FORM NLRB-502 (RC)	FORM NLRB-502 (RC) UNITED STATES OF AMERICA			[DO NOT WRITE IN THIS SPACE				
(2-18)	NATIONAL LABO	PETITIONS B			Case No.	04-RC-	247859	Date Filed 9/09/19	
INSTRUCTIONS: Unless o-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition must . Is named in the pe	be accompanied i tition of: (1) the p	by both a sh etition; (2) S	owing of interest (se Statement of Position	ee 6b below) ar 1 form (Form N	nd a certifican LRB-505); an	te of service si d (3) Descripti	nowing service on on of Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labo	lioner desires to be	certified as repres	entative of U	ne employees. The Pe	etitioner allege	s that the foll	owing ctrcums	stances exist and	
28. Name of Employer: Brookdale Senior Living			Establishment(s) invo ad, Voornees, NJ		l number, City	, State, ZIP coo	le):		
3a. Employer Representative - Nar Alex Torres, Executive Direc			dress <i>(If sam</i> e as Abov	ne es 2b - state same) O	:	,			
3c, Tel. No.	3d. Cell No.	· · · ·	3e. Fax No	D.	3f. E-Mail	Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
856-772-9400			856-770		and the second s	3@brookda	ale.com		
4a. Type of Establishment (Factory, Assisted Living/Nursing	Living/Nursing			al Product or Service		Voorhee			
6b. Description of Unit involved: Inctuded: All full time and regular pa CNAs, CHHAs, dietary, housekeeping, maintenance					CMAs,	6a. Numbe 56	er of Employees	in Unit:	
Excluded: All other employees, supe				-		of the e	employees in th	ber (30% or more) e unit wish to be	
Check One: 7a. Request for rec on or about (Date)	cognition as Bargat	ning Representativ (If no reply r	e was made eceived, so	on (Date) state).		nd Employer	declined recogn	titioner? 🗡 Yes 🚺 No lition	
7b. Pelitioner is cu 8a. Name of Recognized or Certific				nd desires certificatio (dress:	n under the Act	•			
None									
8c. Tel. No.	8d, Cell No.	8e, Fax No.				Address	·····		
8g. Affiliation, if any:		. 8	8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					eár)	
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) Inv	olved? No	If so, appro:	dmately how ma	any employee	s are participati	ng?	
(Name of Labor Organization)					, has pickete	d the Employ	er since (Month), Day, Year)	
10. Organizations or individuals othe individuals known to have a repre							es and other or	ganizations and	
10a. Name N/A	10b. A	ddress	<u> </u>		10c. Tel, I	No,	10d. Cell No.	- <u> </u>	
					10e. Fax I	No.	10f. E-Mail Ad	dress	
11. Election Details: if the NLRB co	nducts and election	n in this matter, sta	te your posit	ion with respect to an	y such election:		· · · ·		
11b. Election Date(s):	11c F	lection Time(s):		<u></u>	11d Elect	ion Location(—	Mixed Manual/Mail	
September 26, 2019	6:30	a.m7:30 a.	m. & 2:3	0 p.m3:30 p.n	n. TV Ro	om			
12a. Full Name of Petitioner (Include United Food and Commercia			·	12b. Address (street 3120 Fire Roa	d, Suite 20	1	ZIP code):		
				Egg Harbor To					
12c. Full name of national or internat United food and Commer	cial Workers		Union			-			
12d. Tel. No. 609-704-3900	12e. Cell No.		12f. Fax N 609-62	5-0328		all Address		· · · · · · · · · · · · · · · · · · ·	
13. Representative of the Petitione 13a. Name and Title: Mark E. Belland, Esquire	r who will accept	service of all pap	13b. Addre	ooses of the represe ess (street and numbe cenola Road, Bui	r, city, State an	d ZIP code):	NJ 08057		
13c. Tel. No. 856-795-2181	13d. Cell No.	· · · · · · · · ·	13e. Fax N 856-58	1-4214	f	nd@obbb	law.com	·	
I declare that I have read the above Name (Print)	e petition and that	a bit on because of a second sec	re true to th	e best of my knowle	dge and belief	•		10-4-	
Mark E. Belland, Esquire	:	Signature			Attorney			Date 09/09/19	

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 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or Illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to Invoke its processes.

