# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
09-RC-254610	07 74 2020			

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 about not be correct on the employer or any other parties.

with the NLRB and should not i				ND 4012). THE SI	iowing or inte	erest should only be med
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	-CERTIFICATION O er desires to be certif	F RÉPRESENTAT fied as representati	IVE - A substantial number ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and
requests that the National Labor R  2a. Name of Employer	telations Board pro		pper authority pursuant to ddress(es) of Establishment			
Teays Valley Center		1	390 Poplar Fork Rd.	((S) IIIVOIVEG (Street a	ma namber, city,	State, Zir Code)
3a. Employer Representative ~ Name	and Title	V	W Hurricane 25526- 3b. Address (If same as	2b - state same)		
Aaron Snodgrass			1390 Poplar Fork   WV Hurricane 255			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	20-	3f. E-Mail Addr	ess
(304) 757-7826						
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal pro	oduct or service		5a. City a	and State where unit is located:
Healthcare			long term care/ nursing	home		Hurricane, WV
5b. Description of Unit Involved		- 100 E				6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	Iditional details				1	50 6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	Iditional details					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [1]
Check One: 7a. Request f	or recognition as Bar	gaining Representa	ative was made on (Date) _	and	d Employer decl	ined recognition on or about
П		(If no reply receive				
8a. Name of Recognized or Certified			epresentative and desires of 8b, Address	certification under the	Act.	
duritanio di ricoognizo di darante	and gaming rigorie (	. none, ee emte,	03.7,44.000			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the	ne Employer's establi	shment(s) involved	No If so, approx	imately how many en	nployees are par	ticipating?
(Name of labor organization)		, has pic	keted the Employer since (I	Month, Day, Year)		
Organizations or individuals other the known to have a representative interest					resentatives and	other organizations and individuals
10a. Name	10b. Ac	idress		10c. Tel. No.		10d. Cell No.
100.110.110		-4.000				
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ducts an election in th	nis matter, state you	ur position with respect to	11a. Election Type:	: 📝 Manual 📗	Mail Mixed Manual/Mail
_11b. Election Date(s): 11d. Election Time(s): 11d. Election Location(s):						
12a. Fuli Name of Petitioner (includir	ng local name and n	umber)	0p, 2:30p-4:30p, 6:30p-8p	conference room in 12b. Address (street	et and number, o	city, state, and ZIP code)
Sherri R McKinney Shem McKinney, Organizing Director Service B 12c. Full name of national or internation				1395 Dublin Rd. OH Columbus 4321!	5	
Service Employees International Union	iai iaboi organization	of which Petitione	is an anniate of consulten	t (II none, so state)		
12d. Tel No. (304) 840-5993	12e, Cell No. (304) 840-5993	1	12f. Fax No.		12g. E-Mail Ad smckinney@se	dress au1199.org
13. Representative of the Petitioner			or purposes of the repres	entation proceeding	g.	
13a. Name and Title			13b. Address (street and	77		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	dress
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	dedge and belief.		
Name (Print)	Signature		Title		Date	
Sherri R McKinney	Sherri McKinney, C	Organizing Director	Organizing Director		01/14/2020	15:30:16

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

#### PRIVACY ACT STATEMENT

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

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
09-RC-254610	01-14-2020

Attachment

## Employees Included

All full time, part time and prn certified nursing assistants, restorative aides, activity aides and maintenance workers

## **Employees Excluded**

all other employees, office and clerical employees, managers, guards and supervisors as defined under the act.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
09-RC-254679	January 16, 2020				

