UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

W

Katchen Locke

DO NOT WRITE IN THIS SPACE					
Case No.	29-RC-250965	Date Filed	11/1/2019		

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.

Name of Employer

| 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 25-21 43rd Avenue, Long Island City, NY 11101 43rd Street Condominium 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 675 Third Avenue, New York, NY, 10017 Dawn Mazzoni Property Manager 3d. Cell No. 3f. E-Mail Address 212-692-6117 dawn.mazzoni@ellimanpm.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Residential building Long Island City, NY 11101 **Building services** 5b. Description of Unit Involved 6a. No. of Employees in Unit: about 5 Included: All building service workers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Statutory guards and supervisors Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b Address 10c Tel No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Nearest Thursday 3:00-4:00pm Telecom Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ 25 West 18th Street New York, N.Y. 10011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Katchen Locke, Attorney 13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 212 539 2941 212-388-2062 Klocke@seiu32bj.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title Date

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

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

Attorney

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.		Date Filed				
	29-RC-251130		11/5/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 80 Maiden Lane NY New York 10038-ADAPT Community Network 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 80 Maiden Lane NY New York 10038 Isabella Dombrowski 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (212) 683-6700 idombrowski@adaptcommunitynetwork.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Education Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 75 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 11/18 or 11/20 11:45 am - 12:45 pm, 2:15 - 3:30 lunchroom/conference room in basement 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Teachers 12g. E-Mail Address iweinerman@uft.org 12d. Tel No. 12e, Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Meaghean Murphy NYSUT 52 BROADWAY, 9th Floor NY NEW YORK 10004-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address mmurphy@nysutmail.org (212) 228-3382 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Meaghean Murphy 11/4/2019 11:33:05 Meaghean Murphy

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE					
Case		Date Filed			
	29-RC-251130	11/05/2019			

Employees Included

All full time and regular part time Teachers, Adaptive Physical Education Teachers, Art Teachers, Early Intervention Teachers, Teacher Assistants (including Senior Teacher Assistants and Lead Teacher Assistants), Certified Teacher Assistants, IEP Coordinators, CPSE Liaisons, Financial Technicians, Administrative Assistants (including Medical Administrative Assistants), Receptionists, Psychologists, School Psychologists, Nurses, Registered Nurses, Speech/Language Pathologists (including Bilingual Speech/Language Pathologists), Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, Physical Therapy Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, and Social Workers (including Bilingual Social Workers)

Employees Excluded

Managerial or Confidential employees as defined by the National Labor Relations Act

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	29-RC-251092	Date Filed	11/5/19			

