FIRST AMENDED UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
04-RC-248412	10/7/2019					

INSTRUCTIONS: Unless e-Filed using employer concerned is located. The the employer and all other parties in Case Procedures (Form NLRB 4812)	e petition must named in the pe	be accompanied tition of: (1) the	by both a s petition; (2)	howing of interest (see Statement of Position f	6b below) and orm (Form NL	d a certifica RB-505); ai	nte of service nd (3) Descrip	showing service on otion of Representation	
PURPOSE OF THIS PETITION: RO bargaining by Petitioner and Petition requests that the National Labor	ner desires to be	e certified as repre	esentative of	the employees. The Petit	tioner alleges	that the fol	lowing circu	mstances exist and	
2a. Name of Employer: Leisure Knoll at Mancheste	er	1 B	uckingha	Establishment(s) involve m Dr., N. NJ 08759	ed (Street and	number, Cit	y, State, ZIP c	ode):	
3a. Employer Representative Name Mary D'Ime Manager	e and Title:	3b. A San		ne as 2b state same):					
3c. Tel. No. 732-675-6661	3d. Cell No.	<u>!</u>	3e. Fax N 732-65	o. 7-7433	3f. E Mail A	Address			
4a. Type of Establishment (Factory, min Residential	ine, wholesaler,	etc.)	4b. Princi	pal Product or Service			nd State where	e unit is located:	
5b. Description of Unit Involved: Included: A residual unit of all unrepr	resented em	ployees not	in the ma	intenance unit		6a. Numb	er of Employe	es in Unit:	
Excluded: Supervisors and guards as d	described in	the Act				of the	employees in	nber (30% or more) the unit wish to be Petitioner? X Yes No	
Check One: 7a. Request for recogon or about (Date) 7b. Petitioner is curre		(If no reply	received, so	state).		d Employer	declined recog	nition	
8a. Name of Recognized or Certified				ddress:	inder the Act.	•			
8c. TeL No.	8d. Cell No.			8e. Fax No. 8f. E-Mail			Address		
8g. Affiliation, if any:	8g. Affiliation, if any:						n Date of Current or Most tract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the	he Employer's es	stablishment(s) in	volved? No	If so, approxim	nately how mar	y employee	s are participa	ting?	
(Name of Labor Organization)					<u> </u>		er since (Mon		
Organizations or individuals other the individuals known to have a represe None							es and other o	rganizations and	
10a. Name	10b. A	Address			10c. Tel. No).	10d. Cell No.		
					10e. Fax No	No. 10f. E Mail Address			
11. Election Details: If the NLRB condu Union seeks an Armour-Glo						11a. Electio		Mixed Manual/Mail	
11b. Election Date(s): 11c. Election Time(s): 10/15/19 10:30 am - 11:00							on Location(s): ngham Dr., N., Manchester NJ		
12a. Full Name of Pet tioner (including local name and number): SEIU 32BJ 12b. Address (street and number, city, State and ZIP code): 494 Broad Street, 3rd Fl. Newark, NJ 07102									
12c. Full name of national or international Service Employees International			itioner is an a	affiliate or constituent (if r	one, so state):				
12d. Tel. No. 937-827-3225	2e. Cell No.		12f. Fax N 862-23		12g. E-Mail	Address			
13. Representative of the Petitioner w 13a. Name and Title: Brent Garren Deputy General Counsel	vho will accept	service of all pa	13b, Addre 25 W. 1	poses of the representates (street and number, of 8th Street, 5th Floork, NY 10011	ity, State and				
13c. Tel. No. 13	3d. Cell No. 17-208-428	37	13e. Fax N 212-38	lo.	13f. E-Mail bgarren(bj.org		
I declare that I have read the above p			are true to th	ne best of my knowledg			3 8		
Name (Print)		Signature		1					

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
04-RC-249251	10/2/19							

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 7548 Brewster Avenue Philadelphia, PA 19153 Herr Food Inc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Walter Naimola 7548 Brewster Avenue Philadelphia, PA 19153 3f. E-Mail Address 3c, Tel. No. 3d. Cell No. 3e. Fax No. 2154925990 2154925638 walter.najmola@herrs.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Philadelphia, PA Food Manufactuerer Distibution of snack foods 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and regular part time sales representative 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes Excluded: All other employees, managers, supervisiors and guards as definded in the act Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) 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) 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c. Tel. No. 10d Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 4:00am -7:00am Conference room at employer location 10/25/2019 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 463 1375 Virginia Drive, Suite 203 Fort Washington, PA 19034 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 2155911000 bob@teamsters463.org 2157837119 2155911001 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel. No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) 10/0/2019 Secretary Treasuer Robert Ryder

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS	SPACE
Case No.	Date Flied
04-RC-249398	10/4/19

