			TATES OF AMERI	24	ſ		DO NOT W	RITE IN THIS S	PACE
FUE	M NLRB-502 (RC) (2-18)	NATIONAL LAE	PETITION			Casé No. 10-R	C-24587	/1	Date Filed August 1, 2019
en th	STRUCTIONS: Unless e-Filed us poloyer concerned is located. Th e employer and all other parties se Procedures (Form NLRB 481	e petition mus named in the p	t be accompanied etition of: (1) the p	by both a betition; (2)	showing of interest (s Statement of Position	ee 6b below) and n form (Form NLI	a certificat RB-505); and	e of service sh d (3) Descriptio	owing service on n of Representation
ł	PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petition requests that the National Labor	oner desires to t	e certified as repre	sentative of	f the employees. The P	etitioner alleges	that the foll	owing circumst	ances exist and
	Name of Employer: hite Aluminum Fabricat	ion, Inc.	319		of Establishment(s) invo onel Terr. 4997	olved (Street and n	umber, City,	State, ZIP code	ə):
	Employer Representative - Nam Donald E. White	e and Title:	161		ame as 2b - state same y River Drive . 30019):			
	Tel. No. 70-919-5532	3d. Cell No.	<u>_</u>	3e. Fax	No.	3f. E-Mail A	ddress		
肝	Type of Establishment (Factory, nabrication/installation	nine, wholesaler	;, etc.)		cipal Product or Service inum rail installa			d State where u a, Georgia	nit is located:
inc G	Description of Unit Involved: sluded: lazers and rail installers	in the Metr	o Atlanta area	1.			8	er of Employees	in Unit: er (30% or more)
Fa	cluded: bricators, all supervisors eck One: 7a. Request for rec						of the e represe	mployees in the	unit wish to be ́ itioner? ⊠ Yes [] No
	on or about (Date)	rently recognize	(If no reply d as Bargaining Re	received, s presentativ					
No	one		•						
8c.	Tel. No.	8d. Cell No.		8e. Fax	No.	8f. E-Mail A	ddress		
8g.	Affiliation, if any:			8h. Date of	Recognition or Certific			urrent or Most (Month, Day, Ye	ear)
	s there now a strike or picketing at Name of Labor Organization)	the Employer's	establishment(s) ir	volved? N	If so, appro	, has picketed	• • •	s are participatir er since (Month,	
	Organizations or individuals other individuals known to have a repre							es and other org	anizations and
110;	a. Name	10b	Address			10c. Tel. No		10d. Cell No.	
						10e. Fax N		10f. E-Mail Add	bress
	Election Details: If the NLRB con			tate your po			11a. Electio X Manua	al 🗌 Mail [Mixed Manual/Mail
8/	b. Election Date(s): 26/2019 a. Full Name of Petitioner (includ	Lu	. Election Time(s): inch break		12b. Address (stree	3372 Pe	achtree I	Kd. Atlanta	, GA 30326
In C	ternational Union of Pai ouncil 77	nters and A	llied Trades,	_	5403 Dividen	d Drive, Dec	atur, GA		
In	c. Full name of national or internati ternational Union of Pai	nters and A		IUPAT)				
67	d. Tel. No. 78-705-5668	12e. Cell No.			05-9081	12g. E-Mail			
13	Representative of the Petitione a. Name and Title: colas M. Stanojevich	r who will acce	pt service of all pi	13b. Ad Quinn	urposes of the represent dress (street and numb dress (Street and numb dress (Street and numb dress (Street and Street dress (Street and Street and Street and Street dress (Street and Street	er, city, State and , Davies & Ro	ZIP code): ouco LLP		
4(c. Tel. No.)4-299-1211, ext. 121	13d. Cell No.		13e. Fa 404-2	x No. 299-1288	13f. E-Mail nstanoje	Address	cwdr.com	
Na	eclare that I have read the above me (Print) icolas M. Stanojevich	e petition and t	Signature	are true to	o the best of my know	tedge and belief. Title Attorney			Date

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 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.

	LINUT	D OTATES OF						DO NOT V	VRITE IN THIS	SPACE	-
FORM NLRB-502 (RC) (2-18)		ED STATES OF L LABOR RELA RC PETITIC	TIONS BO			Case		C-2459		Date Fi	^{led} 05/2019
INSTRUCTIONS: Unless e-F employer concerned is loca the employer and all other p Case Procedures (Form NLI	ted. The petition parties named in t	must be accon the petition of:	npanied by (1) the pet	/ both a sh tition; (2) S	nowing of interest (Statement of Positi	(see 6b ion forn	below) and n (Form NL	d a certifica RB-505); an	te of service sh d (3) Descriptio	owing s	ervice on presentation
1. PURPOSE OF THIS PETIT bargaining by Petitioner and requests that the Nationa	d Petitioner desire	s to be certified	as represe	ntative of t	he employees. The	Petition	ner alleges	that the fol	lowing circums	tances e	
2a. Name of Employer: NCI Information Syst	tems		^{2b. Add} Build	ress(es) of ing 787	Establishment(s) in 2 South Group	p Patr	Street and ol Rd., 1	<i>number, Cit</i> y Fort Cam	, State, ZIP cod apbell KY 4	e): 2223	
3a. Employer Representative Paul A. Dillahay, Pre			3b. Add 11730	ress (if san) Plaza .	ne as 2b - state sam America Dr., 1	ne): Resto	n VA 20	0190			
3c. Tel. No. 520-452-4042	3d. Cell No) .		3e. Fax N	0.		3f. E-Mail / djackso	Address n@nciin	c.com		
4a. Type of Establishment (Fa Telecommunications	ctory, mine, whole	saler, etc.)			al Product or Service mmunications		ices		ampbell, k		cated:
5b. Description of Unit Invol- Included: All full-time & regula		AN, techn	icians					6a. Numb 3	er of Employees	in Unit:	
Excluded: Professional employe				rds and	supervisors de	efined	l in Act.	of the	ubstantial numb employees in the ented by the Per	e unit wis	h to be
on or about (A REAL PROPERTY AND A REAL	etition (If	no reply re	eceived, so	state).	4:			declined recogn	and the second se	
8a. Name of Recognized or C					and desires certifica ddress:		der the Act.	2			
8c. Tel. No.	8d. Cell No	D.		8e, Fax N	0.		8f. E-Mail	Address	4-		
8g. Affiliation, if any:			8h	. Date of F	Recognition or Certifi	ication			urrent or Most (Month, Day, Y	ear)	
9. Is there now a strike or pick	and the second second	yer's establishm	ent(s) invo	lved? No	lf so, app				es are participati ver since (Month		aarl
(Name of Labor Organizatio 10. Organizations or individual individuals known to have	s other than Petiti	oner and those r nterest in any en	named in it nployees in	ems 8 and the unit de	9, which have claim escribed in item 5b a	ned reco	ognition as i	representativ		And the second	
10a. Name		10b. Address					10c. Tel. N	lo.	10d. Cell No.		
							10e. Fax N	lo.	10f. E-Mail Ad	dress	
11. Election Details: If the NL	.RB conducts and	election in this r	matter, stat	e your pos	ition with respect to	any suc	1.1.1.1	11a. Electio	al 🗌 Mail 🛛	Mixed	d Manual/Mail
11b. Election Date(s): 8/27/19		11c. Election T 10:00 a.m	'ime(s): m 10:	30 a.m.			11d. Electi Eagles	on Location(Conferer	s): nce Room o	n Indi	ana Ave.
12a. Full Name of Petitioner American Federation 2022	(including local na of Governm	ent Employ): vees, Lo	ocal	12b. Address (stre P.O. Box 27						
12c. Full name of national or in American Federation	of Governm	organization of v ient Employ	which Petiti /ees	oner is an	affiliate or constituer	nt (if no	ne, so state):			
12d. Tel. No. 270-798-2343	12e. Cell 1 931-47	7-5766			4-2068			nsford@	comcast.ne	t	
13. Representative of the Pe 13a. Name and Title: Judy Hansford, Local 2			of all pape		ress (street and num						
13c. Tel. No. same as 12d	13d. Cell I same a	s 12e		13e. Fax same a	s 12f		13f. E-Mai same as	s 12g	-		
I declare that I have read the	e above petition a			re true to t	the best of my know	wledge	and belief				Date
Name (Print) JUBY Har	1store	R Signatu	Jul	nt	and	-0	resi	lest			8/2/19
	E STATEMENTS	ON THIS DETIN	TON CAN	6 PUINIC	UED BY EINE AND		SONMENT	ILS CODE	TITLE 18 SEC	TION 10	001)