		KC PETITIC	Ν				29-K	C-231092		11/5/19
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 be served on the employer or any other party.										
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desire	s to be certified a	as represe	entative of	the employees. The Pe	titioner al	lleges that the foll	owing circumst	tances e	
2a. Name of Employer: Edible Schoolyard NYC			20 Ja	y Street	Establishment(s) invol Suite M9 7-11201	lved (Stree	et and number, City,	, State, ZIP code	.) :	
3a. Employer Representative - Nar Kate Brashares	ne and Title	:	3b. Add same		ne as 2b - state same).	:				
3c. Tel. No. 347-565-0100	3d. Cell No).		3e. Fax N	0.		-Mail Address @esynyc.org			
4a. Type of Establishment <i>(Factory, i</i> Educational	mine, whole	saler, etc.)		4b. Princi Educat	pal Product or Service ion			d State where u yn, NY	nit is loca	ated:
5b. Description of Unit Involved: Included: SEE ATTACHED							6a. Numbe 20	r of Employees	n Unit:	
Excluded:							of the e	bstantial number mployees in the ented by the Peti	unit wish	to be
Check One: X 7a. Request for reconstruction on or about (Date) 7b. Petitioner is cui	-	(lf r	no reply re	eceived, so	state).	7/2019	_	leclined recognit	ion	
Ba. Name of Recognized or Certifie NONE					ddress:					
Bc. Tel. No.	8d. Cell No).		8e. Fax N	0.	8f. E-	-Mail Address			
3g. Affiliation, if any:			81	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) invo	lved? No	If so, approx	imately ho	w many employees	are participatin	g?	
(Name of Labor Organization)	than Datisi			0	O which have daimed		cketed the Employe			
 Organizations or individuals other individuals known to have a represion NONE 								s and other orga	mzations	s and
10a. Name		10b. Address				10c.	Tel. No.	10d. Cell No.		
•						10e.	Fax No.	10f. E-Mail Add		
11. Election Details: If the NLRB co 2 locations: at main office						y such elec	ction: 11a. Election		Mixed	Z Manual/Mail
11b. Election Date(s): 11/19/19 or 11/20/19		11c. Election Tin 3pm - 7pm	me(s):			11d. 20 J	Election Location(s Jay St. Conf.		ر ک	,~
12a. Full Name of Petitioner (includ Communications Workers	ing local na of Ame	me and number). erica			12b. Address (street 80 Pine Street New York NY	and numb 37th Fl	er, city, State and Z	EP OF T	- 17	<u> </u>
12c. Full name of national or international or international are international or internati			nich Petiti	oner is an	l		state):	Ž :		N
12d. Tel. No. (212) 344-2515	12e. Cell N			12f. Fax N 212-42	10. 5-2947		E-Mail Address nlon@cwa-ur	-	<u> </u>	<u>.</u>
13. Representative of the Petitione 13a. Name and Title: Leslie Fine, Organizer	r who will a	accept service o	f all pape	13b. Addr	poses of the represer ess (street and number son Street4th Floo	r, city, Stat	te and ZIP code):	3		
13c. Tel. No. 212-331-0914	13d. Cell N 917-59.	3-7264			6-6831	lfin	E-Mail Address e@cwa1180.c	org		
declare that I have read the above	petition a			re true to t	he best of my knowle	dge and b	oelief.	-	r	Date
Leslie Fine		Signatur	slei	, Gu	ne !	Organi	izer			11/01/19

INCLUDED:

All full time and regular part time employees employed by the employer, including: teachers, educators, program managers, garden managers, institutional giving manager, events and engagement managers, network school managers, grants and communications managers, coordinators, and development assistants.

EXCLUDED:

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

2019 NOV -1 PM 4: 21

NLRB-REGION 29 RECEIVED

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	29-RC-251092	Date Filed	11/5/19			

		KC PETITIC	Ν				29-K	C-231092		11/5/19
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 be served on the employer or any other party.										
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3a. Employer Representative - Nar Kate Brashares	ne and Title	:	3b. Add same		ne as 2b - state same).	:				
3c. Tel. No. 347-565-0100	3d. Cell No).		3e. Fax N	0.		-Mail Address @esynyc.org			
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Excluded:							of the e	bstantial number mployees in the ented by the Peti	unit wish	to be
Check One: X 7a. Request for reconstruction on or about (Date) 7b. Petitioner is cui	-	(lf r	no reply re	eceived, so	state).	7/2019	_	leclined recognit	ion	
Ba. Name of Recognized or Certifie NONE					ddress:					
Bc. Tel. No.	8d. Cell No).		8e. Fax N	0.	8f. E-	-Mail Address			
3g. Affiliation, if any:			81	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
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(Name of Labor Organization)	than Datisi			0	O which have daimed		cketed the Employe			
 Organizations or individuals other individuals known to have a represion NONE 								s and other orga	mzations	s and
10a. Name		10b. Address				10c.	Tel. No.	10d. Cell No.		
•						10e.	Fax No.	10f. E-Mail Add		
11. Election Details: If the NLRB co 2 locations: at main office						y such elec	ction: 11a. Election		Mixed	Z Manual/Mail
11b. Election Date(s): 11/19/19 or 11/20/19		11c. Election Tin 3pm - 7pm	me(s):			11d. 20 J	Election Location(s Jay St. Conf.		ر ک	,~
12a. Full Name of Petitioner (includ Communications Workers	ing local na of Ame	me and number). erica			12b. Address (street 80 Pine Street New York NY	and numb 37th Fl	er, city, State and Z	EP OF T	- 17	<u> </u>
12c. Full name of national or international or international are international or international or international area.			nich Petiti	oner is an	l		state):	Ž :		N
12d. Tel. No. (212) 344-2515	12e. Cell N			12f. Fax N 212-42	10. 5-2947		E-Mail Address nlon@cwa-ur	-	<u> </u>	<u>.</u>
13. Representative of the Petitione 13a. Name and Title: Leslie Fine, Organizer	r who will a	accept service o	f all pape	13b. Addr	poses of the represer ess (street and number son Street4th Floo	r, city, Stat	te and ZIP code):	3		
13c. Tel. No. 212-331-0914	13d. Cell N 917-59.	3-7264			6-6831	lfin	E-Mail Address e@cwa1180.c	org		
declare that I have read the above	petition a			re true to t	he best of my knowle	dge and b	oelief.	-	r	Date
Leslie Fine		Signatur	slei	, Gu	ne !	Organi	izer			11/01/19