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FORM NLRB-502 (RC)	3-502 (RC) UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE						
(2-18)		LABOR RELAT	TIONS BOARD				04-R	C-2479)26	Date File	ed 10/1	19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in	must be accom the petition of: (panled b (1) the pe	y both a s tition; (2)	howing of Interest (s Statement of Positio	see 6b on form	n (Form NLI	i a certificat RB-505); an	e of service sh d (3) Descriptio	owing se on of Rep	ervice presen	on ntation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo	tioner desire	s to be certified a	as represe	entative of	the employees. The P	Petitio	ner alleges :	that the foll	owing circums	tances e		
					f Establishment(s) inv 1, Gloucester C				, State, ZIP cod	e):		<u>_</u>
3a. Employer Representative - Name and Title: 3b, Ad Michael Barron Same					me as 2b - state same	e):	<u> </u>					
3c. Tel. No. 856-456-4225	3d, Cell No).	1	3e. Fax N	lo.		3f. E-Mail A hbiw@v	ddress erizon.n	et			
4a. Type of Establishment (Factory, Fabrication Shop	(Factory, mine, wholesaler, etc.)			4b. Princ Steel	pal Product or Service	e1		5a. City an Glouce	d State where u ster City,	init is loca NJ	ited:	<u>^</u>
5b. Description of Unit Involved: Included: See Attachment				A			· · · · · · · · · · · · · · · · · · ·	6a. Numbe 8	r of Employees	in Unit:		
Excluded:								of the e	ubstantial numb employees in the ented by the Pet	e unit wis <u>l</u>	to be	• ·
Check One: X 7a. Request for re- on or about (Date)	NO R	EPLY (If r	no repiy re	eceived, so	state).	9/10/1			leclined recogni		<u></u>	5
7b. Petitioner is cu 8a. Name of Recognized or Certifi None					and desires certificati ddress:		der the ACt.			_,		<u> </u>
8c. Tel. No.	8d. Cell No	ell No. 8e. Fax No.					8f. E-Mail A	ddress				<u></u>
8g. Affiliation, if any:		· · · · · · · · · · · · · · · · · · ·	81					ration Date of Current or Most Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	at the Emplo	yer's establishme	ent(s) invo	olved? No) If so, appro	oximat	ely how mar	y employee	s are participatir	ng?		
(Name of Labor Organization)									er since (Month,			
10. Organizations or individuals other individuals known to have a repr NONE									es and other org	anization	s and	
10a. Name		10b. Address	• •	<u></u>			10c. Tel. No	5.	10d. Cell No.			
							10e. Fax N		10f. E-Mail Add	dress		
11. Election Details: If the NLRB co	onducts and	election in this m		e your pos	sition with respect to a	any suc		11a. Electio X Manua n Location(s	I 🔲 Mail [] Mixed	Manu	ual/Mail
September 25, 2019		7:00 a.m. to		a.m.			employe		<i>.</i>			
12a. Full Name of Petitioner (includ International Association and Reinforcing Iron Wor	of Bridg	e, Structura	l,Orna		12b. Address (stree 26 E. Fleming Hammonton,	g Pik	te	, State and I	ZIP code):			
12c. Full name of national or internat International Association	tional labor o	organization of wi	hich Petiti	ioner is an	affiliate or constituent	t (if noi	ne, so state)					
12d. Tel. No.	12e. Cell N 856-61	lo.	,oman	12f. Fax	Ç	5 1101	12g. E-Mail		ng			
13. Representative of the Petitione			of all pape	Ł		entatio					·	··· ···
13a. Name and Title: Edward Penna Jr.		·		26 E. F	ress (street and numb leming Pike onton,NJ 08037	ber, citj	y, State and	ZIP code):				
13c. Tel. No.	13d. Cell N 856-61			13e. Fax			13f. E-Mail epenna(Address Diwintl.c	org			
I declare that I have read the abov	e petition a			re true to	the best of my know					••••••••••••••••••••••••••••••••••••••		
Name (Print) Edward Penna Jr.		Signatur	word	Pino	51.	Di	strict Re	presentat	ive		Date	9/19
		······································										

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 *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.

Attachment A:

Included: All full-time and regular part-time production and maintenance employees, including Crane Operators, Welders, Fitters, Laborers, and Drivers.