WILLFUL FALSE STATEMENTS ON THIS

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

FORM NLRB-502 (RC)	UNITED STATES OF	MERICA			DO NOT W	RITE IN THIS :	SPACE				
(2-18)	NATIONAL LABOR RELAT RC PETITIO			Case No. 10-R	C-24596	5	Date Filed 08/05/2019				
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 48)	he petition must be accom named in the petition of: (panied by both 1) the petition;	a showing of interest (s (2) Statement of Positio	see 6b below) an n form (Form NL	d a certificat RB-505); an	e of service sf d (3) Descripti	owing service on on of Representation				
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be certified a	s representative	e of the employees. The P	etitioner alleges	that the foll	owing circums	tances exist and				
2a. Name of Employer: Advantage SCI			s) of Establishment(s) invo higan Ave., Fort C			State, ZIP cod	le):				
3a. Employer Representative - Nan Kevin O'Connell, Chief R Executive Vice President			l same as 2b - state same e Street, Suite 500		VA 223	14					
зс. теј. No. (703) 299-9750	3d. Cell No.		ax No.	1 *	vinoconn	Ť	tagesci.com				
4a. Type of Establishment (Factory, I Personal Property Service			rincipal Product or Service	3	Fort Ca	d State where u ampbell, F	(Y				
5b. Description of Unit Involved: Included: All full-time and regular p	art-time transportati	ion speciali	sts		6a. Numbe	r of Employees	in Unit:				
Excluded: Professional employees, n	•			fined in Act,	of the e	mployees in the	er (30% or more) e unit wish to be titioner? 🔄 Yes 🔲 No				
Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) by petition (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 Certifie			Bb. Address:								
8c. Tel. No.	8d. Cell No.	8e. Fa	ax Nó.	8f. E-Mail	Address	,					
8g. Affiliation, if any:		8h. Date	e of Recognition or Certific			urrent or Most (Month, Day, Yo	əar)				
9. Is there now a strike or picketing a	t the Employer's establishme	ent(s) involved?	No If so, appro	oximately how ma	·. · ·						
(Name of Labor Organization) 10. Organizations or individuals other	than Batilianas and these n	amad in itoms 9	and Q which have claims			er since (Month					
individuals known to have a repre											
10a. Name	10b. Address			10c. Tel. N	0.	10dCell No.					
				10e. Fax N	l o .	10f. E-Mail Ad	dress				
11. Election Details: If the NLRB co	nducts and election in this m	atter, state your	r position with respect to a	ny such election:	11a. Electio	<u> </u>	Mixed Manual/Mail				
11b. Election Date(s): 8/27/19	11c. Election Til 12:00 p.m.				on Location(s	<u> </u>	n Indiana Ave.				
12a. Full Name of Petitioner (inclua American Federation of C 2022			12b. Address (stree P.O. Box 276	et and number, cit 1, Clarksvill	y, State and 2 e TN 370	ZIP code):)42					
12c. Full name of national or internat American Federation of C			s an affiliate or constituent	t (if none, so state):						
12d. Tel. No. 270-798-2343	(b) (6), (b) (7)(C		Fax No. -444-2068	(b) (6)	, (b) ((7)(C)					
13. Representative of the Petitione (b) (6), (b) (7)(C)	13b. /	r purposes of the represe Address <i>(street and numb</i> le as 12b	*	-						
13c. Tel. No. same as 12d	13d. Cell No. same as 12e		Fax No. ne as 12f	13f. E-Mai same as							
(b) (6), (b) (7)	(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c										
WILLFUL FALSE STA	TEMENTS ON TH			MENT	(U.S. CODE,	TITLE 18, SEC	TION 1001)				