INCLUDED:

All full time and regular part time employees employed by the employer, including: teachers, educators, program managers, garden managers, institutional giving manager, events and engagement managers, network school managers, grants and communications managers, coordinators, and development assistants.

EXCLUDED:

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

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NLRB-REGION 29 RECEIVED

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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Case No.	Date Filed			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 80 Maiden Lane NY New York 10038-ADAPT Community Network 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 80 Maiden Lane NY New York 10038 Isabella Dombrowski 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (212) 683-6700 idombrowski@adaptcommunitynetwork.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Education Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 75 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes No No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 11/18 or 11/20 11:45 am - 12:45 pm, 2:15 - 3:30 lunchroom/conference room in basement 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Teachers 12g. E-Mail Address iweinerman@uft.org 12d. Tel No. 12e, Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Meaghean Murphy NYSUT 52 BROADWAY, 9th Floor NY NEW YORK 10004-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address mmurphy@nysutmail.org (212) 228-3382 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Meaghean Murphy Meaghean Murphy 11/4/2019 11:33:05

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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DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

All full time and regular part time Teachers, Adaptive Physical Education Teachers, Art Teachers, Early Intervention Teachers, Teacher Assistants (including Senior Teacher Assistants and Lead Teacher Assistants), Certified Teacher Assistants, IEP Coordinators, CPSE Liaisons, Financial Technicians, Administrative Assistants (including Medical Administrative Assistants), Receptionists, Psychologists, School Psychologists, Nurses, Registered Nurses, Speech/Language Pathologists (including Bilingual Speech/Language Pathologists), Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, Physical Therapy Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, and Social Workers (including Bilingual Social Workers)

Employees Excluded

Managerial or Confidential employees as defined by the National Labor Relations Act