Excluded: All other employees, professional employees, office clerical employees, guards, and supervisors as defined in the Act.

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			DO NOT V		
RC PETITION RC PETITION					9/17/19
ing the Agenc	y's website, www	w.nlrb.gov, submit a	n original of this I	Petition to a	n NLRB office in the Region
tion of Repres	entation Case Pr	ocedures (Form NLF	RB 4812). The sho	wina of in	terest should only be filed
					······································
RTIFICATION OF	REPRESENTATIV	E - A substantial number	of employees wish to t	e represente	d for purposes of collective
esires to be certifi	ed as representative seed under its prope	of the employees. The Fer authority pursuant to	Petitioner alleges tha Section 9 of the Nati	t the followin onal Labor R	g circumstances exist and lelations Act.
			t(s) involved (Street an	d number, citj	y, State, ZIP code)
		Souderton 18964-	0	. ,	1
1 litte	·				
	· · · · ·	PA Souderton 189	64-		
Ja. Cell No.				SI. E-IVIAII AGO	ness
halassias ata l				50 City	and State where unit is located:
vnoiesaier, etc.)	4b. Principal produ			Sa. City	Souderton, PA
·····		Steer abrication	···· ···		6a. No. of Employees in Unit:
nal details					31
					6b. Do a substantial number (30%
I deteile				· · · ·	or more) of the employees in the unit wish to be represented by the
nai details					Petitioner? Yes [] No []
cognition as Baro	aining Representativ	e was made on (Date)	and	Employer dec	clined recognition on or about
		resentative and desires o	certification under the A	Act.	
gaining Agent (H	none, so state).	8b. Address			
8d Cell No.	<u>.</u>	8e. Fax No.		Bf. E-Mail Add	Iress
<u>н</u> у	8	h. Date of Recognition or	Certification	Bi. Expiration	Date of Current or Most Recent
				Contract, if an	y (Month, Day, Year)
		No. 4	<u> </u>		
					articipating?
			• • —		
				sentatives an	d other organizations and individuals
ing employees in	the unit described in	item ob above. (in none,			
10b. Ad	dress		10c. Tel. No.		10d. Cell No.
			10- FN-		
			IUE. Fax NO.		10f. E-Mail Address
s an election in thi	s matter, state your p	position with respect to	11a. Election Type:	🕖 Manual 🛛	Mail Mixed Manual/Mail
				• •	
ocal name and n	umber)		12b. Address (street 168 W. Ridge Pike Su	and number, ite 1078	city, state, and ZIP code)
			t (if none, so state)		
12e. Cell No.		12f. Fax No.			
(610) 909-3502		(610) 454-0382		dwanamaker(@comcast.net
will accept servi	ice of all papers for		• •		
	1	13b. Address (street and		nd ZIP code)	
	I	123 S. Broad Street Suit			
<u> </u>		123 S. Broad Street Suit PA Philadelphia 19109-	<u> </u>		· · · · · · · · · · · · · · · · · · ·
13d. Cell No.		<u>. PA Philadelphia 19109-</u> 13e. Fax No.	····	13f. E-Mail Ac	Idress arkowitzandrichman.com
(215) 205-1788	<u></u>	<u>PA Philadelphia 19109-</u> 13e. Fax No. (215) 790-0668		13f. E-Mail Ac srichman@ma	ldress arkowitzandrichman.com
(215) 205-1788 ion and that the	<u></u>	PA Philadelphia 19109- 13e. Fax No. (215) 790-0668 to the best of my know		srichman@ma	ldress arkowitzandrichman.com
(215) 205-1788	statements are true	<u>PA Philadelphia 19109-</u> 13e. Fax No. (215) 790-0668		Date	ddress arkowitzandrichman.com 9 16:37:56
