| NATIONAL LABOR RELATIONS BOARD Case No. Date Filed NO DO = RC - 242525 JUNE 3, 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 (?) If the petition; (2) Statement of Position form (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 substimula number of employees with the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2. Name of Employer 2b - Address(2) of Statibiliment(File) involved (Street and number, city, State, ZIP code) 3. Employer Representative - Name and Tile 3b. Address(1) involved (Street and number, city, State, ZIP code) 3. End (2) 127-4665 3f. E-Mail Address 3. City and State Mere unit is focated: 3f. E-Mail Address 3. City and State Mere unit is focated: 3f. E-Mail Address 3. City and State where unit is focated: 3f. E-Mail Address 3. Employer 3f. Cell No. 3f. E-Mail Address 3. City and State where unit is focated: St. Add |
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| 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 on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB 45(3). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. I VURPOSE OF THIS PETITION. CRCERTFICTION 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 alloges that the following circumstances exist and requests that the stational Labor Relations Act. 2a. Name of Employer 2b. Address(8) of Stabilishment(s) involved (Street and number, city, State, ZIP code) 101 Steel Ave. 27. THIS PETITION. 3c. Employer Representative – Name and Title 3c. Tet No. 3c. Tet No |
| 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 4612). 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 with to be represented to rupposes of collective bargaining by Petitioner and Petitioner delises exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 23. Name of Engloyer 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees with to be represented to or purposes of collective bargaining by Petitioner and Petitioner and Petitioner alleges exists and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 23. Name of Engloyer 10. Check One: 10. Cardinal details 10. Check One: 10. Cardinal details 20. Address 20. A |
| (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 on any other party. 1 PURPOSE OF THIS FETTIONE RC-ERFTIPTIVE 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 & LC. 2a. Name of Employer [2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) United Renials [10] Step Address (If same as 2b - state same) Jeff Philips [3c. Tel No. 3c. Tel No. 3d. Cell No. 3b. Endotester, etc.) 4b. Principal product or service Fib. does right of the way of the sample or service Sa. Address (If same as 2b - state same) det Philips [3d. 227.4863 3c. Tel No. 3d. Cell No. (304) 727.4865 [3d. 021.78.7.4865 Cheer Ore: [7 a. Request for recognition as Bargaining Representative was made on (Date) [3 a. City and State where unit is located: 10 Excluded: see Attached Page 2 for additional details [3 b. Date of recognition on or about [Check One: [7 a. Request for recognition as Bargaining Representative was made on (Da |
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| 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) United Rentals 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3a. Employer Representative – Name and Title 3b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Jother 3d. Cell No. 3e. Frax No. 3f. E-Mail Address (304) 727-465 3d. Cell No. 3e. Frax No. 3f. E-Mail Address (304) 727-465 3d. Cell No. 3f. E-Mail Address (304) 727-465 5a. City and State where unit is focated: Saint Abans. WV Sb. Description of Unit Involved Fluid Solutions: Pumps, Tanks, Filtration Saint Abans. WV Sb. Description of Unit Involved Fa. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: 7 a. Request for recognized as Bargaining Representative was made on (Date) and Employer declined recognition on or about D 7. Petilioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Reco |
| United Rentals 101 Stell Ave. Star Abaras. 5177 |
| 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Jeff Phillips 3b. Address (If same as 2b – state same) 3c. Tel. No. 3d. Cell No. 3a. Type of Establishment (Factory, mine, wholesater, etc.) 4b. Principal product or service Others Saint Abans. WV 5b. Description of Unit Involved 5a. City and State where unit is located: Fluid Solutions: Pumps, Tanks, Filtration Saint Abans. WV 5b. Description of Unit Involved 6a. No. of Employees in Unit: 13 5b. Do a substantial number (30% or more) of the employees in the 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 nor reply received, so state). Check One: 7b. Petitioner is currently recognized as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If nor epty received, so state). 8. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8t. E-Mail Address 8. C Tel No. 8d Cell No. 8e. Fax No. 8t. Evipation 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? |
| Jeff Philips 3d. Cell No. 3d. Cell No. 3d. Fax No. (304) 727-4865 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is focated: Sib. Description of Unit Involved Fluid Solutions: Pumps, Tanks, Filtration 5a. City and State where unit is focated: Sib. Description of Unit Involved Fluid Solutions: Pumps, Tanks, Filtration 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6a. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Unit: Yes [] [] No []] Check One: Ta. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about |
| 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (304) 727-4663 (304) 727-4865 3f. E-Mail Address (304) 727-4663 Others 4b. Principal product or service 5a. City and State where unit is located: Others Others Fluid Solutions: Pumps, Tanks, Filtration 5a. City and State where unit is located: See Attached Page 2 for additional details Fluid Solutions: Pumps, Tanks, Filtration 5a. No. of Employees in Unit: 13 6b. Do a substantial number (30% or more) of the employees in the unit with to be represented by the employees in the unit with to be represented by the patience of or more) of the employees in Clip. 6b. No. of Employees in Unit: 13 6b. Do a substantial number (30% or more) of the employees in the unit with to be represented by the patience of or more) of the employees in the unit with to be represented by the patience of the employee declined recognition or about 14 Ta. Request for recognition 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 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. I |
| 4a. Type of Establishment (<i>Factory, mine, wholesaler, etc.</i>) 4b. Principal product or service |
| Others Fluid Solutions: Pumps, Tanks, Filtration Saint Albans. WV 5b. Description of Unit Involved 6a. No. of Employees in Unit: 13 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the 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 |
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| 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? If so, approximately how many employees are participating? (Name of labor organization), has picketed the Employer since (Month, Day, Year) |
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| 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 10e. Fax No. 10f. E-Mail Address |
| (Name of labor organization) |
| (Name of labor organization) |
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| 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 10f. E-Mail Address |
| 10e. Fax No. 10f. E-Mail Address |
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| 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 Location(s): to be determined 101 Steel Avenue, St. Albans, WV25177 |
| 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Robert Merritt 606 Tennessee Avenue International Union of Operating Engineers, Local Union No. 132 WV Charleston 25302- |
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers (AFL-CIO) |
| 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (304) 342 7731 (304) 533 4895 (304) 342 8386 Imerritt@iuoe132.org |
| (304) 343-7731 (304) 533-4895 (304) 342-8286 Immerritt@iuoe132.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Immerritt@iuoe132.org |
| 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) |
| Lawrence B. Lowry Legal Counsel 636 4th Avenue PO Box 402 IUOE Local 132 Legal Counsel Office WV Huntington 25708- |
| 13c. Tel No. 13f. E-Mail Address |
| (304) 529-2434 (304) 544-9138 (304) 529-6179 Iblowry@iuoe132.org |
| 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 Lawrence B. Lowry Legal Counsel 05/30/2019 14:12:39 |