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 29-RC-251437	Date Filed 11/8/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region												
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate												
of service showing service on the	employer and	all other partie	s named in the petitio	n of: (1) the petition	n; (2) State	ment 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-C	ERTIFICATION OF	REPRESENTATI	VE - A substantial number									
bargaining by Petitioner and Petitioner												
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)												
MetroExpress Services, Inc. 1301 Metropolitan Avenue, Brooklyn, NY 11237												
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)												
Michael Strasser, General Manager Same												
3c. Tel. No.	3d. Cell No.		3e. Fax No.	1 31	E-Mail Addi	ress						
718-482-0080			100.70.0.770.0.070									
4a. Type of Establishment (Factory, mine	wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	and State where unit is located:						
Construction	A PERMANENT	Roadway Ma			Brooklyn, NY							
5b. Description of Unit Involved					-1	6a. No. of Employees in Unit:						
Included: All full-time and regular part-time	workers who primaril	y perform line striping	work on roadways and in parki	ing lots, including foreman,	striping	35						
machine operators, line persons	traffic safety persons	and flaggers employe	ed by the Employer, who work i	n the five boroughs of New	York City.	6b. Do a substantial number (30%						
Excluded:					1	or more) of the employees in the						
					1	unit wish to be represented by the Petitioner? Yes V No						
Check One: / 7a. Request for	recognition as Bar	azinina Penrecenta	tive was made on (Date) 4	1/E/2010 and 5	malayar daal	lined recognition on or about						
11/6/20		(If no reply receive		1/3/2019 and 5	inployer deci	lined recognition on or about						
			epresentative and desires of	certification under the A	4							
8a. Name of Recognized or Certified B			8b. Address	sertification ander the At	Α.							
None	3	,,										
8c. Tel No.	8d Cell No.		8e. Fax No.	8	. E-Mail Add	ress						
8g. Affiliation, if any			8h. Date of Recognition or			Date of Current or Most Recent						
					ontract, if any	y (Month, Day, Year)						
Q le there now a strike or nicketing at the	Employer's establi	chmont(c) involved	2 NI/A If so consov	imataly how many ampl	21000 250 02	dicipation N/A						
9. Is there now a strike or picketing at the	Employer's establi			imately how many empl		rucipating? 14/A						
(Name of labor organization) N/A		, has pick	(Name of labor organization) N/A , has picketed the Employer since (Month, Day, Year) N/A									
	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	known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)											
			8 and 9, which have claim	ed recognition as repres	entatives and	d other organizations and individuals						
10a Name	any employees in	the unit described	8 and 9, which have claim	ed recognition as repres so state)	entatives and							
10a. Name		the unit described	8 and 9, which have claim	ed recognition as repres	entatives and	d other organizations and individuals						
	any employees in	the unit described	8 and 9, which have claim	ed recognition as repres so state)	entatives and							
Local Union No. 3 IE	any employees in	the unit described	8 and 9, which have claim in item 5b above. (If none,	ed recognition as repres so state) 10c. Tel. No. 718-591-4000	entatives and	1 10d. Cell No.						
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT U.S. CODE, TITLE 18 SECTION 1007
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					

		KC P	EIIIIQN											
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition named in t	must be	e accompa tion of: (1)	nied by the pet	/ bo:	th a sh n; (2) S	nowing of Statemen	of interest (se nt of Position	ee 6b n form	below) and (Form NLR	a certificat (B-505); an	e of service sh d (3) Description	owing se on of Rep	ervice on presentation
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	oner desires	s to be o	ertified as r	eprese	ntati	ve of th	he emplo	oyees. The Pe	etition	ner alleges t	hat the foll	owing circums	tances e	llective xist and
2a. Name of Employer: 2b. Add					Idress(es) of Establishment(s) involved (Street and number, City, State, ZIP code): nnis Place, Forest Hills, NY 11375									
3a. Employer Representative - Name and Title: Jason Brandt, General Manager 3b. Add Same					iress (if same as 2b - state same):									
3c. Tel. No. 917-776-1842	3d. Cell No.							3f. E-Mail Adjason@n		ouseprese	nts.com	n		
4a. Type of Establishment <i>(Factory, r</i> Entertainment venue	nine, whole	saler, et	c.)				al Produ inmer	uct or Service nt				d State where t Hills, NY	ınit is loca	ated:
5b. Description of Unit Involved: Included: See attached rider.											9	r of Employees		
Excluded: See attached rider.											of the e represe	bstantial numb mployees in the ented by the Pet	unit wish	to be
Check One: 7a. Request for rec on or about (Date)		Bargain		entative reply re				ie)		and	Employer	leclined recogn	ition	
7b. Petitioner is cur 8a. Name of Recognized or Certifie							and desi	res certificatio	on und	ler the Act.				
None	a Daigann	ng Ago	ne (, , nono, ,	oo didii	"	05.710								
8c. Tel. No.	8d. Cell No).			8e.	Fax No	0.			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)									
Is there now a strike or picketing a	t the Employ	yer's est	tablishment	(s) invo	lved	? No		If so, approx	ximate	ely how man	y employee	s are participati	ng?	
(Name of Labor Organization)												er since (Month		
 Organizations or individuals other individuals known to have a repre None 												es and other org	janization	sano
10a. Name 10b, Address								10c. Tel. No.		10d. Cell No.				
										10e. Fax No. 10f. E-M		10f. E-Mail Ad	ail Address	
11. Election Details: If the NLRB co	nducts and	election	in this matt	er, stat	e yo	ur posi	tion with	respect to an	ny suc		Manua	l ⊠ Mail [Mixed	Manual/Mail
11b. Election Date(s): ASAP 11c. Election Time(s): TBD						11d. Election Location(s): TBD								
12a. Full Name of Petitioner (including local name and number): Theatrical Stage Employees Local No. 4, IATSE 12b. Address (street and number, city, State and ZIP code): 2917 Glenwood Road Brooklyn, NY 11210														
12c. Fu∥ name of national or internat International Alliance of Theatrical												Territories and	Canada,	AFL-CIO
12d. Tel. No. 12e. Cell No. 718-252-8777								12g. E-Mail	2g. E-Mail Address					
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Nicholas J. Johnson, Counsel				III pape	13b. Address (street and number, ci			er, city					0019	
13c, Tel. No. 212-765-2100					13e. Fax No. 212-765-8954				13f. E-Mail Address njohnson@spivaklipton.com					
I declare that I have read the above	e petition a	nd that		ents a	re tr	ue to t	he best	of my knowl						D-4-
Name (<i>Print</i>) Nicholas J. Johnson			Signature	Nu	1	n	m	\	Co	unsel				Date 11/07/19