	RELATIONS BOA TITIONS BOA TITIONS BOA TITIONS BOA TITION Sing the Agenc is located. The employer and tion of Represe served on the RTIFICATION OF esires to be certifi- tions Board proc d Title 3d. Cell No. wholesaler, etc.) nal details ecognition as Barg (Date) urrently recognize gaining Agent (H Bd Cell No. San election in thi 10b. Ad s an election in thi 11c. El 4-5 PM boal name and mo abor organization al, Ornamental an 12e. Cell No. (610) 909-3502	TITION sing the Agency's website, www. is located. The petition must be employer and all other parties tion of Representation Case Preserved on the employer or any estimations Board proceed under its properative tions Board proceed as Bargaining Proceeded, unrently recognized as Bargaining Representative (Date) (If no reply received, unrently recognized as Bargaining Representative). 8d Cell No. 8 stan election in this matter, state your (10b. Address) 8 s an election in this matter, state your (10b. Address) 10b. Address s an election in this matter, state your (11c. Election Time(s): (4-5 PM) 4-5 PM bocal name and number) 12e. Cell No. abor organization of which Petitioner is al, Ornamental and Reinforcing Iron W 12e. Cell No. (610) 909-3502 12e. Cell No.	RELATIONS BOARD Case No. 04 Ing the Agency's website, www.nlrb.gov, submit as is located. The petition must be accompanied by lemployer and all other parties named in the petitic form of Representation Case Procedures (Form NLI served on the employer or any other party. RTIFICATION OF REPRESENTATIVE - A substantial number estres to be certified as representative of the employees. The tions Board proceed under its proper authority pursuant to 1946 E. Cherry Lan 2b. Address (# 50 det Stabilishment) 1 Title 3b. Address (# 53 det Stabilishment) 3d. Cell No. 3e. Fax No. 3d. Cell No. 3e. Fax No. (215) 723.8898 wholesaler, etc.) 4b. Principal product or service	RELATIONS BOARD Case No. 04-RC-248362 ing the Agency's website, www.nlrb.goy, submit an original of this F is located. The petition must be accompanied by both a showing of is located. The petition must be accompanied by both a showing of served on the employer or any other party. RTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to the estires to be certified as representative of the employees. The Petitioner alleges that to section 9 of the Natt to secat fabrication	RELATIONS BOARD Case No. 04-RC-248362 Date Ing the Agency's website, www.nlrb.gov, submit an original of this Petition to a sis located. The petition must be accompanied by both a showing of interest (seemployer and all other parties named in the petition of: (1) the petition; (2) Station of Representation Case Procedures (Form NLRB 4812). The showing of interest (seemployer and all other parties named in the petition of employees wish to be represented to be certified as representative of the employees. The Petitloner alleges that the following to solve of the National Labor Fore Cherry Lang RTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represente estres to be certified as representative of the employees. The Petitloner alleges that the following to solve of the National Labor Fore Cherry Lang 20. Address (Is same as 2b – state same) PAS Exclement to Section 9 of the National Labor Fore PAS Culture 18864. 3d. Ceil No. 3e. Fax No. 3f. E-Mail Address (Is same as 2b – state same) Address (Is same as 2b – state same) PAS Exclement 18864. 3f. E-Mail Address (Is same as 2b – state same) Indicatis 3d. Ceil No. 3e. Fax No. 3f. E-Mail Address (Is same as 2b – state same) Indicatis Steel fabrication Steel fabrication nal details Steel fabrication Steel fabrication nal details Steel fabrication or Certification under the Act. gaining Agent (If none, so state). 8

