11d. Election Location(s):
Conference Room

12a. Full Name of Petitioner (including local name and number)
Chris Woods
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
1319 Locust Street
PA Philadelphia 19107-

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, AFSCME, AFL-CIO

12d. Tel. No. (215) 735-1300

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
chnstenw@1199cnuhce.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Andrew Kelsner
O'Donoghue & O'Donoghue LLP

13b. Address (street and number, city, state, and ZIP code)
325 Chestnut Street Suite 515
PA Philadelphia 19106-

13c. Tel. No. (215) 629-4970

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
akelsner@odonoghuelaw.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)
Andrew Kelsner

Signature
Andrew Kelsner

Title

Date
11/30/2018 07:57:00

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

The Union currently represents a bargaining unit of all full-time and regular part-time dietary, nurses' aides, orderlies, housekeeping, laundry, maintenance, personal care assistants, recreational therapy aides, and restorative aides employed at Simpson House. The Union seeks to add the Receptionists and Bus Drivers to the existing unit.

Employees Excluded

All managerial, guards, and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RM-230627	Date Filed 11/7/18

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: RAD Mfg. LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): P.O. Box 531 531 Maple Street Nescopeck, PA 18635	
3a. Employer/Petitioner Representative - Name and Title: Joshua Cantor, President & CEO		3b. Address (if same as 2b - state same): same	

3c. Tel. No. 570-752-4514	3d. Cell No. 908-230-8451	3e. Fax No. 570-752-1205	3f. E-Mail Address jcantor@radwoodproducts.com
-------------------------------------	-------------------------------------	------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service Engineered Wood Products
---	---

5a. Description of Unit Involved: Included: All production employees. Excluded: All supervisory personnel, maintenance employees and office clerical employees.		5b. City and State where unit is located: Nescopeck, PA
		6. Number of Employees in Unit: 45

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers' International Union, AFCL CIO-CLC on behalf of Local Union 8567		8b. Affiliation, if any: United Steel Workers
8c. Address: 120 R. East Third Street Berwick, PA 18603		8d. Tel. No. 570-752-7716
		8e. Cell No. 570-950-1930
		8f. Fax No. 570-752-7748
		8g. E-Mail Address mlapansky@usw.org

9. Date of Recognition or Certification Unknown but more than three years ago.	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October 31, 2017
--	---

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 organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
None.

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 any such election: _____

13a. Election Type:
 Manual Mail Mixed Manual/Mail


13b. Election Date(s): November 26th	13c. Election Time(s): 11:00 a.m.	13d. Election Location(s): 531 Maple St., Nescopeck, PA 18635
--	---	---

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title: Lars H. Anderson, Esquire	14b. Address (street and number, city, State and ZIP code): 600 Third Avenue Kingston, PA 18704
--	---

14c. Tel. No. 570-287-3000	14d. Cell No. 570-702-5032	14e. Fax No. 570-287-8005	14f. E-Mail Address landerson@hkqlaw.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) Lars Anderson	Signature 	Title attorney	Date 11-6-18
--------------------------------------	--	--------------------------	------------------------

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.