	PETITION	109-R	C-254679	January 16, 202	20
INSTRUCTIONS: Unless e-l	iled using the Agency's we	ebsite, www.nlrb.gov, sub		his Petition to an NLRB office in the	
				g of interest (see 6b below) and a c	
				etition; (2) Statement of Position fo	
				showing of interest should only be	
with the NLRB and should i	not be served on the emplo	ver or any other party.			
PURPOSE OF THIS PETITION     bargaining by Petitioner and Pe	RC-CERTIFICATION OF REPR titloner desires to be certified as n	ESENTATIVE - A substantial nu epresentative of the employees.	The Petitioner allege	th to be represented for purposes of collective that the following circumstances exist	e and
2a. Name of Employer	oor Relations Board proceed un			et and number, city, State, ZIP code)	
Legal Aid of the Blue Grass		104 East Seveth Stree			
3a. Employer Representative - N	lame and Title		me as 2b - state same	The second secon	114
Joshua Crabtree, Executive					
3c. Tel. No.	3d. Cell No.	3e. Fax No.		3f. E-Mail Address	
859-957-1230	CONTROL NATIONAL AND	859-431-3009	acomo in como de la responsación	jcrabtree@lablaw.org	
4a. Type of Establishment (Factor) Legal Services	and the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the second section in the second section is the second section in the section is the second section in the second section in the section is the second section in the section is the section in the section in the section is the section in the section	rincipal product or service I Services		5a. City and State where unit is to Covington, Lexington, Morehead,	
5b. Description of Unit Involved	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			6a. No. of Employees in	15 (4)88
Included: Please see a	ttached			11	
-				6b. Do a substantial nu or more) of the employe	
Excluded: Please see a	ittached			unit wish to be represer	nled by the
Check One: / 7a. Requ	est for recognition as Bargaining I	Representative was made on (D	ate) 1/8/2020	and Employer declined recognition on or ab	
1/8/	2020 (Date) (If no re	ply received, so state).			
7b. Petiti	oner is currently recognized as Ba	argaining Representative and de		the Act.	
8a. Name of Recognized or Certi	fied Bargaining Agent (If none,	so state). 8b. Addre	966	A DO A COMPANY FOR COMPANY	1-11-11-11-11-11-11-11-11-11-11-11-11-1
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Address	
	ou durino.	00.144.10.		Gr. C-Wall Madicas	
8g. Affiliation, if any		8h. Date of Recognit	ion or Certification	8i. Expiration Date of Current or Most Re Contract, If any (Month, Day, Year)	ecent
9. Is there now a strike or picketing	at the Employer's establishment	s) involved? If so a	nornyimately how many	employees are participating?	
				epresentatives and other organizations and	individuals
known to have a representative inte	rest in any employees in the unit	described in item 56 above. (if	none, so state)		
10a. Name	10b. Address		10c. Tel. No.	10d. Cell No.	
			Name of the Association of the A		2
	Ť		10e. Fax No.	10f. E-Mail Address	
11. Election Details: If the NLRB of any such election.	conducts an election in this matter	r, state your position with respec	t to 11a. Election Ty	pe: Manual Mail Mixed Man	ual/Mail
11b. Election Date(s):	11c. Election T		11d. Election Lo	cation(s):	
January 24, 2020	12:00 p.m. to 2:	00 p.m.	The second secon	Street, Covington, KY 41011	
12a. Full Name of Petitioner (incle Rachel A. Thomas, Regional Organ		e - Search State of the State o		reet and number, city, state, and ZIP code) ane, Pearland, Texas 77584	i
12c. Full name of national or interna		Petitioner is an affiliate or const		and the same of th	4
NOLSW/UAW Local 2320. This is an			,,,,,		8
12d. Tel No.	12e, Cell No.	12f. Fax No.	8334 (THE SECTION OF THE SECTION OF	12g. E-Mail Address	7
346-307-1526  13. Representative of the Petition	or who will accept conden of all	I manage for purposes of the pr	nace and other nace of	raheast2320@gmail.com	
15' Lahiasaurenas oi nia Lantion					
120 Name and Title		anizer 130. Address (Street	et and number, city, stat	e, ena ZIP code)	
13a, Name and Title Rachel A.	rnomas, Regional Org	1 5102 Carmona Lane, Pr			
13a, Name and Title Rachel A. 13c, Tel No.	13d. Cell No.	139. Fax No.	estisila, lexas 11004	13f. E-Mail Address	
13c. Tel No. 346-307-1526	13d. Cell No.	13e. Fax No.	and the same	13f. E-Mail Address raheast2320@gmail.com	
13c. Tel No. 346-307-1526 I declare that I have read the abov	13d. Cell No.	13e. Fax No.	and the same		
13c. Tel No. 346-307-1526	13d. Cell No.	13e. Fax No.	and the same		

PRIVACY ACT STATEMENT

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#### Attachment

### 5b. Description of Unit Involved

Included: attorneys, paralegals, support staff, law clerks, and all other permanent and temporary employees whose terms of employment exceed three months.