PRIVACY ACT STATEMENT

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DO NOT WRIT	DO NOT WRITE IN THIS SPACE					
Case 04-RC-248362	Date Filed 9/17/19					

Employees Included Production, maintenance and truck drivers

Employees Excluded

Supervisors, foremen, professional and clerical, watchmen and guards

	E' L	RST AMEN	IDED									
FORM NLRB-502 (RC)		ED STATES OF		4			DO NOT WRITE IN THIS SPACE					
(2-18)	NATIONA	RC PETITIO				Case No. 04-RC-248412 Date File 9/30/			iled 80/2019			
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accom the petition of: (panied b 1) the pe	oy bo etitioi	th a si n; (2) \$	howing of interest (s Statement of Positio	see 6b n forn	below) and m (Form NL	d a certifica RB-505); ar	te of service sh nd (3) Descriptio	owing s on of Re	service on presentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desire	es to be certified a	is represe	entati	ive of t	the employees. The P	etitio	ner alleges	that the fol	lowing circums	tances	
2a. Name of Employer: Leisure Knoll at Manches	ter	-d	1 Buc	ckir	ighai	Establishment(s) invo m Dr., N. NJ 08759	olved	(Street and	number, City	r, State, ZIP code	e):	
3a. Employer Representative - Nan Mary D'Ime Manager	ne and Title	9:	^{3b.} Add Same	Address (if same as 2b - state same): ne								
^{3c. Tel. No.} 732-675-6661	3d. Cell N	0.			Fax No 2-65	o. 7-7433		3f. E-Mail A	ddress			
4a. Type of Establishment (Factory, Residential	la. Type of Establishment (Factory, mine, wholesaler, etc.) Residential			4b.	Princip	pal Product or Service	3			nd State where un ester, NJ	nit is loc	ated:
5b. Description of Unit Involved: Included: A residual unit of all unrepresented employees not					e ma	intenance unit			3	er of Employees		
Excluded: Supervisors and guards as described in the Act									unit wis	h to be		
Check One: 7a. Request for rec on or about (Date)	-	(If n	o reply re	eceive	ed, so	state).				declined recognit		
7b. Petitioner is cur 8a. Name of Recognized or Certifie						ddress:	on und	der the Act.				
			.,									
8c. Tel. No.	8d. Cell No	D.	8e. Fax No.					8f. E-Mail A	ddress			
8g. Affiliation, if any:			81	. Dal	te of R	ecognition or Certifica	ation	8i. Expiratio Recent Cor	n Date of C tract, if any	urrent or Most (Month, Day, Yea	ar)	
9. Is there now a strike or picketing at	t the Emplo	yer's establishmer	nt(s) invo	lved'	? No	If so, appro	ximate	ely how mar	y employee	s are participating	g?	
(Name of Labor Organization)							_			er since (Month,		
10. Organizations or individuals other individuals known to have a repre None										es and other orga	anization	ns and
10a. Name		10b. Address						10c. Tel. No).	10d. Cell No.		
								10e. Fax No).	10f. E-Mail Add	ress	
11. Election Details: If the NLRB cor Union seeks an Armour-G	lobe ele	ction to add	these	emj	r posit ploye	tion with respect to an ees to the maint	tenar	nce uni	🔀 Manua	I Mail	Mixed	Manual/Mail
11b. Election Date(s): 10/15/19		11c. Election Tim 10:30 am - 1		am					1d. Election Location(s): Buckingham Dr., N., Manchester NJ			er NJ
12a. Full Name of Petitioner <i>(includi</i> SEIU 32BJ	ing local na	me and number):				12b. Address (street 494 Broad Str Newark, NJ 0	eet,	3rd Fl.	State and 2	IP code):		
12c. Full name of national or international Service Employees International			ich Petitio	oneri	is an a	iffiliate or constituent	(if non	ne, so state):				
12d. Tel. No. 937-827-3225	12e. Cell N	lo.			Fax No. 2-230	^{o.} 6-3605		12g. E-Mail	Address			
13. Representative of the Petitioner 13a. Name and Title: Brent Garren Deputy General Counsel	who will a	accept service of		13b. 25	W, 1	ooses of the represe ass <i>(street and numbe</i> 8th Street, 5th Fl ork, NY 10011	er, city					
	13d. Cell N 917-208				Fax N 2-388	lo. 8-2062		13f. E-Mail / bgarren(oj.org		
I declare that I have read the above	petition a	1		e tru	e to th	he best of my knowle						
Name (Print) Brent Garren		Signature	in	Ł	-5	én	De	puty Ger	neral Cou	ınsel		Date 09/30/19
					2			ON MENT				