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FORM NLRB-502 (RC)	UNITED STATES OF	AMERICA			DO NOT W	RITE IN THIS SPACE
(2-18)	NATIONAL LABOR RELA	TIONS BOARD	Ca	se No.		Date Filed
	RC PETITI	ON		10-R	C-2459	73 08/05/2019
employer concerned is loc he employer and all other		npanied by both a show (1) the petition; (2) Stat	ving of interest (see (tement of Position fo	6b below) and orm (Form NLI	l a certifica RB-505); an	te of service showing service on d (3) Description of Representation
bargaining by Petitioner an	TION: RC-CERTIFICATION OF R and Petitioner desires to be certified al Labor Relations Board process	as representative of the	employees. The Petiti	ioner alleges	that the foll	owing circumstances exist and
a. Name of Employer: GC&E Systems Gro	up, Inc.	2b. Address(es) of Es Building 7872				, State, ZIP code): pbell KY 42223
a. Employer Representativ Craig White, Directo	e - Name and Title: or of Federal Services	3b. Address (if same a 5835 Peachtree Peachtree Corn	Corners East, S	Suite A		
c. Tel. No. 70-448-3908	3d. Cell No.	3e. Fax No.		3f. E-Mail A cwhite@		om
a. Type of Establishment (Fa	actory, mine, wholesaler, etc.)		Product or Service munications Ser	rvices		ampbell, KY
b. Description of Unit Invo Included:	lved: lar part-time hourly paid	telecommunicatio	on mechanics L	II. Leads	6a. Numbe 13	er of Employees in Unit:
xcluded:	ees, managerial employe				of the e	ubstantial number (30% or more) employees in the unit wish to be ented by the Petitioner? X Yes
heck One: X 7a. Reques on or about	t for recognition as Bargaining Rep (Date) by petition (I	presentative was made or no reply received, so sta	. ,	and	d Employer	declined recognition
	er is currently recognized as Barga			under the Act.		
the state of the	Certified Bargaining Agent (If no					
c. Tel. No.	8d. Cell No.	8e. Fax No.		8f. E-Mail A	ddress	
g. Affiliation, if any:	x	8h. Date of Rec	ognition or Certification			urrent or Most (Month, Day, Year)
	keting at the Employer's establishin	nent(s) involved? No	If so, approxim			s are participating?
(Name of Labor Organizati						er since (Month, Day, Year)
	als other than Petitioner and those a representative interest in any er					es and other organizations and
0a. Name	10b. Address			10c. Tel. No	D.	10d. Cell No.
				10e. Fax No	0.	10f. E-Mail Address
1. Election Details: If the N	ILRB conducts and election in this	matter, state your position	n with respect to any s	such election:	11a. Electio	
1b. Election Date(s): 2/27/19	7:30 a.m.	^{Fime(s):} - 8:30 a.m.			on Location(s): ace Room on Indiana Ave.
	r (including local name and numbe n of Government Employ	r): yees, Local	2b. Address (street an P.O. Box 2761,	nd number, city Clarksville	e TN 370	ZIP code):)42
	international labor organization of n of Government Employ		iate or constituent (if r	none, so state)		
^{2d. Tel. No.} 270-798-2343	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. 931-444-		(b) (6)	, (b) (7))(C)
3. Representative of the P 3a. Name and Title: b) (6), (b) (7)(C) Local	etitioner who will accept service 2022 ^{(b) (6), (b) (7)(C)}		(street and number, o			
3c. Tel. No. same as 12d	13d. Cell No. same as 12e	13e. Fax No. same as	12f	13f. E-Mail same as		
declare that I have read th	e above petition and that the sta				(7)	Date
) (0), (D)	(d) (d)	(6), (b) ($(7)(C)^{(c)}$	o) (6), (l	b) (7)(Sale Sale
WILLFUL FAL	SE STATEMENTS ON		MP	RISONMENT (U.S. CODE	, TITLE 18, SECTION 1001)

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FORM NLRB-502 (RC) (2-18)		LABOR RELAT				Casa	No	DONOT	WRITE IN THIS	1	
		RC PETITIC		5/ III		Case		RC-246	6046	Date F	g. 6, 2019
INSTRUCTIONS: Unless e-Filed a employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in t	must be accom the petition of: (panied t (1) the p	by both a s	howing of interest (s Statement of Positio	see 6b	Petition to below) and	an NLRB o l a certifica	office in the Reg te of service sh	ion in v	which the service on
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	RC-CERTIFI	CATION OF RE s to be certified a	PRESEN	ITATIVE - A	A substantial number of the employees. The P	of emp	loyees wish	to be repre	sented for purpo	ses of c	ollective
2a. Name of Employer:			2b. Add	dress(es) of	Establishment(s) invo	olved (Street and r	number, City	, State, ZIP cod	e):	
Haeco Americas			AND	5568 (ont Triad Parkw Jumtree Road,	Wins	Greensbe ston Sale	oro, NC em NC 2	27409 7107		
3a. Employer Representative - Na					ne as 2b - state same						
Kris Hudson, Director of				nsboro,	ont Triad Parkw NC 27409	vay					
3c. Tel. No. (336) 668-4410 EXT 241	3d, Cell No			3e. Fax N	0.		3f. E-Mail A		aeco.aero		
4a. Type of Establishment (Factory,		saler, etc.)		4b. Princi	pal Product or Service	<u> </u>	KIIS.IIU		nd State where u	init is lov	atad:
factory					t interior comp		ts		oro & Winston		
5b. Description of Unit Involved:					p				er of Employees		.,
Included: See Addenda								170			
Excluded: See Addenda								of the	ubstantial numb employees in the ented by the Pet	unit wis	sh to be
Check One: X 7a. Request for re- on or about (Date)	pet serve	s as req (If n	o reply r	eceived, so	state).		10		declined recogni		
7b. Petitioner is cu 8a. Name of Recognized or Certifi	irrently recogni	nized as Bargain	ing Repr	esentative :		on und	er the Act.				
None	ed Bargainin	ig Agent (ir non	e, so stal	(e) 8b. A	ddress:						
8c. Tel. No.	8d. Cell No.	2		8e. Fax N	0.		8f. E-Mail A	ddress			
8g. Affiliation, if any:			8	h. Date of R	ecognition or Certifica				urrent or Most (Month, Day, Ye	ar)	
9. Is there now a strike or picketing a	at the Employ	er's establishme	nt(s) invo	lved? No	If so, appro	ximate	ly how man	v emplovee	s are participatin	a?	
(Name of Labor Organization)							A		er since (Month,	0	ar)
10. Organizations or individuals othe individuals known to have a repre-	er than Petition esentative inte	ner and those na erest in any emp	amed in it loyees in	tems 8 and the unit de	9, which have claime escribed in item 5b ab	d reco	unition as re	nresentativ			
None	2										
10a. Name		10b. Address					10c. Tel. No		10d. Cell No.		
							10e, Fax No).	10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and e	lection in this ma	atter, stat	e your posi	tion with respect to an	ny such	election:	11a. Electio	n Type:		
Note: Overwhelming ma				k at the	Greensboro loc	catio	n	× Manua	al 🗌 Mail 🗌	Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tin					11d. Election				
September 13, 2019 12a. Full Name of Petitioner (include		5-7am and		1					each locatio	on	
International Association					12b. Address (street						
Aerospace Workers					9000 Machini			·	lboro, MD	20772	
12c. Full name of national or internat	of Mochi	ganization of wh	ich Petiti	oner is an a	affiliate or constituent	(if non	e, so state):				
International Association	12e. Cell No		erospa	12f. Fax N							
301-967-4510	120. 001 110			121. Fax N	0.		12g. E-Mail whaller(org		
13. Representative of the Petitione	r who will ac	cept service of	all pape	ers for pur	ooses of the represe	ntatio	n proceedi	a anaw	.org		
13a. Name and Title: William H. Haller, Associate				13b. Addre	ess (street and number achinists Place, I	er, city,	State and 2	ZIP code):	0772		
10a Tal Na	101 0 111										
13c. Tel. No. 301-967-4510	13d. Cell No			13e. Fax N	ю.		13f. E-Mail A				
I declare that I have read the above	e petition and	d that the states	mente	a true to th	a heet of my long th	- I	whaller(amaw	.org		
Name (Print)	- perturbit all	Signature	0	1 1 1	2	Title	alu pellet.				Date
William H. Haller		U	16t	Hel	~		sociate C	General (Counsel		8/6/2019

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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Haeco Americas RC Petition ADDENDA

Petition Section 5b. Description of Unit Involved:

Included:

All individuals employed by the Employer at the Employer's facilities in Greensboro and Winston Salem, North Carolina (addresses in petition), in the following classifications.