RC PETITION INSTRUCTIONS: Unless a Filed using the Agency's website. | www.hitb.gov/ |, submit an original of this Palition 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 65 below) and a certificate of service showing service on the amployer and all other perties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filled with the NLRB and should not be served on the amployer 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 bergaining by Politioner and Politioner desires to be contiled as representative of the employees. The Politioner alleges that the following circumstances exist and requests that the National Labor Relations Board process under its proper authority pursuant to Section # of the National Labor Relations Act, 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 150 N. 6th Street, Philadelphia PA 19106 WHYY, Inc. 3a. Employer Representativa - Name and Tide; 3b. Address (if same es 2b - state same): William I Marrazzo President & CEO. Same JE Tel, No. 3d, Call No. 3e. Faz No. 31. E-Mail Address 215.990.9607 215.351.1222 wmarrazzo@whyy.org 4b, Principal Product or Service 4s. Type of Establishment (Factory, mins, wholesaler, etc.) 5a, City and State where unit is located: **Broadcasting** News/Programming Content Philadelphia, Pennsylvania 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 88 See Attachment A 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? [x] Yes [] No. Excluded: See Attachment A Check One: [x] 7a. Request for recognition as Bargaining Representative was made on (Date) and Employar 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, Namo of Recognized or Certified Bargaining Agent (Vinone, so stote) | 6b. Address: None Sc. Tel. No. 8d. Cell No. 81. E-Mail Address Se. Fax No. Br. Expiration Date of Current or Most 8h. Date of Recognition or Certification 8g. Alfaiation, if arry. Recent Contract, If any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , 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 50 above, (Il none, so state) None 10c. Tel. No. 10d, Cell No. 10a, Name 105. Address 10e Fax No. 101. E-Mall Address 11, Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: [119 Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 110. Election Date(s): 11c. Election Time(s): October 23, 2019 8-10 AM 4-6 PM Metro Room 12b; Address (street and number, city, State and ZIP code): 12a. Full Name of Patitioner (including local name and number): Screen Actors Guild - American Federation of Television 1900 Broadway, 5th Floor, New York, NY 10023. And Radio Artists (SAG-AFTRA) 12c. Full name of national or informational labor organization of which Patitioner is an attitude or constituent (if none, so 218/e): AFL-CIO 12/. Fax No. 12g, E-Mail Address 12a. Cell No. 12d. Tel. No. 212-863-4206 212-532-2625 13. Representative of the Patitioner who will accept service of all papers for purposes of the representation proceeding. 13e. Name and Tale: 135. Address (street and number, city, State and ZIP code): See Attachment B 131. E-Mail Address 13d, Call No. 33e, Fax No. 13c. Tel. No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Data Signature tell . 10/3/2019 Director, Organizing Magdalena Russell-Brown

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

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

Attachment A (5b):

Included: All full time and regular part time employees of WHYY, Inc. who create content for Television, Radio and Digital platforms including;

Producers, Directors, Associate Producers, Reporters, Sr. Reporter, South NJ Reporter, Multimedia Reporter, Morning News Associate, FM Art Desk Reporter, Afternoon FM Host, Afternoon Host/Anchor, Statehouse/NJ reporter, GA reporter, Producer & Host, Morning Edition, Reporter/Producer/Host, Education Reporter Delaware, General Assignment Reporter Delaware, Producer Radio Times, Producer, Reporter Keystone Crossroads, Engagement Editor PlanPhilly, Reporter PlanPhilly, Data Reporter, Associate Web Producer, Community Editor, Videographer, Multimedia Content Producer, News Editor/Producer. Producer/Reporter the Pulse, Reporter the Pulse, Multimedia Health Science Reporter, Producer the Pulse, Video Producer, Line Producer, Video and web producer/Director, Producer Reporter and Host, Video Producer Check Please, Associate Producer Check Please, Reporter Billy Penn, Political Editor Billy Penn, Newsroom Coordinator, News Production/Project Manager, Web Developer, Manager on demand audio and podcast, Web Administrator and Producer, Social Media Specialist, Radio Operations Associate, Radio Operations Assistant, Associate Producer on air, Community Relations Coordinators, Graphics and Multimedia Designer, Sr Producer Promotions, Promotions Producer, Sr Designer, Digital Marketing Coordinator, Marketing and Communications Editor

Excluded: Office Clerical Employees, Institutional Advancement Employees, Finance and Analysis Employees, Administrative Services Employees, WHYY employees already represented by a labor union, interns, Supervisors and guards as defined by the Act.

Attachment B (13a-f):

Joshua Mendelsohn, Senior Labor Counsel, SAG-AFTRA 1900 Broadway, 5* Floor, New York, NY 10023

Phone: 212-863-4292 Fax: 212-532-2625

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
04-RC-249415	Date Filed 10/4/19						

INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, wu	ww.nirb.gov, submit a	n original of this i	Petition to	an NLRB office in the Region			
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form									
	(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed								
with the NLRB and should not b					- · · · · · · · · · · · · · · · · · · ·	,			
1. PURPOSE OF THIS PETITION: RC-	CERTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to	be represente	ed for purposes of collective			
bargaining by Petitioner and Petitione	er desires to be certifi	ed as representativ	ve of the employees. The	Petitioner alleges tha	t the followi	ng circumstances exist and			
requests that the National Labor R 2a. Name of Employer	elations Board proc		per authority pursuant to idress(es) of Establishment						
Agua America		76	32 Lancaster Ave	(3) IIIVOIVEG (Siteet at	ia riarriber, cr	ly, State, ZIF Code)			
3a. Employer Representative – Name	and Title	! P/	A Bryn Mawr 19010- 3b. Address (If same as	2h - state same)	·				
Christina Kelly	and thic		762 Lancaster Ave						
3c. Tel. No.	3d. Cell No.	<u> </u>	3e. Fax No.		3f. E-Mail Ad	dress			
(610) 645-1107	00.00.00.		(610) 525-7658		cikelly@aquaa				
4a. Type of Establishment (Factory, min	e. wholesaler, etc.)	4b. Principal prod	1 ' . '	·	5a. Cit	and State where unit is located:			
Water Utilities	2,		water and waster water :	service	505	Honesdale, PA			
5b. Description of Unit Involved		L				6a. No. of Employees in Unit:			
Included: See Attached Page 2 for add	titional detaile					10			
See Allactied Page 210/ aci	Jilloriai detalis					6b. Do a substantial number (30%			
Fueluded				·		or more) of the employees in the unit wish to be represented by the			
Excluded: See Attached Page 2 for add	ditional details					Petitioner? Yes [] No []			
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about									
Check One /a. Request to		(If no reply received		and	Linployer de	Cinied recognition on or about			
7h Petitioner			epresentative and desires	certification under the	Δct				
8a. Name of Recognized or Certified			8b. Address	John Grand Hard Hard	101.				
			Ì						
8c. Tel No.	8d Cell No.	<u> </u>	8e. Fax No.		8f. E-Mail Ad	dress			
			<u> </u>			· -			
8g. Affiliation, if any			8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent				
					Contract, if any (Month, Day, Year)				
					Contract, if a	ny (Month, Day, Year)			
Q is there now a strike or nicketing at th	e Employer's establis	shment(s) involved	? If so, annrox	imately how many emi					
9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involved	? If so, approx	imately how many em	oloyees are p	articipating?			
(Name of labor organization)		, has pick	eted the Employer since (/	Month, Day, Year)	oloyees are p	articipating?			
(Name of labor organization)	an Petitioner and tho	, has pick	seted the Employer since (I	Month, Day, Year)	oloyees are p	articipating?			
(Name of labor organization)	an Petitioner and tho	, has pick	seted the Employer since (I	Month, Day, Year)	oloyees are p	articipating?			
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(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest	an Petitioner and tho in any employees in	, has pick se named in items the unit described i	seted the Employer since (I	Month, Day, Year) ed recognition as represso state)	oloyees are p	articipating? nd other organizations and individuals			
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(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest 10a. Name 11. Election Details: If the NLRB cond any such election. 11b. Election Date(s): oct 18, 2019 12a. Full Name of Petitioner (Includin Matt Toomey, U.O. E local 542 12c. Full name of national or internation International Union of Operating Enginee 12d. Tel No.	an Petitioner and tho in any employees in 10b. Ad ucts an election in the 6:00 a. g local name and not al labor organization rs 12e. Cell No.	, has pick se named in items the unit described in dress is matter, state you lection Time(s): m7:00 a.m.	teted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, If none,	ed recognition as represso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location 1775 north main street 1375 virgina drive PA fort washington 15 (if none, so state)	esentatives are pesentatives are pesenta	articipating? Ind other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail PA, 18431 Meeting room downstail, city, state, and ZIP code)			
(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest 10a. Name 11. Election Details: If the NLRB cond any such election. 11b. Election Date(s): cot 18, 2019 12a. Full Name of Petitioner (Includin Matt Toomey U O Elocal 542 12c. Full name of national or internation International Union of Operating Enginee 12d. Tel No. (215) 542-7500	an Petitioner and tho in any employees in 10b. Ad 10b. Ad 11c. E. 6:00 a. g local name and not al labor organization rs 12e. Cell No. (215) 317-1606	, has pick se named in items the unit described in dress is matter, state you lection Time(s): m7:00 a.m. umber)	teted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, ir position with respect to is an affiliate or constituen 12f. Fax No.	ed recognition as represso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location 1775 north main stree 1375 virgina drive PA fort washington 19 (if none, so state)	esentatives are pesentatives are pesenta	articipating?			
(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest 10a. Name 11. Election Details: If the NLRB cond any such election. 11b. Election Date(s): oct 18, 2019 12a. Full Name of Petitioner (Includin Matt Toomey I/O & local 542 12c. Full name of national or internation. International Union of Operating Enginee 12d. Tel No. (215) 542-7500 13. Representative of the Petitioner w	an Petitioner and tho in any employees in 10b. Ad 10b. Ad 11c. E. 6:00 a. g local name and not al labor organization rs 12e. Cell No. (215) 317-1606	, has pick se named in items the unit described in dress is matter, state you lection Time(s): m7:00 a.m. umber)	seted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, ir position with respect to is an affiliate or constituen 12f. Fax No. pr purposes of the repres	ed recognition as represso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location 1775 north main stree 1375 virgina drive PA fort washington 15 (if none, so state) entation proceeding.	Manual on(s): et Honesdale and number 2034-	articipating? Ind other organizations and individuals 10d. Cell No. 10f. E-Mail Address Individuals PA, 18431 Meeting room downstail, city, state, and ZIP code) Address Diuoe542.com			
(Name of labor organization) 10. Organizations or individuals other the known to have a representative interest of the Name 11. Election Details: If the NLRB condition any such election. 11b. Election Date(s): Oct 18, 2019 12a. Full Name of Petitioner (Including Matt Toomey, U.O E local 542 12c. Full name of national or internation International Union of Operating Engineer 12d. Tel No. (215) 542-7500 13. Representative of the Petitioner with 13a. Name and Title Including Name and Title Including Engineer 13a. Name 25a. Na	an Petitioner and tho in any employees in 10b. Ad ucts an election in the 6:00 a. If the following labor organization is 12e. Cell No. (215) 317-1606 tho will accept service.	, has pick se named in items the unit described in dress is matter, state you lection Time(s): m7:00 a.m. umber)	seted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, ir position with respect to 12f. Fax No. 13b. Address (street and 1375 virgina drive	ed recognition as represso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location 1775 north main street 1375 virgina drive PA ford washington 15 (if none, so state) entation proceeding.	Manual on(s): et Honesdale and number 2034-	articipating? Ind other organizations and individuals 10d. Cell No. 10f. E-Mail Address Individuals PA, 18431 Meeting room downstail, city, state, and ZIP code) Address Diuoe542.com			
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(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest 10a. Name 11. Election Details: If the NLRB cond any such election. 11b. Election Date(s): oct 18, 2019 12a. Full Name of Petitioner (Includin Matt Toomey U O Elocal 542 12c. Full name of national or internation International Union of Operating Engineer 12d. Tel No. (215) 542-7500 13. Representative of the Petitioner with 13a. Name and Title lou Agre Business Agent International Union of Operating Engineer 13c. Tel No.	an Petitioner and tho in any employees in 10b. Ad 10b. Ad 11c. E. 6:00 a. g local name and not al labor organization rs 12e. Cell No. (215) 317-1606 ho will accept servings	, has pick se named in items the unit described in dress dress is matter, state you lection Time(s); m7:00 a.m. umber) of which Petitioner ice of all papers for the control of the cont	leted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, in item 5b above. (If none, item 5b above.) It position with respect to 12f. Fax No. 12f. Fax No. 12f. Fax No. 13b. Address (street and 1375 virgina drive PA fort washington 1903 13e. Fax No.	ed recognition as represso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location 1775 north main stree 1375 virgina drive PA fort washington 15 (if none, so state) entation proceeding.	esentatives and process are process and process are process and process are process and process are process are process and process are process are process and process are process are process and process are process and process are process are process are process are process.	articipating?			