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

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	FIRST AMENDED					DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RC) (2-18)		STATES OF A				Case N	10.	DONOT	WRITE IN THIS	Date Filed
r						04-R(C-24841			9/30/19
INSTRUCTIONS: Unless & Filed a employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The petition mi s named in the	ust be accomp a petition of: (1	banied by () the per	y both a si lition; (2) \$	howing of interest (a Statement of Positio	see 6b b on form (elow) and (Form NLF	' a certifica RB-505): ar	te of service sh Id (3) Descriptio	owing service on on of Representation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	tioner desires to	o be certified as	s represe	ntative of t	ihe employees. The P	Petitione	r alleges t	hat the fol	lowing circums	tances exist and
Leisure Knoll at Manchester 1 Bu				kingha	Establishment(s) invo m Dr., N. NJ 08759	olved (SI	treet and n	umber, City	r, State, ZIP cod	e):
3a. Employer Representative - Na Mary D'Ime Manager	me and Tille:		3b. Addi Same	ddress (if same as 2b - state same): IC						
зс. Теl. No. 732-675-6661	3d. Cell No.			3e. Fax N 732-65	o. 7-7433	3f	f. E-Mail Ac	dress	, <u>-</u> -	
4a. Type of Establishment (Factory, Residential	, mine, wholesaler, etc.)			4b. Princip	pal Product or Service	ə		5a. City ar Manch	ester, NJ	nit is located:
55. Description of Unit Involved: Included: A residual unit of all unrepresented employees not in the maintenance unit								6a. Numbe 3	er of Employees	in Unit:
Excluded: Supervisors and guards as	s described	in the Act						of the e	mployees in the	er (30% or more) unit wish to be tioner? X Yes INO
Check One: 7a. Request for re on or about (Date)	2	(If no	reply re	ceived, so	state).		<u> </u>		declined recognit	
7b. Petitioner is cu 8a. Name of Recognized or Certifi					and desires certification ddress:	on under	the Act.	<u> </u>		
8c. Tel. No.	8d. Cell No.	·		8e. Fax No	0.	81	E-Mall Ad	Idress		
8g. Affiliation, if any: 8h. Date of Recognition of					ecognition or Certifica	ation 8i. Re	. Expiration ecent Cont	Date of Ci ract, if any	urrent or Most (Month, Day, Ye	ar)
9. Is there now a strike or picketing a (Name of Labor Organization)	it the Employer	's establishmen	it(s) invol	ved? No	If so, appro	-	-		s are participatin er since (Month,	
10. Organizations or individuals othe	r than Petitlone	r and those na	med in ite	ems 8 and	9, which have claime	_	·			
individuals known to have a repr	esentative inter	est in any empl	oyees in	the unit de	scribed in item 5b ab	ove. (If n	none, so st	ate)	· · ·	
10a. Name	10	b. Address				10)c. Tel. No.		10d. Cell No.	
						10)e. Fax No.		10f. E-Mail Add	ress
11. Election Details: If the NLRB co Union seeks an Armour-C	nducts and election	ction in this main to add t	tter, state these e	your posil	tion with respect to an ees to the maint	ny such e tenane		1a. Election		Mixed Manual/Mail
11b. Election Date(s): 10/15/19		c. Election Tim 0:30 am - 1		ım				Location(s gham D): r., N., Mano	chester NJ
12a. Full Name of Petitioner (incluc SEIU 32BJ	ling local name	and number):	<u> </u>		12b. Address (street 494 Broad Str Newark, NJ 0'	eet, 31		State and 2	(IP code):	
12c. Full name of national or internat Service Employees Intern			ch Petitio	iner is an a	Ifiliate or constituent	(if none,	so state):			
12d. Tel. No. 937-827-3225	12e. Cell No.		:	12f. Fax N 862-23	6-3605		2g. E-Mail A			
13. Representative of the Petitione 13a. Name and Title: Brent Garren Deputy General Counsel	r who will acc	ept service of	1	13b. Addre 25 W. 1	ooses of the represe ass (street and numbe 8th Street, 5th Fl ork, NY 10011	er, city, S				
13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4		:	13e. Fax N 212-38	8-2062	bį		ddress Dsciu321	oj.org	
I declare that I have read the above Name (Print)	e petition and i	that the staten Signature		e true to th	te best of my knowl	edge an Title	d bellef.			Date
Brent Garren			NT	t S	an		uty Gen	eral Cou	insel	09/30/19