Mfg Mechanic SM Assembler - Level 1 Assembler OL – Apprentice Assembler OL - Level I **CNC** Setup Operator Engineering Technician **Facilities Mechanic** Inspector-TAS Inv Control Analyst - Aero Lead Inspector - Aero Material Coodinator Matl & Inv Control Analyst Mfg - Mech - CT Mfg - Mechanic Placard Decal Mfg Mechanic EF Mfg Mechanic IF

Mfg Mechanic MG Mfg Mechanic Painter Mfg Mechanic SM ODA Inspection Unit Member Pattern Maker Plastics Shop Technician Production Coordinator-ENG. Production Team Leader Quality Control Analyst Shipping - Receiving Clerk Stockroom Clerk Stockroom Lead Test Lab Eng Technician Tooling & Equipment Technician Welder - Aero

Excluded:

All other employees, including managers, supervisors, professional employees, office clericals, and guards.

UNITED STATES	GOVERNMENT			DO NO		SSPACE			
NATIONAL LABOR	RELATIONS BOA		Case No. 10	-RC-246175	Date				
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <mark>wv</mark>	<mark>vw.nlrb.gov</mark> , submit a	an original of this	Petition to a	n NLRB office in the Region			
in which the employer concerned i	s located. The	e petition must	be accompanied by l	both a showing o	of interest (se	e 6b below) and a certificate			
of service showing service on the									
(Form NLRB-505); and (3) Descript				RB 4812). The s	howing of int	erest should only be filed			
with the NLRB and should <u>not</u> be s	erved on the e	employer or an	y other party.						
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relat	esires to be certifi	ed as representativ	e of the employees. The	Petitioner alleges th	hat the following	g circumstances exist and			
2a. Name of Employer Parsec Inc.		6000		Gárrett, Jr. Me		, ^{State,} ZIP code) hway, Austell, GA 30106			
3a. Employer Representative Name and Michael Kozlowski Sr.,				s 2b state same)					
зс. теl. № 770-405-3507	3d. Cell No. 815-641		3e. Fax No.			/ski@parsecinc.com			
4a. Type of Establishment (Factory, mine, v Railway terminal	vholesaler, etc)	4b. Principal pro	al rail transpor	tation	Auste	and State where unit is located: EII, GA			
5b. Description of Unit Involved All full-time and regular part-t	ime truck drivers	, lift equipment op	erators, hostler drivers, g	roundmen, truck me	echanics,	6a. No. of Employees in Unit: 163			
Included: crane mechanics, trailer repa services at the Norfolk South	ir, and yard inver ern facility, locate	ntory personnel er ed at 6000 Dr. Luk	nployed by Parsec and w æ Glenn Garrett, Jr. Mem	ho are assigned to norial Highway, Aust	ell, GA 30106	6b. Do a substantial number (30%			
Excluded: All other employees.									
Petitioner? Yes V No									
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 8/7/19 and Employer declined recognition on or about									
No reply	(Date)	(If no reply received	d, so state).			_			
	, ,	<u> </u>	epresentative and desires	certification under he	e Act.				
8a. Name of Recognized or Certified Bar None		f none, so state).	8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress			
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)			
9. Is there now a strike or picke ing at the E	mployer's establis	hment(s) involved	? No If so, approx	imately how many e	I mployees are pa	rticipating?			
			eted the Employer since (I	Month. Dav. Year)					
10. Organizations or individuals other than					resentatives and	t other organizations and individuals			
known to have a representative interest in a None	ny employees in t	the unit described i	n item 5b above. (If none,	, so state)					
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts any such election.			r position with respect to	11a. Election Type		Mail Mixed Manual/Mail			
11b. Election Date(s): August 16, 2019	11c. El 6-8 a	ection Time(s): m; 12-2 pm;	5-7pm	11d. Election Loca					
12a. Full Name of Petitioner (including lo Teamsters Local 728	cal name and nu	ımber)	•	12b. Address (stre 2540 Lakew		city, state, and ZIP code) W, Atlanta, GA 30315			
12c. Full name of national or international la International Brotherhood of	bor organization of Teamsters	of which Petitioner	is an affiliate or constituen	t (if none, so state)					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	Idress			
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	r purposes of the repres	entation proceedin	g.				
^{13a. Name and Title} Ben Speight,	Organizin	g Director	13b. Address (street and 2540 Lakewood Av						
13c. Tel No.	13d. Cell No. 404-604-6	762	13e. Fax No.		13f. E-Mail Ad	dress gmail.com			
I declare that I have read the above petiti			e to the best of my know	vledge and belief.					
Name (Print) Signation Sig	nature Ben Speigh	nt	Organizing Direct	ctor	August	7, 2019			
WILLFUL FALSE STATEME					_				

PRIVACY ACT STATEMENT

Solici ation of he informa ion on this form is au horized by he National Labor Rela ions Act (NLRA) 29 U S C § 151 *et seq.* The principal use of the information is to assist he National Labor Relations Board (NLRB) in processing representa ion 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 fur her explain these uses upon request. Disclosure of this information to the NLRB is voluntary however failure to supply the information will cause he NLRB to decline to invoke is processes.