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.

	اور	DO NOT WRITE IN THIS SPACE	
	Case	³ Date Fìled	
Attachment			
			_

Employees Included

all full and part-time water and waste water operators, operator trainees, inspectors, Construction coordinator and construction technicians employed by the employer and assigned to perform work in the Honesdale division

Employees Excluded all other employees, office clerical employees, confidential employees, professional Employees, managerial employees, guards and supervisors as defined in the Act

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
04-RC-249857	10/15/19						

<u> </u>						U4-RU-24	9007	·	110/1	5/19		
INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition mus named in the p 12). The showin	t be accompai petition of: (1) ng of interest s	nied by the peti hould d	both a sh tion; (2) S only be file	owing of interest (se tatement of Position ad with the NLRB and	e 6b below) an form (Form NL I should not be	d a certifica RB-505); an served on t	le of service : d (3) Descrip he employer	showing s tion of Rej or any oth	ervice on presentation per party.		
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to l	be certified as r	epresen	tative of th	e employees. The Pet	litioner alleges	that the foll	owing circun	nstances e	ollective exist and		
2a. Name of Employer:		[2	b. Addre	ess(es) of	Establishment(s) involv	ed (Street and	number, City	, State, ZIP co	ode):	-		
Sterling Healthcare and R Center	ehabilitatio	n 3	318 S.	Orang	e St., Media, PA	19063	·					
ta. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same):												
Dell Ko, Administrator	no and Tide.	- 1	same	339 (II 3BIII	e as 20 - state same).							
3c. Tel. No. 610-656-1400	3d, Cell No.			3e. Fax No 610-56		3f. E-Mail /	Address					
4a. Type of Establishment (Factory, I		r, etc.)			al Product or Service		1	d State where	unit is loc	ated:		
Sub-Acute Healthcare Fac	cility			Healtho	are and Rehabi	litation	Media, F					
5b. Description of Unit Involved:							6a. Numbe	er of Employe	es in Unit:			
Included: All full time, part tim	-			the Empl	oyer at its facility		34					
located at 318 S. Oraz	ige Street in M	edia, Pennsylv	vania.				6b. Do a s	ubstantial nun	nber (30% e	or more)		
All other employees.							of the	employees in tented by the P	the unit wis	h to be		
Check One: 🕟 7a. Request for rec	ognition as Barç	aining Represe	entative	was made	on (Date) by this	petition an		declined recog		× Yes No		
on or about (Date)	no reply	(if no r	reply rec	eived, so	state).	·	• •		•			
7b. Petitioner is cui						under the Act.	~~~ <u>~~</u>		·			
Ba. Name of Recognized or Certific	o bargaining A	gent (<i>ii none,</i> :	SO SIBIB	8b. Ad	oress:							
none												
8c. Tel. No.	8d. Cell No.				l.	8f. E-Mail A	8f. E-Mail Address					
8g. Affiliation, if any:			8h.	Bh. 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 a	t the Employers	establishment((s) involv	ved? No	If so, approxi	mately how ma	ny employee	s are participa	iting?			
(Name of Labor Organization)						, has picketed	the Employ	er since (Mon	th, Day, Ye	ear)		
10. Organizations or individuals other individuals known to have a representation								es and other o	organization	ns and		
10a. Name	10b	. Address				10c. Tel. N	0.	10d, Cell No				
						10e. Fax N	10e. Fax No. 10f. E-			E-Mail Address		
11. Election Details: If the NLRB co	nducts and elect	ion in this matte	er, state	your posit	ion with respect to any	such election:	11a. Electio	n Type:				
							X Manua		Mixed	Manual/Mail .		
11b. Election Date(s):		. Election Time	• •			1	on Location(s	•				
Nov. 5, 6, or 7		00-7:30 am	ı; 3:00	0-3:30 r			ee Break					
12a. Full Name of Petitioner (Includ	=	ind number):			12b. Address (street							
NUHHCE, District 11990					1319 Locust St	•	•	A 19107				
12c. Full name of national or internat AFSCME, AFL-CIO	ional labor organ	nization of which	h Petitio	ner is an a	ffiliate or constituent (i	f none, so state,):					
12d. Tel. No. 215-735-1300	12e. Cell No.			12f. Fax No. 12g. E-Mail Address 215-735-9878								
13. Representative of the Petitione	r who will acce	pt service of a										
13a. Name and Title: Joseph D. Richardson, Esq.				Willig, V	ess <i>(street and number</i> Villiams & Davidson phia, PA 19103							
AO Tal Na	1404 0-0-1					13f. E-Mail	Address			<u> </u>		
13c. Tel. No. 215-656-3655	13d. Cell No.			13e. Fax N 215-56				vdlaw.con	n			
I declare that I have read the above	e petition and the	hat the statem										
Name (Print)		Signature				Title				Date		
Joseph D. Richardson		1				Attorney				10/11/19		