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 *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				DO NOT	WRITE IN THI				
RC PE		ARD	Case No. 0	4-RC-248850	Date	Filed 9/25/2019			
INSTRUCTIONS: Unless e-Filed us	ina the Aaenc	v's website. w	ww.nlrb.gov. submit a	n original of this	Petition to a	n NLRB office in the Region			
in which the employer concerned i									
of service showing service on the				•					
(Form NLRB-505); and (3) Descript									
with the NLRB and should <u>not</u> be s				ND 4012j. The Sh	owing of int	erest should only be med			
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	F REPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective			
bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certif	ied as representa iv	ve of the employees. The	Petitioner alleges the	at the followin	g circumstances exist and			
2a. Name of Employer		2b. Ad	dress(es) of Establishmen						
Country Fresh Produce		26 P4	600 Richmond road A hatfield 19440-						
3a. Employer Representative – Name and	1 Title		3b. Address (If same as	s 2b – state same)					
Louis									
3c. Tel. No.	3d. Cell No.		3e. Fax No.	3e. Fax No. 3f. E-Mail Address					
(267) 328-6843		_							
4a. Type of Establishment (Factory, mine, w	vholesaler, etc)	4b. Principal proc	duct or service		5a. City	and State where unit is located:			
Food Processing						Hatfield, PA			
5b. Description of Unit Involved						6a. No. of Employees in Unit: 100			
Included: See Attached Page 2 for addition	nal details					6b. Do a substantial number (30%			
						or more) of the employees in he			
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the			
						Petitioner? Yes [🖌 No []			
Check One: 7a. Request for re	-		tive was made on (Date)	and	l Employer dec	lined recognition on or about			
The Detitioner is a		(If no reply received	d, so state). epresentative and desires (actification under the	Act				
8a. Name of Recognized or Certified Bar			8b. Address		ACL.				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	race			
8g. Affiliation, if any			8h. Date of Recognition or	rCertification		Date of Current or Most Recent y (Month, Day, Year)			
			0.14						
9. Is there now a strike or picketing at the E				imately how many em					
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)					
10. Organizations or individuals other than I					esentatives and	d other organizations and individuals			
known to have a representative interest in a	iny employees in	the unit described i	in item 5b above. (If none,	so state)					
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
44 Election Detailer If the NILDD conductor	an election in th	is matter state your	- position with soon of to						
11. Election Details: If the NLRB conducts any such election.			r position with respect to		Type: 🔽 Manual 📃 Mail 📃 Mixed Manual/Mail				
11b. Election Date(s): thurday and friday in October		lection Time(s): 1 to 8:30am and 2:3	30pm to 6:30pm	11d. Election Loca i 2600 Richmond roa					
12a. Full Name of Petitioner (including lo	cal name and n			12b. Address (stree	t and number,	city, state, and ZIP code)			
dean a delucia Local 621 United construction trades & industrial em 12c. Full name of national or international la		of which Petitioner	is an affiliate or constituen	40-26 235th street NY douglaston 1136 t (if none so state)	3-				
none	bor organization	or which r cutoner	is an anniate of constituen	it (in none, so state)					
12d. Tel No. (347) 219-7536	12e. Cell No. (347) 219-7536		12f. Fax No.		12g. E-Mail Ac dean.delucia@	ldress Ductie.com			
13. Representative of the Petitioner who			n nurnoses of the renres	entation proceeding	-				
13a. Name and Title	will accept servi	ice of all papers to	13b. Address (street and						
Steven goldblatt attorney local 621									
10cal 621 13c. Tel No.	13d. Cell No.		13e. Fax No.	I	13f. E-Mail Ad	dress			
	(917) 771-8010				goldblattlegal				
I declare that I have read the above petiti	on and that the	statements are tru	le to the best of my know	ledge and belief.					
	gnature		Title		Date				
oteven goldblatt	an a delucia		attorney		09/18/2019				
WILLFUL FALSE STATEME	NTS ON THIS PE	ETITION CAN BE P	PUNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE, TITL	E 18, SECTION 1001)			

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE

Case

Attachment

Date Filed

Employees Included

packers, produce line workers, shipping and receiving

Employees Excluded

all temp workers, all security and management.