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

Attachment

| | DO NOT | WRITE IN THIS SPACE | |
|------|--------|---------------------|---|
| Case | | Date Filed | - |

Employees Included

All fulltime and regular parttime drivers, service techs, and equipment associates

Employees Excluded

All office clerical employees, all professional employees, guards and supervisors as defined in the Act

1.

| | GOVERNMENT | | | DO NOT W | RITE IN THIS | | |
|--|---|--|--|---|--|---------------------------------------|--|
| NATIONAL LABOR | | NRD | Case No. 09–RC–24 | 2945 | Date I Jur | ie 10, 2019 | |
| INSTRUCTIONS: Unless e-Filed us | ing the Agenc | v's website, www | w.nlrb.gov. submit a | n original of this P | Petition to a | n NLRB office in the Region | |
| in which the employer concerned i | | | | | | | |
| of service showing service on the | | | | | | | |
| | | | | | | | |
| (Form NLRB-505); and (3) Descript | • | | | (B 4812). The sho | wing of int | erest snould only be filed | |
| with the NLRB and should not be s | | | | | | | |
| 1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de | esires to be certifi | ed as representative | of the employees. The F | Petitioner alleges that | the following | circumstances exist and | |
| requests that the National Labor Relat | ions Board proc | | | | | | |
| 2a. Name of Employer | | | ress(es) of Establishment 00 Lincoln Park Drive Sui | | a number, city | State, ZIP code) | |
| Paragon Systems Inc | | | Herndon, 20171 | | | | |
| 3a. Employer Representative – Name and | Title | | 3b. Address (If same as | | | | |
| Laura M Hagan | - | | 13900 Lincoln Parl VA Herndon, 2017 | | | | |
| 3c. Tel. No. | 3d. Cell No. | | 3e. Fax No. | : | 3f. E-Mail Add | ress | |
| (571) 321-0927 | (865) 266-0383 | | (703) 579-1576 | | lhagan@parasys | s.com | |
| 4a. Type of Establishment (Factory, mine, v | vholesaler, etc.) | 4b. Principal produ | uct 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: | |
| Included: See Attached Page 2 for addition | nal details | | | | | 35 | |
| | | | | | | 6b. Do a substantial number (30% | |
| | | | | | | or more) of the employees in the | |
| Excluded: See Attached Page 2 for addition | nal details | | | | | unit wish to be represented by the | |
| | | | | | | Petitioner? Yes [] No [] | |
| Check One:7a. Request for re | | | ve was made on (Date) _ | and | Employer dec | ined recognition on or about | |
| (mma) | | (If no reply received, | | | | | |
| | | 0 0 1 | presentative and desires of | ertification under the A | Act. | | |
| 8a. Name of Recognized or Certified Bar The Protection & Response Officers of Ame | | | line Tay 64 Address GA Atlanta | Exchange Suite 100 | | | |
| 8c. Tel No. | 8d Cell No. | | 8e. Fax No. | | Bf. E-Mail Add | | |
| (888) 889-7762 | (770) 951-7077 | | | | dmin@proaunion.or | | |
| 8g. Affiliation, if any | | 8 | h. Date of Recognition or | | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) | | |
| | | | 09/02/20 | | Contract, ir an | 11/15/2019 | |
| | | <u> </u> | | | • | | |
| 9. Is there now a strike or picketing at the E | | | | | loyees are pa | | |
| (Name of labor organization) | | , has picket | ted the Employer since (A | Nonth, Day, Year) | | · | |
| 10. Organizations or individuals other than | Petitioner and tho | se named in items 8 | and 9, which have claime | ed recognition as repre | sentatives and | d other organizations and individuals | |
| known to have a representative interest in a | any employees in | the unit described in | item 5b above. (If none, | so state) | | | |
| | | | | | | | |
| 10a. Name | 10b. Ad | dress | | 10c. Tel. No. | | 10d. Cell No. | |
| | | | | | | | |
| | | | | 10e. Fax No. | | 10f. E-Mail Address | |
| 44 Election Detailes (64k - 51) DD and that | | in matter state wave | position with respect to | 44 - FL | <u> </u> | | |
| 11. Election Details: If the NLRB conducts any such election. | s an election in th | is matter, state your | position with respect to | 11a. Election Type: | <u>. I</u> Manual <u>I</u> | 🚺 Mail 🔝 Mixed Manual/Mail | |
| 11b. Election Date(s): | 11c. E | lection Time(s): | | 11d. Election Location | on(s): | ···· | |