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 OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
04-RC-250043	10/16/19						

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	ne petition in the named in t	must b he peti	e accomp tion of: (1	anied b) the pe	y both a sh tition; (2) S	owing of interest (se tatement of Position	e 6b below) a form (Form N	nd a certificat LRB-505); and	e of service sl d (3) Descripti	howing se on of Rep	rvice on resentation
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner and Petitioner and Petitioner that the National Laboratory.	oner desires	to be	certified as	represe	entative of th	e employees. The Pe	titioner allege	s that the foll	owing circums	stances ex	llective xist and
2a. Name of Employer:				2b. Add	ress(es) of	Establishment(s) invol	ved (Street and	number, City	State, ZIP cod	le):	
Student Transportation of America (STA) 5 B					ie Lake I	Rd. & 6401 Mil	l Creek Ro	l., Levittov	wn, PA 190)57	
3a. Employer Representative - Nan	e and Title:			3b. Add	ress (if sam	e as 2b - state same):					
William Kiernan				5 Blu	ie Lake l	Road, Levittow	n, PA 1905	57			
3c. Tel. No.	3d. Cell No				3e. Fax No).	3f. E-Mail	Address			
215-943-3200					215-94	9-8889	wkierr	an@rides	ta.com		
4a. Type of Establishment (Factory, r	nine, wholes	saler, et	tc.)			al Product or Service	7,1	1 '	d State where		
Transportation					Transp	ortation			ownship, Per	<u> </u>	ia
5b. Description of Unit Involved: Included:								6a. Numbe	r of Employees	in Unit:	
See Attached Sheet								101			
Excluded:								6b. Do a si	ubstantial numb	oer (30% c	or more)
See Attached Sheet									mployees in the		
Check One: X 7a. Request for rec	ognition as	Bargain	ing Repre	sentativ	e was made	on (Date)	√I/A ε		declined recogn		., 100 [],110
on or about (Date)	N/	A	(If no	reply re	eceived, so	state).					
7b. Petitioner is cur 8a. Name of Recognized or Certifie							n under the Ac				
NONE	u bargailli	ng was	ik (ii rione	, 30 3101	N/A						
8c. Tel. No.	8d. Cell No).			8e. Fax No).	8f. E-Mai	Address			
N/A	N/A				N/A	N/A N/A					
8g. Affiliation, if any:				8	h. Date of R	. Date of Recognition or Certification 8i. Expirate		tion Date of Current or Most ontract, if any (Month, Day, Year) N/A			
N/A				1	V/A		Recent C	ontract, if any	(Month, Day, Y	ear) IN/	A
Is there now a strike or picketing a (Name of Labor Organization)	t the Employ	/er's es	tablishmer	nt(s) invo	olved? No	If so, approx	•		s are participat er since <i>(Monti</i>		ar)
Organizations or individuals other individuals known to have a representation.	r than Petitionsentative in	ner and terest in	d those na	med in i loyees ir	tems 8 and the unit de	9, which have claimed scribed in item 5b abo	I recognition as ove. (If none, so	representativo state)	es and other or	ganization	s and
NONE											
10a. Name		10b. A	ddress				10c. Tel.	No.	10d. Cell No.		
N/A		N/A				N/A		N/A			
						10e. Fax N					
44 54 44 5 44 44 44 44 44		-1		4			N/A	11a Electio	N/A		
11. Election Details: If the NLRB co Only School Bus Operato						tion with respect to an	y such election	11a. Electio	·-	□ Mived	Manual/Mail
11b. Election Date(s):	is, vaii		lection Tim					tion Location(s		INIIACO	Managina
November 01, 2019			A.M		ΡМ				ake Road Facility		
12a. Full Name of Petitioner (include	ing local na			1.50	1 ,174,	12b. Address (street					
Teamsters Union Local N	_					10965 Decatu				ļ	
12c. Full name of national or internat	ional labor o	organiza	tion of wh	ich Petit	ioner is an a	affiliate or constituent	(if none, so stat	e):			
International Brotherhood											
12d. Tel. No.	12e. Cell N				12f. Fax N	0.	12g. E-M	ail Address			
215-335-0100						3-4146			sters115.or	g	
13. Representative of the Petitione	r who will a	ccept	service of	all pap							
13a. Name and Title: Shane Reilly, SectTreasure	er & Busi	ness N	Manager			ess (street and numbe Decatur Road, Ph					
13c. Tel. No. 215-335-0100, x. 114	13d. Cell N	lo.			13e. Fax N			all Address (a)teamste	rs115.org		
I declare that I have read the above	petition a	nd that	the state	ments a							
Name (Print)			Signature	Ÿ.	0 . 1	٨	Title				Date
Shane Reilly			18h	ans	Hul	LM	SectTre	asurer & I	Business M	gr.	10/16/2019