UNITED STAT	ES GOVERNMEN	т			DO NOT	WRITE IN T	HIS SPACE		
	R RELATIONS BO		Ca	ase No.			te Filed		
RC PE	ETITION			10-F	RC-246475		August 13, 2019		
INSTRUCTIONS: Unless e-Filed	usina the Aaen	cv's website, ww	w.nlrb.gov	v. submit a	n original of this	Petition to			
in which the employer concerne									
of service showing service on th									
(Form NLRB-505); and (3) Descri						· · · ·			
					ND 4012 <i>j</i> . The St	lowing of i	merest should only be med		
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-	E Served Off the	E DEDDESENTATION	VE - A substa	ly.	of employees wish to	he represen	ted for purposes of collective		
bargaining by Petitioner and Petitioner									
requests that the National Labor Re		ceed under its prop	per authority	pursuant to	Section 9 of the Na	tional Labor	Relations Act.		
2a. Name of Employer					(s) involved (Street a	nd number, o	city, State, ZIP code)		
Kumho Tires)51 Kumho Pa <u>A Macon 3121</u>	16- ´					
3a. Employer Representative – Name a	and Title				2b – state same)				
Keith Lolley				Kumho Parkv Aacon 31216-	way				
3c. Tel. No.	3d. Cell No.		3e. Fax No.)_		3f. E-Mail A			
(478) 812-9666	(478) 508-425					klolley@kuml			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located:									
Tires			manu	ufacture tires			Macon, GA		
5b. Description of Unit Involved 6a. No. of Employees in Unit: 325									
Included: See Attached Page 2 for additional details 523 6b. Do a substantial number (30%									
							 or more) of the employees in he 		
Excluded: See Attached Page 2 for add	tional details						unit wish to be represented by the		
							Petitioner? Yes [🔽 No [🗌		
Check One: 7a. Request for	-	gaining Representat		e on (Date)	an	d Employer d	eclined recognition on or about		
		(If no reply received							
7b. Petitioner is 8a. Name of Recognized or Certified B					certification under the	Act.			
8a. Name of Recognized of Certified B	argaining Agent	ir none, so state).	OL	b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.).		8f. E-Mail A	ddress		
8g. Affiliation, if any	•		8h. Date of R	Recognition or	Certification		n Date of Current or Most Recent		
						Contract, if	any (Month, Day, Year)		
	Carala and a state	in horse and the N instance in the	0 No	16					
9. Is there now a strike or picketing at the						ipioyees are	participating?		
(Name of labor organization)			•		Month, Day, Year)				
10. Organizations or individuals other that						resentatives a	and other organizations and individuals		
known to have a representative interest i	n any employees ii	the unit described i	n item 5b abo	ove. (If none,	so state)				
10a. Name	10b. A	ddress			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB condu	cts an election in t	nis matter, state your	r position with	n respect to	11a. Election Type:	🔽 Manua	I Mail Mixed Manual/Mail		
any such election. 11b. Election Date(s):	11c.	Election Time(s):			11d. Election Loca	ion(s):			
August 29 and 30		:30am and 6:30-8:30	Opm both day:	/S	employee break roo				
12a. Full Name of Petitioner (including	local name and i	number)				et and numbe	er, city, state, and ZIP code)		
Brad Manzolillo United Steel, Paper and Forestry, Rubber, Manu	facturing, Energy, Alli	ed Industrial and Service	e Workers Intern	national Union	60 Blvd of he Allies PA Pittsburgh 1522)_			
12c: Full name of national or international									
United Steel, Paper and Forestry, Rubber		iergy, Allied Industria			emational Union AFL				
12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-433	2	12f. Fax No (412) 562-25			12g. E-Mail bmanzolillo(Address @usw.org		
13. Representative of the Petitioner w					entation proceeding		_ •		
13a. Name and Title		of all papers to		•	I number, city, state,		•)		
Brad Manzolillo Organizing Counsel United Steel, Paper and Forestry, Rubber	Monufacturing 5			the Allies	state,		/		
13c. Tel No.	13d. Cell No.	iergy, Alliea Industri	PA Pittsbur 13e, Fax No		I	13f. E-Mail	Address		
(412) 562-2529	(412) 418-433	3	(412) 562-2			bmanzolillo			
I declare that I have read the above pe					ledge and belief.				
Name (Print)	Signature		Title			Date			
Brad Manzolillo	Brad Manzolillo		Organizing	Counsel			019 16:13:39		
	AENTS ON THIS P	ETITION CAN BE P	UNISHED BY		IMPRISONMENT (U		TLE 18, SECTION 1001)		

PRIVACY ACT STATEMENT

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

Attachment

Employees Included

All full-time and regular part-time production and maintenance employees employed at the Employer's Macon, GA facility.

Case

Employees Excluded

All temporary employees, office clerical and professional employees, supervisors, and guards as defined by the Act.