RIDER

Question 5b

Included: All full-time and regular part-time stagehands employed at the Employer's facility at 1 Tennis Place, Forest Hills, NY 11375.

Excluded: All other employees and all clerical workers, managers, guards, professional employees, and supervisors as defined by the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No. 29-RC-251787	Date Filed							

	RC PETITIO	DN			29-KC	-151	18/ 11-	15-19				
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.												
PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.												
2a. Name of Employer: MASTER FOOD, INC., a/k/a MK MARKET PLACE, INC. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3008 CHURCH AVENUE BROOKLYN, NEW YORK, 11226												
3a. Employer Representative - Nar Larry Cole, attorney	ess (if same as 2b - state same): Gern Davison & Rubin											
	105 Eisenhower Pkwy, Rosela											
3c. Tel. No. (973) 403-9200						3f. E-Mail Address lcole@starrgern.com						
4a. Type of Establishment (Factory, grocery store	mine, wholesaler, etc.)	100	rocerie	al Product or Service		Brookl	d State where unit is loc yn, NY	ated:				
5b. Description of Unit Involved: Included: all full-time and all part-t	ime employees						or of Employees in Unit					
store managers, supervisor						of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be				
	(If rently recognized as Bargain	no reply rece ning Repres	eived, so s entative a	state). nd desires certificatio		i Employer o	declined recognition					
8a. Name of Recognized or Certific Local 338, Retail, Wholes Union/ United Food and C	sale and Department	Store	1505	dress: Kellum Place cola, NY 11501								
8c. Tel. No. 516-294-1338	8d. Cell No.	8	e. Fax No		8f. E-Mail A	8f. E-Mail Address						
8g. Affiliation, if any: RWDSU/UFCW			Date of Re 21/11	ecognition or Certifica		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019						
Is there now a strike or picketing a (Name of Labor Organization)	at the Employer's establishme	ent(s) involve	ed? No	If so, approx	20 Miles 20	i 4 5 -	s are participating? er since (Month, Day, Ye	ear)				
Organizations or individuals other individuals known to have a representation.					recognition as re	presentative		-				
10a. Name	10b. Address).	10d. Cell No.					
-					10e. Fax No	10e. Fax No. 10f. E-Mail Address						
11. Election Details: If the NLRB co Blocked by Charge No. 2	onducts and election in this m 9-CA-250291	natter, state	your posit	on with respect to an	y such election:	11a. Election Manua	• • •	Manual/Mail				
11b. Election Date(s):	11c. Election Ti	me(s):			11d. Election	11d. Election Location(s):						
12a. Full Name of Petitioner (including local name and number): Local 338, Retail, Wholesale and Department Store Union/ United Food and Commercial Workers 12b. Address (street and number, city, State and ZIP code): 1505 Kellum Place Mineola, NY 11501												
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Retail, Wholesale and Department Store Union/ United Food and Commercial Workers												
12d. Tel. No. 516-294-1338	12e. Cell No.	1	2f. Fax No		12g. E-Mail							
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Amanda Bell counsel to Local 338 13b. Address (street and number, city, State and ZIP code): Friedman & Anspach 1500 Broadway, Suite 2300, New York, NY 10036												
13c. Tel. No. 212-354-4500	13d. Cell No. 646-709-2449	2	3e. Fax N	9-9072	abell@f	13f. E-Mail Address abell@friedmananspach.com						
I declare that I have read the above		-	true to th	e best of my knowle	edge and belief.			Date				
Amanda Bell	Signatu	nauc	lat	Bell	counsel to	Local 33	8	11/14/19				