| July 1, 2019 | | allot Election | | All Locations in Louis | • • | | |
| 1 - | 12b. Address (street and number, city, state, and ZIP code) | | | | | | |
| 12a. Full Name of Petitioner (including lo Steve Maritas | | umberj | | 1155 F STREET NW | #1050 0004- | | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c Full name of national or international k | LEOS-PBA | of which Petitioner is | s an affiliate or constituen | 1155 F STREET NW DC Washington DC 2 | #1050 0004 | | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police | LEOS-PBA abor organization Benevolent Asso | of which Petitioner is | | 1155 F STREET NW DC Washington DC 2 t (if none, so state) | #1050 0004 | Idress | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police 12d. Tel No. | LEOS-PBA abor organization Benevolent Asso 12e. Cell No. | of which Petitioner is ciation LEOS-PBA | s an affiliate or constituen 12f. Fax No. (202) 595-3510 | 1155 F STREET NW DC Washington DC 2 t (if none, so state) | #1050 0004 | dress ©@GMAIL.COM | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police 12d. Tel No. (202) 595-3510 | LEOS-PBA abor organization Benevolent Asso 12e. Cell No. (202) 486-8558 | of which Petitioner is ciation LEOS-PBA | 12f. Fax No. (202) 595-3510 | 1155 F STREET NW DC Washington DC 2 t (if none, so state) | #1050 0004 | dress G@GMAIL.COM | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police 12d. Tel No. | LEOS-PBA abor organization Benevolent Asso 12e. Cell No. (202) 486-8558 | of which Petitioner is ciation LEOS-PBA | 12f. Fax No. (202) 595-3510 | 1155 F STREET NW DC Washington DC 2 t (if none, so state) entation proceeding. | #1050 0004 12g. E-Mail Ad LEOSUNIONS | ddress S@GMAIL.COM | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police 12d. Tel No. (202) 595-3510 13. Representative of the Petitioner who | LEOS-PBA abor organization Benevolent Asso 12e. Cell No. (202) 486-8558 | of which Petitioner is ciation LEOS-PBA | 12f. Fax No. (202) 595-3510 r purposes of the repres | 1155 F STREET NW DC Washington DC 2 t (if none, so state) entation proceeding. d number, city, state, a | #1050 0004 12g. E-Mail Ad LEOSUNIONS | | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police 12d. Tel No. (202) 595-3510 13. Representative of the Petitioner who 13a. Name and Title | LEOS-PBA abor organization Benevolent Asso 12e. Cell No. (202) 486-8558 will accept serv 13d. Cell No. | of which Petitioner is ciation LEOS-PBA ice of all papers for | 12f. Fax No. (202) 595-3510 purposes of the repres 13b. Address (street and 13e. Fax No. | 1155 F STREET NW DC Washington DC 2 ((if none, so state) entation proceeding. d number, city, state, a | #1050 0004 LEOSUNIONS nd ZIP code) | | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police 12d. Tel No. (202) 595-3510 13. Representative of the Petitioner who 13a. Name and Title 13c. Tel No. 1 declare that I have read the above petit | LEOS-PBA abor organization Benevolent Asso 12e. Cell No. (202) 486-8558 will accept serv 13d. Cell No. | of which Petitioner is ciation LEOS-PBA ice of all papers for | 12f. Fax No. (202) 595-3510 purposes of the repres 13b. Address (street and 13e. Fax No. | 1155 F STREET NW DC Washington DC 2 ((if none, so state) entation proceeding. d number, city, state, a | #1050 0004 LEOSUNIONS nd ZIP code) | | |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, 12c. Full name of national or international la Law Enforcement Officers Security & Police 12d. Tel No. (202) 595-3510 13. Representative of the Petitioner who 13a. Name and Title 13c. Tel No. 11 declare that I have read the above petiti Name (Print) Si | LEOS-PBA abor organization Benevolent Asso 12e. Cell No. (202) 486-8558 will accept serv 13d. Cell No. ion and that the gnature teve Maritas | of which Petitioner is ciation LEOS-PBA ice of all papers for statements are true | 12f. Fax No. (202) 595-3510 purposes of the repres 13b. Address (street and 13e. Fax No. e to the best of my know Title Organizing Director | 1155 F STREET NW DC Washington DC 2 t (if none, so state) entation proceeding. d number, city, state, a vledge and belief. | 12g. E-Mail At LEOSUNIONS nd ZIP code) 13f. E-Mail Ad Date 06/10/2019 | dress | |