0RM NLRB-502 (RC)	UNITED STATES OF		DO NOT WRITE IN 1	HIS SPACE
(2-18)	NATIONAL LABOR RELAT RC PETITIC		Case No. 10-RC-246497	Date Filed Aug. 13, 2019
mployer concerned is located. 1 he employer and all other parties	The petition must be accom s named in the petition of: (panied by both a showing of int 1) the petition; (2) Statement of	riginal of this Petition to an NLRB office in thi terest (see 6b below) and a certificate of servi Position form (Form NLRB-505); and (3) Desc NLRB and should not be served on the employ	e Region in which the ce showing service on cription of Representation
bargaining by Petitioner and Peti	itioner desires to be certified a	as representative of the employees	number of employees wish to be represented for s. The Petitioner alleges that the following cirr suant to Section 9 of the National Labor Relati	cumstances exist and
a. Name of Employer:			nt(s) involved (Street and number, City, State, Zl/	Code):
DynCorp		13500 North Freeway	Fort Worth, Tx 76177	
a. Employer Representative - Na	me and Title:	3b. Address (if same as 2b - stat	te same):	
George Taylor Sr. HR. D	Director	same		
c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address	(
817-224 - 8189 a. Type of Establishment (Factory,	682444 68	4b. Principal Product or	Service george Faylor 20	dyn-intl.com
Cesst Guard C b. Description of Unit Involved:	ontractor	Government		
b. Description of Unit Involved: ncluded: All C-130 Aircr	aft maintancelle			
xcluded:	s c. la a h	6 40.5 - 16.	6b. Do a substantial of the employees	number (30% or more)
HI OT KOV CHAIDYCC heck One: X 7a. Request for rec	Cognition as Bargaining Repre	Superviors of define esemative was made on (Date)	8/2019 and Employer declined re	e Petitioner? X Yes No
on or about (Date)		o reply received, so state).		
a. Name of Recognized or Certific		e, so state) 8b. Address:		
None		N/A		
c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address	
g. Affiliation, if any:		8h. Date of Recognition or	Certification 8i. Expiration Date of Current or M	ost
			Recent Contract, if any (Month, Da	iy, Year)
Is there now a strike or picketing a	at the Employer's establishme	nt(s) involved? No If so	o, approximately how many employees are partic	
(Name of Labor Organization)	r than Petitioner and those na	amed in items 8 and 9, which have	, has picketed the Employer since (M e claimed recognition as representatives and othe	
	esentative interest in any emp	loyees in the unit described in iter	m 5b above. (If none, so state)	
None Da. Name	10b. Address		10c. Tel. No. 10d. Cell	No.
Eric Benjamin		Valley Ave	10c. Tel. No. 105-232-2843 775-	232-2843
	Las Vegas,	NV 89139	10e. Fax No. 102-776-6075 eSeri	amih@cwq-union.c
I. Election Details: If the NLRB co	inducts and election in this ma	itter, state your position with respe	ect to any such election: 11a. Election Type: V	
1b. Election Date(s):	11c. Election Tim	ne(s):	X Manual Mai	
8/22/2019	10Am thru		Enfloyee Break	loon
za. Full Name of Petitioner <i>linclui</i>	ding local name and number):	(b) (6	6), (b) (7)(C)	
Eric Benjamin		ich Petitioner is an affiliate or con	stituent (if nope, so state):	
Eric Benjamin	ional labor organization of wh	torr control is an annuale of cont		
Eric Benjamin	tional labor organization of wh	c Eletrial Salarie	ed mahrine and Furniture 1	workerks-CWH AN
Eric Benjamin 2c. Full name of national or internat International Uni 2d. Tel. No. 175 Z 3 2 Z 8 4 3	ion of <u>Electron</u> 120. Cell No. 775232289	re <u>Eletrial Salarie</u> 13 121. Fax No. 13 162 976 607		Nion-ors
Eric Benjamin 2c. Full name of national or internat International Uni 2d. Tel. No.	ion of <u>Electron</u> 120. Cell No. 775232289	C E E Final Salarie 121. Fax Nb. 121. Fax	representation proceeding.	Nion-ors
Eric Benjamin 2c. Full name of national or internat <u>Fnfcrngfiongl</u> Uni 2d. Tel. No. <u>775</u> Z 3 <u>Z</u> Z 8 4 3 3. Representative of the Petitione 3a. Name and Title: Eric Benjamin. International	ion of Electron 12e. Cell No. 775232259 protection of the service of the servi	C E E Final Salarie 121. Fax Nb. 121. Fax	- (Benjamind) (WA-L	Nion-ors
Eric Benjamin 2c. Full name of national or internat <i>International Uni</i> 2d. Tel. No. 775 Z 3 2 Z 8 4 3 3. Representative of the Petitione 3a. Name and Title: Eric Benjamin. International 3c. Tel. No.	ion of Electron 12e. Cell No. 775232259 protection of the service of the servi	$\frac{c}{6} \underbrace{E[e+fi](a)}_{12f. Fax Nb.} \underbrace{Sa[a, 2e]}_{12f. Fax Nb.}$ $\frac{3}{62} \underbrace{976}_{60} \underbrace{60}_{13b. Address (street and (b) (6), (b)}_{13b. Fax No.}$	PER AM AD EWA~C representation proceeding. d number, city, State and ZIP code): (7)(C) 13f. E-Mail Address	11104.613
Eric Benjamin 2c. Full name of national or internat $\overline{PA+CrAGfinAll}$ Unit 2d. Tel. No. 775 Z 3 2 Z 8 4 3 3. Representative of the Petitione 3a. Name and Title: Eric Benjamin. International 3c. Tel. No. 775 Z 3 Z 2 8 4 3 Ieclare that I have read the above	ion of <u>Electron</u> 12e. Cell No. 775232259 r who will accept service of I Representative (b) (6), (b) (7) r peducon and unar une state	$\frac{c}{6} \underbrace{E[e+f][a]}_{12f, Fax No.} \underbrace{Sa[a_{2}, e_{1}]}_{12f, Fax No.} \underbrace{Sa[a_{2}, e_{2}]}_{12f, Fax No.} \underbrace{Sa[a_{2}, e_{2}]}_{13b, Address (street and (b), (6), (b)} \underbrace{Sa[a_{2}, e_{2}]}_{13e, Fax No.} \underbrace{Sa[a_{2}, e_{2}]}_{1$	PBeh [AM] AD] LWH~C representation proceeding. d number, city, State and ZIP code): (7)(C) 13f. E-Mail Address PS 13f. E-Mail Address ebeh GMA G CWA / knowledge and belief.	nion.org
Eric Benjamin 2c. Full name of national or internat $\overline{PA+CrAGfinAll}$ (<i>Jun</i> 2d. Tel. No. 775 732 2843 3. Representative of the Petitione 3a. Name and Title: Eric Benjamin. International 3c. Tel. No. 775 232 2843 lectare that I have read the above arme (<i>Print</i>)	ion of <u>Electron</u> 12e. Cell No. 775232259 or who will accept service of 1 Representative (b) (6), (b) (7)	$\frac{c}{6} \underbrace{E[e+f][a]}_{12f, Fax No.} \underbrace{Sa[a_{2}, e_{1}]}_{12f, Fax No.} \underbrace{Sa[a_{2}, e_{2}]}_{12f, Fax No.} \underbrace{Sa[a_{2}, e_{2}]}_{13b, Address (street and (b), (6), (b)} \underbrace{Sa[a_{2}, e_{2}]}_{13e, Fax No.} \underbrace{Sa[a_{2}, e_{2}]}_{1$	PERIANIAD LUNA-C representation proceeding. d number, city, State and ZIP code): (7)(C) 75 13f. E-Mail Address eben Gm h & CWA	11104.613
Eric Benjamin 20. Full name of national or internat <i>International or internat</i> <i>International or internat</i> 2d. Tel. No. 3. Representative of the Petitione 3a. Name and Title: Eric Benjamin. International 3c. Tel. No. 775 232 2843 Iectare that I have read the above <i>ame (Print)</i> <i>Ent. Buffamk</i>	ion of Electroni 12e. Cell No. 775232 259 who will accept service of I Representative (b) (6), (b) (7 signature Signature	$\frac{c}{6} \underbrace{E[e+fi](a)}_{121, Fax Nb.} \underbrace{Sa[a_{a}+b]}_{121, Fax Nb.} \\ 3 \underbrace{Sa[b](b](b)}_{13b, Address (street and (b) (6), (b)} \\ \underbrace{Sab(b)(b)(b)}_{13e, Fax No.} \underbrace{Sab(b)(b)}_{22, 7, 6, 6, 6} \\ \underbrace{Sab(b)(b)(b)(b)}_{13e, Fax No.} \\ \underbrace{Sab(b)(b)(b)(b)(b)}_{22, 7, 6, 6, 6} \\ \underbrace{Sab(b)(b)(b)(b)(b)(b)(b)}_{22, 7, 6, 6} \\ Sab(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)($	PBeh [AM] AD] LWH~C representation proceeding. d number, city, State and ZIP code): (7)(C) 13f. E-Mail Address PS 13f. E-Mail Address ebeh GMA G CWA / knowledge and belief.	- UNDA, OFS Date 819/2019
Eric Benjamin 2c. Full name of national or internat <i>International or internat</i> <i>International or internat</i> 2d. Tel. No. 775 732 784 3 3. Representative of the Petitione 3a. Name and Title: Eric Benjamin. International 3c. Tel. No. 775 732 2843 Ieclare that I have read the above arme (Print) <i>Eric Benjamin</i> , <i>Benjami</i> WILLFUL FALSE STA	tion of Electronic 12e. Cell No. 775232 259 r who will accept service of 1 Representative (b) (6), (b) (7) pendion and that the state Signature Signature	$\begin{array}{c} c \\ \hline c \\ c \\$	PBER 14M AD LWA-C representation proceeding. d number, city, State and ZIP code): (7)(C) 13f. E-Mail Address 25 13f. E-Mail Address 25 25 25 13f. E-Mail Address 26 27 13f. E-Mail Address 26 27 17 18 18 19 19 19 19 19 19 19 19 19 19	- UNDA, OFS Date 819/2019 SECTION 1001)

	UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE											
NATIONAL LABOR RELATIONS BOARDCase No.Date FiledRC PETITION10-RC-246582Date Filed												
INSTRUCTIONS: Unless e-Filed usi												
in which the employer concerned is												
of service showing service on the e	employer and all other part	ies nameo	d in the petitic	on of: (1) the peti	tion; (2) State	ement of Position form						
(Form NLRB-505); and (3) Descripti	ion of Representation Case	Procedu	res (Form NL	RB 4812). The s	howing of int	erest should only be filed						
with the NLRB and should not be s	erved on the employer or a	ny other	party.		-	-						
1. PURPOSE OF THIS PETITION: RC-CEP	TIFICATION OF REPRESENTA	TIVE - A su	bstantial number	of employees wish t	o be represented	for purposes of collective						
bargaining by Petitioner and Petitioner de requests that the National Labor Relati												
2a. Name of Employer				t(s) involved (Street								
AmeriGuard Security, Inc.				e, Durham, NC								
3a. Employer Representative - Name and	Title	3b. Ade	dress (If same as	s 2b - state same)								
Human Resources/ Labor Relatior	าร	5470 V	N. Spruce #1	02, Fresno, CA	93722							
3c. Tel. No.	3d. Cell No.	3e. Fax	No.		3f. E-Mail Add	ress						
559-271-5984					operations@	ameriguardsecurity.com						
4a. Type of Establishment (Factory, mine, w		roduct or se	rvice			and State where unit is located:						
SECURITY AGENCY	SECURITY				Durhan	1, NC						
5b. Description of Unit Involved						6a. No. of Employees in Unit:						
Included: ALL FULL-TIME AND PART					G GUARD	60 6b. Do a substantial number (30%						
DUTIES AS DEFINED IN SECTION 9 AMERIGUARD SECURITY, INC @ 35				EMPLOYED BY		or more) of the employees in the						
						unit wish to be represented by the						
Excluded: ALL OFFICE CLERICAL EMPLO					IE ACT.	Petitioner? Yes 🗸 No						
Check One: 7a, Request for reco	ognition as Bargaining Representat			ar	nd Employer dec	lined recognition on or about						
	(Date) (If no reply receiv				• •							
8a. Name of Recognized or Certified Barg	irrently recognized as Bargaining		tive and desires (8b. Address	certification under the	e Act.							
ITPEU	aming Agent (# none, so state).	•		enter South, Unit B	, Savannah, GA	31405						
8c. Tel No.	8d Cell No.	8e. Fax			8f. E-Mail Add							
912-349-1154		912-777										
8g. Affiliation, if any		8h. Date	of Recognition or	r Certification		Date of Current or Most Recent						
					unknown	y (Month, Day, Year)						
9. Is there now a strike or picketing at the En	nniover's establishment(s) involve	d? no	If so approx	imately how many er		rticipating?						
					inprojecce di o pa							
· · · · · · · · · · · · · · · · · · ·	, has pie											
10. Organizations or individuals other than P known to have a representative interest in an	etitioner and those named in item	is 8 and 9, v d in item 5b	above <i>(If none</i>	ed recognition as rep so state)	resentatives and	o other organizations and individuals						
none	.,		,	,								
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.						
				10e. Fax No.		10f. E-Mail Address						
11. Election Details: If the NLRB conducts	an election in this matter state vo	our position	with respect to	11a. Election Type		Mail Mixed Manual/Mail						
any such election.												
11b. Election Date(s):	11c. Election Time(s):	2.00		11d. Election Loca	tion(s):							
9/5/19 12a. Full Name of Petitioner (including loc	5:00 - 7:00 am & 1:00 -	5.00 pm	·	12b Address (stre	et and number	city, state, and ZIP code)						
International Union, Security, Police and F		PFPA)		25510 Kelly Road,								
12c. Full name of national or international lat International Union, Security, Police and Fi	bor organization of which Petitione	er is an affili	ate or constituen	t (if none, so state)								
12d. Tel No.	12e. Cell No.	12f. Fax	(No.		12g. E-Mail Ac	dress						
586-772-7250 X111	586-872-5634	586-772	-9644		organize@spf	ba.org						
13. Representative of the Petitioner who v	vill accept service of all papers	for purpos	es of the repres	entation proceedin	g.							
^{13a. Name and Title} Gordon Grego	ory, General Counsel	13b. Ad 65 Cadill		d number, city, state, 27, Detroit, MI 48226	and ZIP code)							
13c. Tel No.	13d. Cell No.	13e. Fa	· ·		13f. E-Mail Ad	dress						
313-964-5600		313-964			Gordon@Unio	nLaw.net						
I declare that I have read the above petitic	on and that the statements are t	rue to the b	best of my know	ledge and belief.								
	nature D.Y.	Title			Date							
	myn (Jhann		ing Director	MODISONALIT "	8/13/19	E 49 SECTION 4004)						
WILLFUL FALSE STATEMEN	NTS ON THIS PETITION CAN BE	PURISHEL		INIT RISUMMENT (U		E 10, SECTION (VVI)						

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		UNITED S								DO NO				
		RC R	PET	ITI	ON					-RC-247024		ate Fi	August 22, 2019	
INSTRUCTIO	VS: L	Inless e-File	ed usi	ng the	Agency	y's websi	ite, <u>ww</u>	w.nlrb.g	qov, submit a	n original of this	Petition t	io an	NLRB office in the Region	n
													6b below) and a certifica	ite
of service she	owing	g service or	n the e	mploy	er and a	all other	parties	nameo	l in the petitic	on of: (1) the peti	tion; (2) S	taten	nent of Position form	
(Form NLRB-	505);	and (3) Des	scripti	on of F	Represe	entation (Case P	rocedui	res (Form NLI	RB 4812). The s	howing of	inte	rest should only be filed	
with the NLRI													_	
bargaining by	Petitio	oner and Petitic	oner de	sires to t	be certifie	ed as repre	sentative	e of the e	mployees. The		hat the follo	wing	for purposes of collective circumstances exist and ations Act	
2a. Name of Em			Hoiun	0.10 200	in piece					t(s) involved (Street				
General Mills	Inc.					1	15200	Industr	rial Park Blvd	NE, Covington	, GA 3001	14		
3a. Employer Re Krys Duffus -					r			3b. Add Same	fress (If same as	s 2b – state same)				
3c. Tel. No.		· · · · · · · · · · · · · · · · · · ·		3d. Cel	No.		[3e. Fax			3f. E-Mail		+	
770-784-2500									4-2563		-		genmills.com	
4a. Type of Estat			nine, w	holesale	r, etc.)	4b. Princi Food Pr			vice				nd State where unit is located:	
Manufacturing 5b. Description	·					FOOU FI	ouucis	<i>.</i>		,	COV		on, GA	
			nnlova	see inclu	udina Pr	oduction '	Technik	niane M	atorial Handler	rs, MATU, Technic	ion Toom		6a. No. of Employees in Unit: 260	
										ovington, GA Facil		· · ·	6b. Do a substantial number (3	0%
										nd Supervisors define			or more) of the employees in the	ne
	enaun	ity, ron, Jaimu	15, CON		or, remp	orary, Galai			, 1101655101141, 21				unit wish to be represented by Petitioner? Yes V No	the
Check One:		7a Reques	t for rec	connition	as Baro	aining Repr	resentati	ive was m	ade on (Date) 8	2/22/2010 ar	nd Employer		ned recognition on or about	
oncen one.	≚	, a. nequee				If no reply r			-	<u>*************************************</u>				
		7b. Petition	er is cu	rrently re	ecognized	d as Bargai	ining Re	presentat	ive and desires of	certification under the	e Act.			
8a. Name of Rec None	ogniz	ed or Certifie	d Barg	aining A	Agent (If	none, so s	state).		8b. Address					
8c. Tel No.				8d Cell	No.			8e. Fax	No.		8f. E-Mail	Addre	955	
8g. Affiliation, if a	01/							Bh Date (of Recognition or	Certification	8i Evnirat	ion Dr	ate of Current or Most Recent	
og. Annation, it a	, iy								of Recognition of	Certification			(Month, Day, Year)	
9. Is there now a	strike	or picketing at	the En	nployer's	establis	hment(s) in	volved?	No	If so, approx	imately how many e	mployees ar	e parti	icipating?	
(Name of labo	r orga	nization)				, h	as picke	ted the E	mployer since (I	Month, Day, Year)				
	· · ·										presentatives	and	other organizations and individ	uals
known to have a														
10a. Name					10b. Add	ress				10c. Tel. No.			10d. Cell No.	
										10e. Fax No.			10f, E-Mail Address	
										106. T ax 110.		- 1		
11. Election Deta any such elec		If the NLRB co	nducts	an electi	ion in this	s matter, st	ate your	position	with respect to	11a. Election Type	e: 🗸 Manu	al	MailMixed Manual/Ma	.il
11b. Election Dat Thurs, Sept 5 & F		ept 6, 2019				ection Time 8 pm (both				11d. Election Loca In East W@X Conference Room		arence Ro		A 30014
12a. Full Name of Retail, Wholesale	of Pet	itioner (includ					ncil						ty, state, and ZIP code) 204, Atlanta, GA 30315	
	natio	nal or internati	onal lat	oor organ	nization o	of which Pe	titioner i		ate or constituen	t (if none, so state)	,, ,			
12d. Tel No.				12e. Ce				12f. Fax	No.		12g. E-Ma	il Add	Iress	
404-758-0865				(b) (6), (b			_	404-758			(b) (6), (b) (7)((C)	
13. Representat	ive of	the Petitione	r who v	vill acce	pt servi	ce of all pa	pers for	r purpose	es of the repres	entation proceedin	g.			
13a. Name and T	Title	lames Shao	ckelfo	rd, Un	ion Re	presenta	ative			d number, city, state, V, Suite 204, Atlanta, GA		1e)		
13c. Tel No. 404-758-0865			T	13d. Ce 256-227			1	13e. Fa: 404-758			13f. E-Mai rwdsusec(
	ave n	ead the above				tatements	aretru			vledge and belief.	1 WUSUSEC(2001.0		
				nature	-1	0	$\langle - \rangle$	Title			Date			
Name (Print) James Shackelfo	rd		V 1		\rightarrow	and a	\searrow		epresentative		August	t 22, 2	2019	
		L FALSE STA	EME	NTS ON	THIS PE	TITION CA	N BE P		·	IMPRISONMENT (U	-		18, SECTION 1001)	
			\mathbf{i}				PRIV	ACY 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.