**Excluded:** supervising attorneys, program administrators, and all other supervisors as defined by the National Labor Relations Board.

11a. Election Type: This is an "Amour Globe" Petition, and we are seeking a manual "Amour Globe" election as the employees in the Covington office have a community of interest with the already represented unit if employees in the Morehead/Ashland offices of Legal Aid of the Blue Grass.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

INTIONAL END	ON NELENTIONS BOARD		Case No.		Date	
	ETITION		09-RC-2	255001	Jan	uary 23, 2020
INSTRUCTIONS: Unless e-Filed	lusing the Agency's	website, w	ww.nlrb.gov, submit a	an original of this	Petition to ai	NLRB office in the Region
in which the employer concern	ed is located. The p	etition must	t be accompanied by	both a showing o	of interest (see	6 6b below) and a certificate
of service showing service on t	the employer and all	other partie	es named in the petition	on of: (1) the peti	ition; (2) State	ment of Position form
(Form NLRB-505); and (3) Desc	ription of Represent	ation Case I	Procedures (Form NL	RB 4812). The s	howing of inte	erest should only be filed
with the NLRB and should not	be served on the em	ployer or an	y other party.			
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	er desires to be certified a	as representati	ve of the employees. The	Petitioner alleges t	hat the following	circumstances exist and
requests that the National Labor F  2a. Name of Employer	telations Board proceed	2b. Ac	ddress(es) of Establishmen	t(s) involved (Street	ational Labor Re	State 7IP code
Diversified Gas and Oil		100 E	Diversified Way, Pike	ville, KY, 41501	and namber, city,	State, Zir code)
3a. Employer Representative - Name	and Title		3b. Address (If same as			1.00-
Laurie Knox			414 Summers Stre	et Charleston, V	VV 25301	
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess
(304)-353-5090	(304)-993-0657	7		none de la companie d	Lknox@dgo	c.com
4a. Type of Establishment (Factory, min Oil and Gas production facility			oduct or service maintain Oil and Nat	tural Gas lines	5a. City a Pikeville	nd State where unit is located:
5b. Description of Unit Involved		LANGUMU			1	6a. No. of Employees in Unit:
Included: See Attached						Approximately 8
Excluded:						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
Check One: / 7a. Request f	or recognition as Bargaini	ing Representa	ative was made on (Date)	ov petition a	nd Employer decli	ned recognition on or about
no re	Olv (Date) (If n	o reply receive		<del></del>		
			epresentative and desires	certification under the	e Act.	
8a. Name of Recognized or Certified United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, All	Bargaining Agent (If no.	ne, so state).	8b. Address	of the Allies Five C	atoway Contor B	Room 012Dittohurah DA 15222
8c. Tel No.	8d Cell No.	al 01401, 70 E-010, 0E0 1	8e. Fax No.	of the Allies, Five G	8f. E-Mail Addr	
(412) 562-2529	(412) 418-4333		(412) 562-2555		bmanzolillo@us	
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the	ne Employer's establishm	ent(s) involved	? no If so annov	rimately how many e	molovees are par	ticinating?
(Name of labor organization)			A CONTRACTOR OF THE PARTY OF TH			uopaulg!
10. Organizations or individuals other th		and the second second	keted the Employer since (			
known to have a representative interest					presentatives and	other organizations and individuals
10a. Name	10b. Addres	ss		10c. Tel. No.		10d. Cell No.
Section September Section (September 1997)				Me annual contract of the cont		- 1522-2025-000000 H25-02-1
	*			10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	ducts an election in this m	atter, state you	ur position with respect to	11a. Election Type	e: Manual v	Mail Mixed Manual/Mail
11b. Election Date(s): 2/14/20 - 2/28/20	11c. Electi by mail	on Time(s):		11d. Election Loca by mail	ation(s):	
12a. Full Name of Petitioner (including United Steelworkers	g local name and numb	er)				ity, state, and ZIP code) Center Room 913Pittsburgh, PA 15222
12c. Full name of national or internation United Steel, Paper and Forestry, Rub				it (if none, so state)		
12d. Tel No. (412) 562-2529	12e. Cell No.	371	12f. Fax No. (412) 562-2555		12g. E-Mail Add	dress
13. Representative of the Petitioner v	vho will accept service	of all papers fo		sentation proceeding	bmanzolillo@u	ow.org
13a. Name and Title Bryan Smith			13b. Address (street and 63 Hospitality Lane, Mineral	d number, city, state,	Consultation of the same	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	iress
(606) 465-9365	(606) 465-9365		(304) 489-2717		brsmith@usw.c	org
I declare that I have read the above p	etition and that the stat	ements are tru	ue to the best of my knov	viedge and belief.		
Name (Print) Bryan Smith	Signature Dryan Si	with	Title USW District 8 Staff Re		Date 1/22/20	
Diyait Officer	viuluv c)	nusu	LOOM DISTRICT O STALL LE	P	1/22/20	