<u>ATTACHMENT</u>

INCLUDED: All School Bus Operators, Van Drivers, and Trainers employed by the Employer at its 5 Blue Lake Road, Levittown, PA 19057 and 6401 Mill Creek Road, Levittown, PA 19057 locations servicing the Employer's

contract with the Bristol Township School District.

EXCLUDED: All Dispatchers, Monitors, Mechanics, Clerks, Guards, and Supervisors as

defined in the Act, and all other employees.

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

DO NOT WRITE IN THIS SPACE								
Case No. 04-RC-250395	Date Filed							
OT-IC-230393	1 10/23/19							

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition named in t	must be accom he petition of: (panied b 1) the pe	y both a sh tition; (2) S	owing of interest (se tatement of Position	ee 6b below) a n form (Form l	and a certifica NLRB-505); an	te of service si d (3) Descripti	gion in wi howing se ion of Rep	ervice on presentation
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petiti requests that the National Laboratory	oner desires	s to be certified a	ıs represe	entative of th	e employees. The Pe	etitioner alleg	s that the fol	lowing circum	stances e	
2a. Name of Employer:			2b. Add	ress(es) of f	stablishment(s) invo	lved (Street ar	d number, City	, State, ZIP cod	de):	
Midwest Air Traffic Cont	rol Servi	ce, Inc.	200 I	East Mill	port Road Liti	tz, PA 175	343			
3a. Employer Representative - Nam	ne and Title:		3b. Add	ress (if same	e as 2b - state same)	:				
Mr. Shane Cordes, Preside	ent / CE	0	7300	W 129tl	Street Overla	and Park, I	KS 66213			
3c. Tel. No.	3d. Cell No			3e. Fax No		3f. E-Ma	l Address			
(913) 782-7082				(913) 89	97-9300	shane	lc@att.net			
4a. Type of Establishment (Factory, r.		saler, etc.)			al Product or Service			d State where	unit is loca	ated:
Air Traffic Control Service	es			Air Tra	ffic Control		Lititz, P.			
5b. Description of Unit Involved: Included:								er of Employees	s in Unit:	
Air Traffic Control Specia	alist (Fu	ll & Part Ti	me)				6b. Do a s	ubstantial numb	oer (30% c	or more)
Guards, Supervisors and A	Air Traff	ic Manager					of the	employees in the	e unit wis <u>t</u>	n_to be
Check One: 7a. Request for rec		Bargaining Repr				V/A		declined recogn		
on or about (Date) 7b. Petitioner is cur	ronthy racon			eceived, so s		n under the Ar	+			
8a. Name of Recognized or Certifie						ander the At	·			
None			-,							
8c. Tel. No.	8d. Cell No	•		8e. Fax No		8f. E-Ma	l Address			
8g. Affiliation, if any:			81	n. Date of Re	ecognition or Certifica			urrent or Most (Month, Day, Y	'ear)	
9. Is there now a strike or picketing a	t the Employ	er's establishme	ent(s) invo	lved? No	If so, approx	ximately how n	any employee	s are participat	ing?	
(Name of Labor Organization)						, has picke	ed the Employ	er since (Month	n, Day, Ye	ar)
 Organizations or individuals other individuals known to have a repre 	than Petitions	ner and those naterest in any emp	amed in it ployees ir	ems 8 and 9 the unit des), which have claimed scribed in item 5b abo	d recognition a ove. (If none, s	s representativ o state)	es and other or	ganization	s and
None										
10a. Name		10b. Address	-			10c. Tel.	No.	10d. Cell No.		
						10e. Fax	No.	10f. E-Mail Ad	dress	
11. Election Details: If the NLRB cor					on with respect to an	y such election	1 —		□ Mirrod	Manual/Mail
Election to be held ASAP				vote.	······································	Idda Ela	Manua tion Location(Mixed	ivianuai/ivian
11b. Election Date(s):	-	11c. Election Til Between 1		2,00 DX	Л			ontrol towe	or.	
October 31st 12a. Full Name of Petitioner (include	ing local na			2.00 F IV	12b. Address (street				<u> </u>	
Professional Air Traffic C				ıc.	161 SW Willo		•		4997	
12c. Full name of national or internati OPEIU, AFL-CIO, CLC	onal labor o	rganization of w	nich Petiti	oner is an a	ffiliate or constituent ((if none, so sta	te):			
12d. Tel. No.	12e. Cell N	0.		12f. Fax No).	12g. E-N	lail Address			
13. Representative of the Petitione	r who will a	ccept service o	f all pape		oses of the represer					
13a. Name and Title: Ron Taylor, President PA	гсо				Willow Lake Tr	-		97		
13c. Tel. No.	13d. Cell N	o.	·	13e. Fax N			ail Address on@bellse	outh net		
(772) 283-3369 I declare that I have read the above		ad shot the add			86-4154			Juui.IICi		
Name (Print)	pennon ar	Signatur		io ade to m	Of the KHOWIE	Title	···			Date
Ron Taylor					//	Presiden	· ·			10/14/19