DO NOT WRITE IN THIS SPACE 29-RC-252009 NLRB-REGION 29-RC-252009 UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD Case No. 11/19/2019 RC PETITION 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 (\$68 lelow) and a certificate of service showing service on the employer and all other parties named in the petition of: (4) 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.

BROOKLYN, 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)

816 St. MAKKS Ave. Beoskyn, N.Y. // 3

3b. Address (If same as 2b - state same) 3d. Cell No. 3f. E-Mail Address CCOllinsocrou ype of Establishment (Factory, mine, wholesaler, etc.) Home 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: Petitioner? Yes No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address New York LOCA! ^{NO} 566- 4799 8e. Fax No 8f. E-Mail Address 212 8g. Affiliation, if any 8h. Date of Recognition or Certification Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? ______ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c Tel No 10d. Cell No. None 10e. Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mait İ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s) 11-20-19 GAM to 9 AM MAIN During ROOM b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1199 SE14 N.Y. N.Y. 10036 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No. 12f. Fax No. 12g. E-Mail Address 212 261-2318 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)
30 W 43 W N-7. N.Y. 10036 Nichola 907)566-4798 13f. E-Mail Address 13e. Fax No.

1. D

I declare that I have read the above petition and that the statements

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

true to the best of my knowledge and belief.

(MAR 11/18/2019

DO NOT WRITE IN THIS SPACE 29-RC-252009 NLRB-REGION 29-RC-252009 UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD Case No. 11/19/2019 RC PETITION 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 (\$68 lelow) and a certificate of service showing service on the employer and all other parties named in the petition of: (4) 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.

BROOKLYN, 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)

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30 W 43 W N-7. N.Y. 10036 Nichola 907)566-4798 13f. E-Mail Address 13e. Fax No.

1. D

I declare that I have read the above petition and that the statements

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

true to the best of my knowledge and belief.

(MAR 11/18/2019

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RD-252327 | 11-21-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see T 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.