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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#### Unit description for Diversified Globe Petition

Eight (8) production and maintenance employees employed by Diversified Gas and Oil who perform work in TN, but report to and are assigned to the Employer's Pikeville, KY location, seek to be included in the existing bargaining unit of "All full-time and regular part-time Production Specialists, Senior Production Specialists, Production Operators, Lead Production Operators, Pipeline & Corrosion Technicians, Lead Well Operators, Welders, Senior Welders, Measurement Techs I,II, and III, Lead and Senior Measurement Techs, Senior Engine and Compression Analysts, Equipment Operators, Lead Equipment Operators, Senior Equipment Operators, Compressor Techs, Senior and Lead Compressor Techs, Instrumentation Techs, Senior Instrumentation Techs, Lead Instrumentation Specialists, Engineering Techs and Warehouse employees, employed by the Employer at its Pikeville, KY operations, excluding all office clerical and professional employees, managerial employees, guards and supervisors as defined in the Act

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
09-RC-255121	01-24-2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, twwwittbyov, 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 Pelitioner and Pelitioner 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Univar Solutions 2788 Glendale Milford Rd., Cincinnati, OH 45241 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Tony Behrman, Sr. Dir.-Labor Relations 3075 Highland Parkway, Ste. 200, Downers Grove, IL 60615 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (513) 714-5264 tony.behrman@univarsolutions.com 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Warehouse & Distribution Center **Undustrial Chemicals** Cincinnati, OH 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 26 See attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No See attached Check One: [x] 7a. Request for recognition as Bargaining Representative was made on (Date) 01/10/20 and Employer declined recognition on or about (Date) 01/21/20 (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-Mall Address 8g. Affillation, if any: 8h. Date of Recognition or Certification 8l. 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-Mall Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 5:00-7:30 a.m., 3:00-3:15 p.m. Mon. Feb. 17, 2020 Upstairs meeting room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local Union No. 100 2100 Oak Rd., Cincinnati, OH 45241 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (5153) 769-5100 (513) 769-4420 sarahm@teamsters100.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Julie C. Ford 111 W. First St., Ste. 1100, Dayton, OH 45402-1156 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (937) 461-5310 (937) 461-7219 iford@diflawfirm.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Date Name (Print) Signatur Julie C. Ford 01/24/20 Attorney

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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## 5b. Description of Unit Involved:

Included: All warehouse and transportation employees including material handlers and driver/material handlers.

Excluded: All office clericals, guards, leads and other supervisors as defined by the Act and all other employees.

FORM NURD-502 (RC)

## UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE				
Ceso No.	Date Filed			
09-RC-2551.78	1/24/2020			

(2-18)	NATION	RC PETITIO		U	Cer	80 NO.		1	Dale Lied
2		RC PETITIO	)N		109	-RC-25	51.78		1/24/2020
INSTRUCTIONS: Unless o-Fik employer concerned is locate the employer and all other pn Case Procedures (Form NURS	d. The petilic	n must be neces in the potition of:	nphnied by b (1) the petiti	oth a showing of on; (2) Statement	original of th Interest (see t of Position (o	is Petition to th below) and rm (Form NL	an NLRB d = contific R8-505); I	ato of service sho and (3) Description	wing service on · of Representation
t, PURPOSE OF THIS PETITIO bargaining by Politioner and to requests that the National L	Politioner des	ms to be certified	as roprosants	tive of the employe	ees. The Petiti	oner alleges	that the fo	llowing circumsta	nces exist and
Za. Name of Employer:			2b, Addres	s(es) of Establishm	rent(s) involved	(Street and	number, Ci	ly, Slate, ZIP code)	·
Cabell Huntington Hospit	al		1340 Ha	Greer Blvd. H	funtington, 1	WV 25701			
3a. Employer Representative - Kevin Fowler- CEO	Name and Ti	le:	3b, Addres same	(if same as 2b - 6	(ale same):		<del>. "</del>		
3r., Tel. No. 304-526-2000	3d. Cell	Vo.	Ge.	Fax No.		St. E-Mell'A		lorg	
4a. Type of Establishment (Factor Hospital	ry, mine, who	lessier, etc.)	11000	Principal Product	or Service		1.	nd State where uni	is located:
sh. Doscription of Unit involved included: 126 prical ory Ero Son agraph Excluded: All other employees, office							6a. Numi 145 6b. Oo a of the	or of Employees in substantial number employees in the political	
Check One: [X] To. Request for	recognition o	Bargaining Repr			1/22/20	-		declined metaniko	
on or about (Da				vad, so state).				10 TO	
7b. Petitioner is Ba. Namo of Recognized or Cer				lab-Address:	ceruication ur	ider ine Act,		<del></del>	Characteristics.
none									
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10a. Name	<del></del>	10b. Address	<del></del>		· · · · · · · · · · · · · · · · · · ·	10c, Tel, No		10d, Cell No.	
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11. Election Details: If the NLRB Election held on the premise				ur position with res	peci to any suc		12 Election		Mixed Manual/Mail
15b, Election Date(s):	1+-	11c, Election Tin	fe(s):			11d, Election	Location(	1);	
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2c. Full name of hational or Internation		nw to notestness	ich Petaloner	is an attribute or co	nstituent (if no	ne, so etataj:	****		<del></del>
12d, Tel. No. 614-461-1199	12e. Cell 1 304-840			Fax No. 4-461-1549	1	12g, E-Mal / smckinney		99 ora	
3. Representative of the Petition 3s, Name and Tille: Sherri McKinney, Organizin	ner who will .	ecapt sorvice of	all papers fo		nd number, cit)	on proseeding, Sinle and Z	n. IP code);	3	<del>,</del>
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declare that I have read the abo				- Line	y knowledge		Macini I	33.01g	<del></del>
lame (Print) Sherri McKinney		Signatur	Iln	UL	Title		ector	<del></del>	Dato 1/22/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) in processing representation and related proceedings or fligation, The routine uses for the information are fully sol forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will builted explain those uses upon request. Discontine of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
09-RC-255545	January 31, 2020			

RC PETITION .	09-RC-255545	January 31, 2020
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.n	nirb.gov, submit an original of this Pe	tition to an NLRB office in the Region
in which the employer concerned is located. The petition must be a	accompanied by both a showing of in	terest (see 6b below) and a certificate
of service showing service on the employer and all other parties na	amed in the petition of: (1) the petition	; (2) Statement of Position form

(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3610 Harlock Road FL Melbourne 32934 PATRONUS SYSTEMS INC. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3610 Harlock Road FL Melbourne 32934 Mabel O'Quinn 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. moquinn@patronususa.com (321) 794-3783 (321) 622-4729 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Security Louisville, KY 5b. Description of Unit Involved 6a, No. of Employees in Unit: 50 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [☑] No [□] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 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? 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. 10f. E-Mail Address 10e. Fax No. 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): 2/16/2020 11c. Election Time(s): 11d. Election Location(s): Mail Ballot Election Mail Ballot Election 12a. Full Name of Petitioner (*Including local name and number*)
STEVE MARITAS
Law Enforcement Officers Security Unions LEOSU, LEOS-PBA 12b. Address (street and number, city, state, and ZIP code) 1155 F STREET NW #1050 DC Washington DC 20004-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12g. E-Mail Address Leosunions@gmail.com 12d. Tel No. 12e Cell No. 12f Fax No. (800) 516-0094 (202) 486-8558 (202) 595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c, Tel No. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Organizing Director Steve Maritas STEVE MARITAS 01/31/2020 13:31:43

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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Attachment DO NOT WRITE IN THIS SPACE

Case Date Filed

O9-RC-255545 January 31, 2020

## Employees Included

All full time and regular part-time armed and unarmed security officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer @ assigned to federal facilities in the Commonwealth of Kentucky

Employees Excluded all other employees, office clerical employees, professional employees and supervisors as defined by the Act.