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 WRITE | IN THIS SPACE |
|---------|----------------------|-----------------------------|
| achment | Case 09–RC–242945 | Date Filed June 10, 2019 |
| | | l |

Employees Included

All armed and unarmed security officers employed by Paragon Systems, Inc., performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act, assigned to Federal facilities in Louisville

Employees Excluded

All other Paragon / Patronus Systems armed and unarmed security officers employed by Paragon Systems, Inc., / Patronus Systems Inc as of July 1, 2019, performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act, assigned to Federal facilities throughout Kentucky and Office clerical employees, managerial personnel, supervisors as defined by the National Labor Relations Act

| | | OVERNMENT | | | | DO NOT | WRITE IN THI | |
|--|-------------------------------|--------------------------------------|--------------------------------------|--------------------------|--|--|------------------------------|---|
| FIRST DO | | | | | Case No. | | Date | |
| AMENDED RC | PETI | IION | | | 09-RC-24 | 43304 | תוד. | IF. 20, 2019 n NLRB office in the Region |
| | | | | | | | | |
| | | | | | | | | e 6b below) and a certificate |
| of service showing service | on the em | ployer and a | all other parti | es namec | l in the petitio | n of: (1) the peti | tion; (2) State | ement of Position form |
| (Form NLRB-505); and (3) I | Description | n of Represe | ntation Case | Procedu | res (Form NLF | RB 4812). The sl | howing of int | erest should only be filed |
| with the NLRB and should | not be sen | ved on the e | mployer or a | ny other j | oarty. | | | - |
| 1. PURPOSE OF THIS PETITION bargaining by Petitioner and Pe | etitioner desire | es to be certifie | d as representa | tive of the e | mployees. The F | Petitioner alleges th | hat the followin | g circumstances exist and |
| requests that the National La 2a. Name of Employer | bor Relation | ns Board proce | | | | Section 9 of the Na (s) involved (Street a | | |
| Paragon Systems Inc / Patronus S | votomo lao | | | 13900 Linco | In Park Drive Sui | | | O'Quinn President 3610 Harlock Rd M |
| 3a. Employer Representative – | | tle · | <u>·</u> | VA Herdon 2 | 20171- dress (If same as | 2b - state same) | ···· , , | |
| Sylvia J. Martinez | | | | 1 | 3900 Lincoln Parl A Herdon 20171- | k Drive Suite 300 36 | | lelbourne Florida 32934 |
| 3c. Tel. No. | | id. Celi No. | | 3e. Fax | | | 3f. E-Mail Add | |
| (571) 321-0908 | | 202) 515-1355 | | | 80-7754 | l | smartinez@para | · · · · · · · · · · · · · · · · · · · |
| 4a. Type of Establishment (Factor | | lesaler, etc.) | 4b. Principal p | oduct or se | | | Sa. City | and State where unit is located: Louisville, KY |
| Security Systems 8 5b. Description of Unit Involved | | · | | | Security | | | 6a. No, of Employees in Unit: |
| 1 | | 4-4-9- | | | | | | 83 |
| Included: See Attached Page 2 | for additional c | details | | | | | | 6b. Do a substantial number (30% |
| | | | | | · | | | or more) of the employees in the |
| Excluded: See Attached Page 2 | for additional o | details | | | | | | unit wish to be represented by the Petitioner? Yes []] No []] |
| Check One: 🖸 7a. Reg | | anition on Rom | nining Boorcoop | | | | | lined recognition on or about |
| Check Une: 1. 7a. Req | uest for recog | | aning Represen If no reply receiv | | | an | to Employer dec | aned recognition on or about |
| | tioner is curre | | | | | certification under the | e Act | |
| 8a. Name of Recognized or Cert | | | | | 8b. Address | | | |
| The Protection & Response Officer | | | | | Taylor1870 GA Atlanta | The Exchange Ste | 100 | |