Case Procedures (Form NLRB 4812). The show								
PURPOSE OF THIS PETITION: RD- DECERTIFI recognized bargaining representative is no longer Labor Relations Board proceed under its proper	their representative. The Petitioner alleges	s that the followin	g circumstances ex					
2a. Name of Employer (1+1Ca Ayener Plumbino	1 Supply 869 Utica	Ave, Brea	Production in the state of the					
3a. Employer Representative - Name and Title	3b. Address (If same as 2b	- state same)	- /					
3c. Tel. No. 3d. Fax No.	3e. Cell No.	3f. E-Mail	Address	i				
714-779-3200			intro u	ticans.cor	5			
4a. Type of Establishment (Factory, mine, wholesaler		4b. Princip	al product or service	-M-0(
5a. Description of Unit Involved	ngretase	111	mbing a	April 6	State where unit			
Included: All Full time and	pervisor and wareh	e mare ho		is located BRook	:			
6. No. of Employees in Unit 7. Do a sut	ostantial number (30% or more) of the employed bargaining representative? \(\nabla\) Yes			presented by the ce	rtified or currently			
8a. Name of Recognized or Certified Bargaining Age	nt a rule		8b. Affiliation, if any					
8c. Address 160 E.98+ Linim	Ave Sd. Te	1. No.	8e. Cell No.		· ·			
Egy Rither for	1. NJ 07073 914	· NO 66 8 965	8g. E-Mail Address					
Date of Recognition or Certification	10. Expiration Date of Curr	ent or Most Recen	t Contract, if any (Mo	nth, Day, Year)				
11a. Is there now a strike or picketing at the Employe	er's establishment(s) involved? Tyes	No 11b. If so,	approximately how n	nany employees are	participating?			
11c. The Employer has been picketed by or on behal	f of (Insert Name)				a labor organization, of			
(Insert Address)				e (Month, Day, Yea	r)			
 Organizations or individuals other those named in and individuals known to have a representative in 				anizations				
12a. Name 12b. Addres		12c. Tel. N		12d. Fax No.				
		12e. Cell N	No.	12f. E-Mail Address				
13. Election Details: If the NLRB conducts an elect matter, state your position with respect to any suc		13a. Elect	on Type: Manua	I Mail I	Mixed Manual/Mail			
	13c. Election Time(s)	13d. Elect	on Location(s)	0 4	٨			
ASAP	17 Noon to 1:00 pr	n (mfrence	Kam 16	4 Utica AJE			
14. Full Name of Pet(b) (6), (b) (7)(C) (b) (6), (b) (7))(C)			2				
14a. Address (Street (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (c) (d) (6), (b) (7)(C) (d) (6), (b) (7)(C) (d) (6), (c)	(a) (c) (c)	14b. Tel. N	10.	14c. Fax No.				
(U) (6), (D) (1)(C)	(υ) (υ <mark>), (b) (7)(C)</mark>	(b) (6), (b) (7)(C)	(b) (6), (b) (7)	(C)			
14f. Affiliation, it arry								
15. Representative of the Petitioner who will acce	pt service of all papers for purposes of t	he representation 15b. Title	proceeding.					
15a. Name (b) (6), (b) (7)(C) (b) (a.e) (b) (6), (b) (7)(C)	15b. Hue	A. T.	divides 1				
15c. Address (Street and number, city, state, ZIP cod	(e)	15d. Tel. N	to the	15e. Fax No.				
13c. Addiess (Street and number, City, State, 217 Co.	pe)	130. 161. 1		100.100.100.				
See Above		(b) (6)	, (b) (7)(C)	15g. E-Mail Addres				
I declare that I have read the above petition and the	hat the statements are true to the best of	1			Data File d			
(b) (6), (b) (7)(C)	(0), (b) (1)(0)	Title		W W P 12	Date Filed X [[] 2 []			
FULNTS C		ND IMPRISO	NMENT (U.S. CODI	E, TITLE 18, SECTION	JN 1001)			

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

11-79-19

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 3b. Address (if same as 2b - state same) 3f. E-Mail Address 3c. Tel. No. mas. 4b. Principal Product or Service Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: DOC tion 5b. Description of Unit Involved: 6a. Number of Employees in Unit: arking Atter Included: Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) +8 New lots Avenue 11212 122 8c. Tel. No. 8d Cell No. 8e Fax No. algmail onversionCrewlocal 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , 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) 10b. Address 10a, Name 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: SUPPORT Attendantand MINTENCE WORKES Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): Suite 254 Hangar 7 South ha 1:30pm 2:30pm 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code): Daniel Morgan 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 12e. Cell No. Wigmail 347 854-2966 347821-0245 conversion 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): Morgan Vicetresident Daniel 13c. Tel. No 13e. Fax No. 13f. E-Mail Address 347821-0245347854-2966 Convert I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. porversion Name (Print) Signature anie

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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Case No. Date Filed

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