••••••••	TES GOVERNMEN	•	[······································	DO NOT	WRITE IN THI	S SPACE
	OR RELATIONS BO	ARD		Case No.		Date	
	ETITION				04-RC-2488		9/26/19
INSTRUCTIONS: Unless e-Filed	using the Agen	cy's website, <u>v</u>	www.nlrb.c	<u>qov, submit a</u>	n original of this	Petition to a	an NLRB office in the Region
in which the employer concerne							
of service showing service on t	he employer and	i all other part	ies named	I in the petitic	on of: (1) the petit	tion; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Desc	ription of Repres	entation Case	Procedur	res (Form NLI	RB 4812). The sl	howing of in	terest should only be filed
with the NLRB and should not I	be served on the	employer or a	ny other p	barty.	·	Ţ	•
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION C	F REPRESENTA	TIVE - A sub	stantial number	of employees wish to	be represente	d for purposes of collective
bargaining by Petitioner and Petition requests that the National Labor R	er desires to be certi	fied as representa	ative of the er	mployees. The	Petitioner alleges th	at the following	ig circumstances exist and
2a. Name of Employer	erations Board pro				t(s) involved (Street a		
Healthcare Services Group, Inc.			3220 Tillmar	Drive, Suite 30			, otato, zhi obdoj
3a. Employer Representative – Name	and Title		PA Bensaler 3b. Add		2b - state same)		
Bill Kauffman			32	220 Tillman Drive A Bensalem 190	Suite 300		
3c. Tel. No.	3d. Cell No.	····· ·· ··	3e. Fax		<u> </u>	3f. E-Mail Add	iress
(215) 639-4274			(215) 63	639-2152 biilk1614@aoi.com			com
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal p	roduct or ser	vice		5a. City	and State where unit is located:
Healthcare Facilities				Food Service			West Chester, PA
5b. Description of Unit Involved		• • • • • • • • • • • • • • • • • • • •		······		· · · · ·	6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details						4
				·····			6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for ad	ditional details						unit wish to be represented by the
							Petitioner? Yes []] No []
Check One: 7a. Request f	or recognition as Ba					d Employer dec	lined recognition on or about
		(If no reply receiv					
					certification under the	e Act.	
8a. Name of Recognized or Certified	Bargaining Agent (if none, so state)).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax	No	1	8f. E-Mail Add	tress
8g. Affiliation, if any 8h. Dat				of Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at th	e Employer's establ	ishment(s) involve	1 ad?	If so, approx	imately how many er	nolovees are pa	articipating?
(Name of labor organization)					Month, Day, Year)		
10. Organizations or individuals other th					_		· · · · · · · · · · · · · · · · · · ·
known to have a representative interest						iesentauves an	d other organizations and individuals
10a. Name	10b. A	Ideaco			10c. Tel. No.		10d. Cell No.
Toa. Hame		101655			100. Tel. NU.		Tou. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conc any such election. 	lucts an election in t	nis matter, state yo	our position v	with respect to	11a. Election Type	: 🔽 Manual 🛛	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Loca	tion(s):	
October 9, 2019		.m. to 2:45 p.m.					ne Hall, 800 W. Miner Street, West Che
12a. Full Name of Petitioner (includin Syreeta Bullock National Union of Hospital and Health Care Em	ployees, and its affiliate	District 1199C			1319 Locust Street PA Philadelphia 191	et and number, 107-	city, state, and ZIP code)
12c. Full name of national or internation American Federation of State, County an	al labor organization	of which Petition	er is an affilia	ate or constituen	t (if none, so state)		
12d. Tel No. (215) 735-1300	12e. Cell No.		12f. Fax	No.		12g. E-Mail A sbullock@119	ddress I9cnuhhce.org
13. Representative of the Petitioner v	who will accept serv	vice of all papers	for purpose	es of the repres	entation proceeding	g,	
13a. Name and Title Lance Geren Attorney for NUHHCE O'Donoghue & O'Donoghue, LLP			325 Che	dress <i>(street and</i> estnut Street, Su adelphi 19106	d number, city, state, iite 600	and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fa:	x No.	·····	13f. E-Mail Ac	
(215) 629-4970	(202) 805-614		(215) 62			igeren@0000	oghuelaw.com
I declare that I have read the above p		statements are f		lest of my know	viedge and belief.		
Name (Print)	Signature Lance Geren		Title	for NUHHCE		Date	
Lance Geren WILLFUL FALSE STATE						09/24/201	
MILLFUL PALSE STAT		E ITTON CAN BE	FUNISHEL	DI FINE AND	INFRISONMENT (U	.3. GODE, IIIL	E 10, 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 WRI	TE IN THIS SPACE	
Case 04-RC-248879	Date Filed 9/26/19_	

Employees Included

All full-time and regular part-time cooks employed by the Employer at Brandywine Hall at 800 W. Miner Street, West Chester, Pennsylvania.

Employees Excluded

1

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