| 8c. Tel No. | 8 | 3d Cell No. | | 8e. Fax | No. | | 8f. E-Mail Add | |
| (770) 951-7077 | I. | | · | | | 0 | admin@proaunion.c | |
| 8g. Affiliation, if any | | | | 8h. Date | of Recognition or Certification 8i. Expiration Date of Current or Most Rec Contract, if any (Month, Day, Year) | | | y (Month, Day, Year) |
| | | | | L | 09/02/20 | | L | 11/11/2019 |
| 9. Is there now a strike or picketin | | | | | | | | |
| (Name of labor organization) | | | | | | | | |
| 10. Organizations or individuals o | ther than Peti | titioner and those | e named in item | is 8 and 9, v | which have claime | ed recognition as rep | presentatives an | d other organizations and individuals |
| known to have a representative in International Union Security Police | | | | u în ilem 50 | above. (ii none, | su sidlej | | |
| 10a, Name | | 10b. Add | | | | 10c. Tel. No. | | 10d. Cell No. |
| | | | | | | (321) 622-4729 | | (321) 543-3310 |
| Rick O'Quinn | | 3610 Har | | | | 10e. Fax No. | | 10f. E-Mail Address |
| Region 2 Vice President | 5 | | urne 32934 | | with room and to | | | rickoquinn@spfpa.org |
| 11. Election Details: If the NLRI any such election. | | | | our position | with respect to | | | Mail Mixed Manual/Mail |
| 11b. Election Date(s): June 27, 2019 | | | ection Time(s): | | | 11d. Election Loca Mail Ballot through | | awalth of Kentucky |
| 12a. Full Name of Petitioner (In | oludina loca | Mail Ba | | | | Mail Ballot throughout the Commonwealth of Kentucky 12b. Address (street and number, city, state, and ZIP code) | | |
| Steve Maritas | ns I FOSU LEO | OS-PBA | | | | 1155 F STREET N DC Washington DC | W #1050 20004 | |
| 12c. Full name of national or inter Law Enforcement Officers Security | mational labo & Police Bei | or organization of nevolent Assoc | or which Petition iation LEOS-PB | A | | t (ir none, so state) | | |
| 12d. Tel No. | N 1 | 12e. Cell No. | | 12f. Fa | | | 12g. E-Mail A LEOSUNION | ddress S@GMAIL.COM |
| (202) 565-3500 13. Representative of the Petitic | | 202) 486-8558 | ce of all naners | (202) 56 | | entation proceeding | | |
| 13. Representative of the Petiti 13a. Name and Title | | n annchr agini | ce of all habels | | | d number, city, state, | | |
| Grant Lally Counsel | • / | | | 220 OI | d Country Road S | | | |
| Lally & Misir, LLP 13c. Tel No. | <u> </u> | 13d. Cell No. | | <u>NY Mir</u> 13e. Fa | <u>neola 11501</u> ax No. | | 13f, E-Mail Ad | idress |
| (516) 741-2666 | | 917) 686-8440 | | 1 | 42-8533 | | glally@lallymi | |
| I declare that I have read the at | | | tatements are | | | ledge and belief. | | |
| Name (Print) | Signa | | | Title | | | Date | · · · · · |
| Steve Maritas | . Steve | e Maritas | | LEOSU | Organizing Direct | | | 9 13:01:22 |
| WILLFUL FALSE | STATEMENT | S ON THIS PE | TITION CAN BI | PUNISHE | D BY FINE AND | IMPRISONMENT (L | J.S. CODE, TITI | E 18, SECTION 1001) |

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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 will cause the NLRB to decline to invoke its processes.

FIRST AMENDED

Attachment

| DO NOT WF | RITE IN THIS SPACE |
|--------------|--------------------|
| Case | Date Filed |
| 09-RC-243304 | JUNE 20, 2019 |

Employees Included

This is an amended petition see Case 09-RC-243304 - All armed and unarmed security officers employed by Paragon Systems, Inc., / Patronus Systems, Inc performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act, assigned to Federal facilities in the Commonwealth of Kentucky

Employees Excluded

Office clerical employees, managerial personnel, supervisors as defined by the National Labor Relations Act