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE	IN THIS SPACE	_
Case No.	04-RC-250558	Date Filed 10/25/19	

INSTRUCTIONS: Unless e-Filed	using the Agen	cy's website, <u>wv</u>	<u>vw.nirb.gov</u> , submit a	n original of this Po	etition to ar	NLRB office in the Region
in which the employer concerns						
of service showing service on to						
(Form NLRB-505); and (3) Desci						
with the NLRB and should <u>not</u> b				10 4012/1 1110 51101	ming or mice	rest should only be med
1. PURPOSE OF THIS PETITION: RC	CERTIFICATION C	F REPRESENTATI	VF - A substantial number	of employees wish to be	represented	for numoses of collective
bargaining by Petitioner and Petitione	er desires to be cert	fied as representativ	e of the employees. The	Petitioner alleges that	the following	circumstances exist and
requests that the National Labor R	elations Board pro					
2a. Name of Employer			dress(es) of Establishmen	t(s) involved (Street and	number, city,	State, ZIP code)
Covanta Plymouth renewable energy LL			55 Conshohocken Road Conshohocken 19042-8			
3a. Employer Representative – Name	and Title		3b. Address (If same as			
Michael Fredericks			445 South Street NJ Morristown 079			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	3:	f. E-Mail Addr	ess
(863) 210-5803	(862) 345-521	2			ffredericks@cov	anta.com
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro-	duct or service		5a. City a	nd State where unit is located:
Waste Management Serv	ices		trash steam/renewable	energy		Conshohocken, PA
5b. Description of Unit Involved					T	6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details				L	33
					[6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	ditional details					or more) of the employees in the unit wish to be represented by the
and the second s	ullorial details					Petitioner? Yes [] No []
Check One: 7a. Request fo	or recognition as Ba	gaining Representa	tive was made on (Date)	and E	mplover decli	ned recognition on or about
	-	(If no reply received	• • •			
7b. Petitioner			epresentative and desires	certification under the Ad	≘t.	
8a. Name of Recognized or Certified			8b. Address		- 11	
_		,				
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addre	ess
]					
1 On Affiliation if any						
8g. Affiliation, if any			8h. Date of Recognition of			ate of Current or Most Recent
og. Annation, il any			8h. Date of Recognition of			ate of Current or Most Recent (Month, Day, Year)
	a Employer's establ	ichment(s) involved		C	ontract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at the	e Employer's establ		? No If so, approx	imately how many empl	ontract, if any	(Month, Day, Year)
	e Employer's establ			imately how many empl	ontract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at th (Name of labor organization) 10. Organizations or individuals other the	an Petitioner and th	has pick	? No If so, approx seted the Employer since (is 8 and 9, which have claim	imately how many employmenth, Day, Year)ed recognition as repres	ontract, if any	(Month, Day, Year) licipating?
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Darin Maher Organizer/Business Representative 10/24/2019 14:00:49 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-250558	10/25/19				