FORM NLRB-502 (RC) (4-15)

	S GOVERNMENT				DO NOT	WRITE IN THIS	
	TITION				0-RC-247224		August 27, 2019
INSTRUCTIONS: Unless e-Filed u							
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descrip					RD 4012). The S	nowing of int	erest should only be filed
with the NLRB and should <u>not</u> be 1. PURPOSE OF THIS PETITION: RC-CI	Served On the	EREPRESENTATI	VE - A SI	party. Instantial number	of employees wish t	o he representer	for purposes of collective
bargaining by Petitioner and Petitioner	desires to be certifi	ed as representativ	ve of the e	mployees. The	Petitioner alleges the	hat the following	g circumstances exist and
requests that the National Labor Rela	ations Board proc						
2a. Name of Employer MHN Government Services, Inc.	• •		ATTAC	HMENT	t(s) involved (Street	anu number, city	State, ZIP codej
3a. Employer Representative – Name an Elena Honeycutt, Manager, Hur		s			s 2b – state same) San Rafael, C	A 94901-554	46
3c. Tel. No.	3d. Cell No.		3e. Fax			3f. E-Mail Add	ress
916-935-0988			916-3	53-6287			neycutt@healthnet.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro		rvice			and State where unit is located:
Military Contractor		Military Supp	ort			Camp L	ejeune and New River, NC
5b. Description of Unit Involved Included: All regular full time and	oart time MEI	Coupselors	working	a for the MEI	C program at C		6a. No. of Employees in Unit: 19
			working	g for the MFL	c program at c	amp	6b. Do a substantial number (30%
Lejeune and New Rive Excluded: All supervisors, g			and al	l other em	nployees.		or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🔽 No
Check One: 7a. Request for r	ecognition as Barg	aining Representa	tive was n	nade on (Date)	By Petition ar	nd Employer decl	ined recognition on or about
H		(If no reply receive		,			
			epresenta		certification under the	e Act.	
8a. Name of Recognized or Certified Ba	rgaining Agent (If	none, so state).		8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date	of Recognition of	r Certification		Date of Current or Most Recent ((Month, Day, Year)
9. Is there now a strike or picketing at the E	Employer's establis	hment(s) involved	?	If so, approx	imately how many er	mployees are pa	rticipating?
(Name of labor organization)					Month, Day, Year)		
10. Organizations or individuals other than known to have a representative interest in		se named in items	8 and 9, v	which have claim	ed recognition as rep	presentatives and	other organizations and individuals
10a. Name	10b. Add	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct any such election.	ts an election in thi	s matter, state you	r position	with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): September 10, 2019		ection Time(s): 1:00PM and 3:30	5.000		11d. Election Loca		ille Phun lacksonville NC 20540
12a. Full Name of Petitioner (<i>including I</i> International Association of Machinists a	ocal name and nu	imber)				et and number, o	rille Pkwy, Jacksonville, NC 28546 <i>ity, state, and ZIP code)</i>
12c. Full name of national or international I International Association of Machinists a	abor organization of	of which Petitioner	2	ate or constituen		.,	
12d. Tel No. (916) 985-8101	12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax (916) 98			12g. E-Mail Ad (^{b) (6), (b) (7} @iamay	dress w.org
13. Representative of the Petitioner who					entation proceedin		
^{13a. Name and Title} David W. M	. Fujimoto,	Attorney			d number, city, state, Id 1001 Marina Village I		Alameda, CA 94501
13c. Tel No. 510-337-1001	13d. Cell No.		13e. Fa 510-337			13f. E-Mail Add dfujimoto@uni	dress nlrbnotices@unioncounsel.ne oncounsel.net
I declare that I have read the above petit	tion and that the s	statements are tru	e to the b	est of my know	ledge and belief.		
Name (Print) Si David W. M. Fujimoto	ignature	20	Title Attorney	,		Date August 27,	2019
WILLFUL FALSE STATEME	ENTS ON THIS PE			BY FINE AND	IMPRISONMENT (U	S. CODE, TITL	E 18, SECTION 1001)

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.

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ATTACHMENT TO RC PETITION

2b. Address(es) of Establishment:

- Camp Lejeune, PSC Box 20005, Camp Lejeune, NC 28542, and
- New River Air Station: White St AS-201, Jacksonville, NC 28540

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