| UNITED STATES | GOVERNMENT | | | DONOT | WRITE IN THI | S SPACE |
|--|--------------------------------------|---|--|--|-------------------|---|
| NATIONAL LABOR | | RD | Case No. | | Date | |
| RC PE | | | 09-RC-24 | | | ine 14, 2019 |
| INSTRUCTIONS: Unless e-Filed us | ing the Agenc | y's website, <u>ww</u> | <u>w.nlrb.gov</u> , submit a | n original of this | Petition to a | an NLRB office in the Region |
| in which the employer concerned i | | | | | | |
| of service showing service on the | | | | | | |
| (Form NLRB-505); and (3) Descript | • | | - | RB 4812). The sh | nowing of int | terest should only be filed |
| with the NLRB and should not be s | | | | | | |
| 1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de | esires to be certific | ed as representativ | e of the employees. The F | Petitioner alleges th | at the followin | ig circumstances exist and |
| requests that the National Labor Relat | ions Board proc | | | | | |
| 2a. Name of Employer | | | dress(es) of Establishment 900 Lincoln Park Drive Sui | | ina number, citj | y, State, ZIP code) |
| Paragon Systems Inc 3a. Employer Representative – Name and | Title | | Herdon 20171- 3b. Address (If same as | | | |
| Sylvia J. Martinez | The | | 13900 Lincoln Parl | | | |
| 3c. Tel. No. | 3d. Cell No. | | VA Herdon 3e. Fax No. | | 3f. E-Mail Add | fress |
| (571) 321-0908 | (202) 515-1355 | | (703) 880-7754 | | smartinez@par | asys.com |
| 4a. Type of Establishment (Factory, mine, w | 1 7 | 4b. Principal prod | luct or service | Į | 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: |
| Included: See Attached Page 2 for addition | nal details | | | | | 83 |
| | <u></u> | | ,, | | | 6b. Do a substantial number (30% or more) of the employees in the |
| Excluded: See Attached Page 2 for addition | nal details | | | | | unit wish to be represented by the |
| | | | | · · · · · · · · · | | Petitioner? Yes [] No [] |
| Check One: 7a. Request for re | | • • | ive was made on (Date) | an | d Employer dec | clined recognition on or about |
| 7h Detitioner is a | | (If no reply received indice Borgaining Bo | r, so state). presentative and desires (| adification under the | Act | |
| 8a. Name of Recognized or Certified Bar | | | 8b. Address | sentification under the | ACL. | ······ |
| The Protection & Response Officers of Amer | | | | Exchange Ste 100 | | |
| 8c. Tel No. | 8d Cell No. | | 8e. Fax No. | | 8f. E-Mail Add | |
| (770) 951-7077 | | <u>r</u> | 8h. Date of Recognition or | Cortification | admin@proaunion.c | Date of Current or Most Recent |
| 8g. Affiliation, if any | | ' | on. Date of Recognition of | Certification | | bale of Current of Most Recent y (Month, Day, Year) |
| | | | 09/02/20 | | | 11/15/2019 |
| 9. Is there now a strike or picketing at the E | mployer's establis | shment(s) involved? | If so, approx | imately how many en | nployees are pa | articipating? |
| (Name of labor organization) | | , has pick | eted the Employer since (I | Month, Day, Year) | | - * |
| 10. Organizations or individuals other than | | | | | resentatives an | d other organizations and individuals |
| known to have a representative interest in a | iny employees in t | the unit described in | n item 5b above. (If none, | so state) | | |
| 10a. Name | 10b. Ad | dress | | 10c. Tel. No. | | 10d. Cell No. |
| | | | | | | |
| | | | | 10e. Fax No. | | 10f. E-Mail Address |
| 11. Election Details: If the NLRB conducts | an election in thi | s matter, state your | r position with respect to | 11a. Election Type | : 🚺 Manual I | Mail Mixed Manual/Mail |
| any such election. | | ection Time(s): | | | | |
| 11b. Election Date(s): June 27, 2019 | Mail Ba | | | 11d. Election Locat Mail Ballot through | • • | nwealth of Kentucky |
| 12a. Full Name of Petitioner (including lo | cal name and nu | | | 12b. Address (stree | et and number, | city, state, and ZIP code) |
| Steve Maritas Law Enforcement Officers Security Unions LEOSU, | LEOS-PBA | | | 1155 F STREET NV DC Washington DC | v#1050 20004 | |
| 12c. Full name of national or international la Law Enforcement Officers Security & Police | abor organization Benevolent Asso | 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 A | ddress S@GMAIL.COM |
| (202) 565-3500 | (202) 486-8558 | | (202) 565-3500 | | | S@GMAIL.CUM |
| 13. Representative of the Petitioner who 13a. Name and Title | will accept servi | ice of all papers fo | | • • | • | |
| | | | 13b. Address (street and | i number, city, state, | anu zir coue) | |
| 13c. Tel No. | 13d. Cell No. | | 13e. Fax No. | | 13f. E-Mail Ad | ddress |
| | | | | | | |
| I declare that I have read the above petit | ion and that the | statements are tru | e to the best of my know | ledge and belief. | | |
| | gnature www.Maritas | | Title | | Date | |
| Oleve Indinas | eve Maritas | | LEOSU Organizing Direct VINISHED BY FINE AND | | | 9 10:49:23 |

بيزين

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 WRITE | IN THIS SPACE |
|--------------|---------------|
| Case | Date Filed |
| 09-RC-243304 | June 14, 2019 |

Employees Included

All armed and unarmed security officers employed by Paragon Systems, Inc., performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act, assigned to Federal facilities in the Commonwealth of Kentucky.