Employees Included
Operators, Maintenance and scale house employees

Employees Excluded All other employees

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
04-RC-250614	10/25/19						

(4-10)	MATIONA	RC PETITIO	N	IND		Case		2506		Data File	
INSTRUCTIONS: Unless e-Filed a employer concerned is located. the employer and all other partie	The petition	jency's website, must be accomp	www.ni	both a	showing of interest ((see 6b	Petition to	a certificat	fice in the Region	n in wh	rvice on
Case Procedures (Form NLRB 4)	312). The sh	owing of interes	t should d	nly be	filed with the NLRB a	and she	ould not be	served on t	he employer or a	ny oth	r party.
PURPOSE OF THIS PETITION: bargaining by Patitioner and Petit requests that the National Lab	tioner desire	a to be certified a	a represer	itative o	of the employees. The	Petitio	ner alleges i	hat the foll	owing circumsta	nces ex	lective clat and
2a. Name of Employer: Car Vision			2b. Addr 6729 I	ess(es) Essin	of Establishment(s) in gton Avenue - P	volved hilad	(Street and n lelphia, P	umber, City A 1915	State, ZIP code)	;	
3a. Employer Representative - Na Iuan Pablo Morales, Gen	me and Title eral Man	ager	3b. Addr Same	386 (II S	ame as 2b - state sam	10):					
3c. Tel. No. 215-796-9759	3d. Cell N	D.		3e. Fax 215-5	No. 596-5742		3f. E-Mall A		ion.com		
4s. Type of Establishment (Factory, Car Dealership	mine, whole	saler, etc.)		4b. Prin	cipal Product or Service	Ce J	ties.	5a. City an	d State where un Iphia, PA	t is loca	ited:
5b. Pescription of Unit Involved: Included: All mechanics and details	ers both	full time and							r of Employees in	Unit:	
Excluded: All office personnel and	_							of the e	ibstantial number mployees in the c nted by the Petiti	init wish oner? D	to be
Chack One: 😠 7s. Request for re on or about (Date))	(if n	o reply red	alved, :	so state).	25/1	–	Employer o	eclined recognition	n	
7b. Petitioner is cu 8s. Name of Recognized or Certifi					e and desires certificat Address:	tion und	der the Act.	·			
•			·								-
Bc. Tel. No.	8d, Çeli N	o,		Se. Fax			6f, E-Mail A				
eg. Affiliation, if any:			8h.	Date o	Recognition or Certific	cation			rrent or Most Month, Day, Yea	r)	
9. Is there now a strike or picketing	at the Emplo	yer's establishme	nt(a) invol	red? N	lo If so, appr				are participating		· <u>·</u>
(Name of Labor Organization) 10. Organizations or Individuals other individuals known to have a representation.						ed reco	gnition as re	presentative	er since (Month, L is and other orga		
10s, Name		10b. Address					10c. Tel. No		10d. Cell No.		
							10e. Fax No	•	10f, E-Mail Addr	386	···········
11. Election Details: If the NLRB of Any such election	onducte and			your po	osition with respect to a			Manua	Mail 🗌	Mixed	Manual/Mall
11b. Election Date(s): 		9:00 am to		1				sington A	lve, Phila P	A 191	53
12a. Full Name of Petitioner (Inclu Teamsters Local Union N	ding local na 10. 830	me end number):			12b. Address (stre- 12298 Towns						
12c, Full name of national or interna INTERNATIONAL BRO						nt (if noi	ne, so state):				
12d, Tel. No. 215-671-9850	12e. Cell (215-77			121, Fax 215-6	c No. 576-1324		12g. E-Mail dgrace@).org		
13. Representative of the Petition 13e. Neme and Title: Daniel H. Grace, Secretary-		-	``1	13b. Ad	urposes of the repres dress (atreet and number Townsend Road	ber, city	v, State and 2	ZIP code):			
13c. Tel. No. 215-671-9850	13d, Cell I 215-77	8-8598			576-1324		13f, E-Mail A dgrace@).org		
declare that I have read the abov	e petition a			true to	the best of my know						Data
Name <i>(Print)</i> Daniel H. Grace		Signature	`≬∕	in 1	me-	' Title	: cretary-T	reasurer			Date 10/25/19

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or itigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary: however, fallure to supply the information may cause the NLRB to decline to knowledge.

FORM NLRB-502 (RD)
(2-18)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
04-RD-250577	10/25/19					

(2-18)	NATIONAL LABOR RELATION RD PETITION	IS BOARD		04-RI	D-250577 [']		1	0/25/19
INSTRUCTIONS: Unless & File	d using the Agency's website,	www.nirb.gov/ s	ubmit an origin			B office in		
employer concerned is located	d. The petition must be accomp	anied by both a sho	owing of intere	st (see 7 belo	ow) and a certific	cate of ser	vice show	ing service on
	ties named in the petition of:(1) 4812). The showing of interest							
1. PURPOSE OF THIS PETITION	: RD-DECERTIFICATION (REM	OVAL OF REPRESI	ENTATIVE) - A	substantial nu	ımber of employe	es assert t	hat the cert	ified or currently
recognized bargaining represer	ntative is no longer their represents ed under its proper authority pu	itive. The Petitioner	r alleges that th	ne following o	circumstances e			
2a. Name of Employer	_	2b. Address(es) of			treet and number	, city, state		00000
3a. Employer Representative - N	NC,	3b. Address (if sam			Marlt	الم	N.2.	08053
Dennis Nou		Sa m		same)				
	3d, Fax No.	3e, Cell No.		3f. E-Mail Ad				
856-596-5000			1	allsh	ore Hvo	aca	Com	cast, Ne
4a. Type of Establishment (Factory	, mine, wholesaler, etc.)	AC		4b. Principal	product or service	11.1	20	
5a. Description of Unit Involved	17 V.	/IC	,l			HV	<u>77 C</u>	tate where unit
Included:	etton and ware	1	meland	200			1- 1	
1711 rrodu	etton and axis	MOUSE E	m, roye	>		- 1	mar	HON
Excluded:						l	· , , -	~
Supervisors a	nd Clerical	employ.	ees				10.	<i>)</i> .
6. No. of Employees in Unit	7. Do a substantial number	(30% or more) of th	e employees in	the unit no lo	nger wish to be n	epresented	by the cert	ified or currently
8a. Name of Recognized or Certifie	recognized bargaining re			1 I IRI	b. Affiliation, if any	·		
1.	She	+ metal,	air, Ra	"	o. Annauyis, ii an		Ne	
BC Address I and 955		TMATONE	8d. Tel. No.	rkers 8	e. Cell No.	1001	<u> </u>	
130/5 61	umbus Blud,		215950	2 1999				
01.1 1 101.	21 10.11		8f. Fax No.	80	. E-Mail Address			
Thilade Phia	1.H. 19141			<u></u>	UCB@S	mart	2019	.org
9. Date of Recognition or Certificati	ion	10. Expiration Date			ontract, if any (Mi	onth, Day,	Year)	
		r	VON 4	_				
11a. Is there now a strike or picketi	ing at the Employer's establishmen		YON G		proximately how i	many empl	oyees are	participating?
11a. Is there now a strike or picketi 11c. The Employer has been picket		nt(s) involved? TY			proximately how r	many empl		participating?
		nt(s) involved? TY						labor organization,
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