Employees Excluded

Office clerical employees, managerial personnel, supervisors as defined by the National Labor Relations Act

| FORM NLRB-502 (RC) | UNITE | D STATES OF A | MERICA | | | | | DO NOT W | RITE IN THIS | SPACE |
|--|---------------------------------|---------------------------------------|--------------------------|------------------------------|---|---------------------|---------------------------------------|-------------------------------|----------------------------------|---|
| (2-18) | | LABOR RELATI | | ARD | | Case | | - | | Date Filed |
| | | RC PETITIO | N | | | 09 |)-RC-24 | 43609 | | 6-20-2019 |
| INSTRUCTIONS: Unless & Filed us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481 | ne petition i named in ti | nust be accomp he petition of: (1 | anled by I) the pet | both a sh ition; (2) S | owing of interest (s statement of Positio | see 6b In form | below) and 1 (Form NLF | a certificate RB-505); and | e of service s i (3) Descript | gion in which the howing service on lon of Representation |
| 1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petition | oner desires | to be certified as | s represei | ntative of th | he employees. The P | etition | er alleges t | that the follo | wing circum | stances exist and |
| requests that the National Labo | r Relations | Board proceed | | | | | | | | |
| 2a. Name of Employer: CBRE/CyrusOne | | | | | Establishment(s) invita Center, 7190 | | | | | |
| 3a. Employer Representative - Nan Ms. Darcy Mackay, Chie | | ficer | | | ne as 26 - štate same Aission Street, | | e 4600, S | an Franc | isco, CA | 94105 |
| 3c. Tel. No. | 3d. Cell No | | <u> </u> | 3e. Fax No | 0. | | 3f. E-Mail A | ddress | | |
| 415.772.0249 | | | 1 | 415.772 | 2.0459 | | darcy.ma | ackay@cbr | e.com | |
| 4a. Type of Establishment (Factory, r | nine, wholes | saler, etc.) | | • | al Product or Service | | | 1 - | | unit is located: |
| Electronic Data Center | | | | Internet | t "Cloud" Service | S | | Florence | | |
| 5b. Description of Unit Involved: | | | | | | | | | r of Employee | s in Unit: |
| Included: Building Engineer; Lead Build | ling Engin | PAT | | | | | | 5 | | |
| Excluded: | nug caga | cci | | | | | | 6b. Do a si | ubstantial num | iber (30% or more) |
| Statutorily Excluded Employe | es | | | | | | | of the e | mployees in t | he unit wish to be etitioner? 🖾 Yes 🔲 No |
| Check One: 🔀 7a. Request for rec | | Bargaining Repre | sentative | was made | e on (Date) 0 | 5.15.1 | 9 and | | teclined recog | |
| on or about (Date) | nor | eply (if n | io reply re | ceived, so | state). | | | , . | - | |
| 7b. Petitioner is cui | | | | | and desires certificat ddress: | ion und | der the Act. | | | |
| | e eargaini | ng Agent (ir non | e, so sian | e) 00. A | auless. | | | | | |
| None | | | | 1 | | | | | | |
| | | | ; | <u> </u> | | | | - <u></u> . | | |
| 8c. Tel. No. | 8d. Cell No | | | 8e. Fax N | 0. | | 8f. E-Mail A | ddress | | |
| | L | ··· | | Data of F | Continue of Continue | | O: Evolutio | n Data at C | mont or Mont | |
| 8g. Affiliation, if any: | | | B | 1. Uate of F | Recognition or Certific | cation | | | urrent or Most (Month, Day, | |
| | | | | | | | | | | |
| 9. Is there now a strike or picketing a | it the Employ | yer's establishme | ent(s) invo | olved? No | D If so, appr | | • | • • • | s are participa | |
| (Name of Labor Organization) | | | | | | | · · · · · · · · · · · · · · · · · · · | | | th, Day, Year) |
| 10. Organizations or individuals othe individuals known to have a repre | r than Petitic esentative in | oner and those n terest in any emp | amed in it ployees in | tems 8 and In the unit de | 9, which have claim escribed in item 5b a | ed reco bove. (| ognition as r (if none, so s | epresentative state) | es and other o | rganizations and |
| 10a. Name | | 10b. Address | | ··· | | | 10c. Tel. N | 0. | 10d. Cell No | |
| None | | | | | | | | | | |
| 1 | | | | | | | 10e. Fax N | 0. | 10f. E-Mail A | .ddress |
| 11. Election Details: If the NLRB co | inducts and | election in this m | atter, stat | e vour pos | ition with respect to a | anv suo | ch election: | 11a. Electio | n Type: | <u></u> |
| | | | | _ , 23, p 00 | | | | X Manua | _ | Mixed Manual/Mail |
| 11b. Election Date(s): | | 11c. Election Ti | me(s): | | | | 11d. Electi | on Location(: | | |
| ~ 07.09.19 | | 5:30 p.m. to | 7:30 p. | m. | | | Florence | e Data Cen | ter | |
| 12a. Full Name of Petitioner (include | | | | | 12b. Address (stre | | | | | |
| International Union of Operat | | | | | | | | | Cincinnati | , OH 45203 |
| 12c. Full name of national or interna | | | | | | nt (it no | one, so state |): | | |
| International Union of C | | | AFL-C | | | | 1 | | | |
| 12d. Tel. No. | 12e. Cell I | No. | | 12f. Fax | | | 12g. E-Ma | • | ~ | |
| 513.751.1671 | 1 | | 6 all | | 51.2551 | PARta | | @iuoe20.or | <u></u> | |
| 13. Representative of the Petition 13a. Name and Title: | er who will | accept service | от ан рар | 13b Add | rposes of the repre- iress (street and num | sentati nber cir | ion proceet | ning. d ZIP code): | | |
| Robert Mitchell, Esq. | | | | Law C | Office of Robert M | litchel | 1, 250 E. 5 | th St., 15th | Fl., Cincin | nati, OH 45202 |
| 13c. Tel. No. | 13d. Cell | No. | <u></u> | 13e. Fax | No. | | 13f. E-Mai | | | |
| 513.562.1553 | 513.47 | | | | 56.7426 | | robertm | nitchell@rc | bertmitchel | l-law.com |
| I declare that I have read the above | e petition a | | | ire true to | the best of my know | | | • | | |
| Name (Print) | | Signatu | | AAA | 11 | Tit | le | | | Date |
| Robert Mitchell | | | , <u></u> , ∦_/ | White | U | A | Attorney | | | 06.20.19 |
| | | • • | v | | | | | | | |

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

| FORM NLRB-502 (RC) | UNITED STATES OF A | MERICA | | ſ | | DO N | OT WRITE IN THIS | SPACE | |
|---|--|-------------------------|---------------------|---|----------------------------|----------------------------------|---|------------------------|-----------------------------|
| (2-18) | NATIONAL LABOR RELATI | ONS BOA | RD | | Case No. 09-R | C-2440 | 75 | Date F | ^{-iled} 28-2019 |
| INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48 | he petition must be accomp named in the petition of: (1 | anied by) the peti | both a Ition; (2 | showing of interest (se 2) Statement of Position | ee 6b belov n form (For | w) and a cert m NLRB-505 | ificate of service s); and (3) Descript | howing : tion of Re | service on epresentation |
| 1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo | ioner desires to be certified as | represer | tative o | of the employees. The Pe | etitioner al | eges that the | e following circum | stances | collective exist and |
| 2a. Name of Employer: NAES Cooperation | | 2b, Addr 3439 (| ess(es) Cinci | of Establishment(s) invo nnati Dayton Rd, | Wed (Stree Middlet | t and number town, OH | , City, State, ZIP co 45044 | de): | |
| 3a, Employer Representative - Nan Andy Duncan | ne and Title: | 3b. Addre Same | ess (if s | ame as 2b - state same) |): | | | e. | 12 |
| 3c. Tel. No. (513) 725-2250 ext 101 | ^{3d, Cell No,} (602) 525-6504 | | 3e. Fax N/A | No. | | Mail Address y.duncan(| @naes.com | | |
| 4a. Type of Establishment (Fectory, I Gas Power Plant | mine, wholesaler, etc.) | | | ncipal Product or Service ricity | | | ty and State where Idletown, Of | | cated: |
| 5b. Description of Unit Involved: Included: Scc Attached | | | | | | 6a. N 9 | umber of Employee | s in Unit: | |
| Excluded: See Attached | | | | | | of | o a substantial num the employees in th presented by the Pr | ne unit wi | sh to be |
| Check One: Z 7a. Request for rec on or about (Date) 7b. Petitioner is cu | | o reply rec | ceived. | so state). | 7/2019 | and Emplo | over declined recog | | |
| 8a. Name of Recognized or Certifie N/A | ed Bargaining Agent (<i>if none</i> | ng Repres , so state |) 8b. | Address: ?A | n under me | ACL | | | a sector |
| 8c, Tel. No. N/A | 8d. Cell No. N/A | | 8e. Fax N/A | KNO. | 8f, E- N/A | Mail Address | | | 1000 |
| 8g. Affiliation, if any: N/A | | 8h. N/ | | f Recognition or Certifica | tion 8i. Ex Recen | piration Date nt Contract, if | of Current or Most any (Month, Day,) | _(ear) N | //A |
| 9. Is there now a strike or picketing a (Name of Labor Organization) | t the Employer's establishme | nt(s) involution N/A | Ved? N | lf so, approx | | | oyees are participal ployar since (Mont. | | 'ear) N/A |
| 10. Organizations or individuals othe individuals known to have a repre N/A | r than Petitioner and those na esentative interest in any emp | med in ite | ms 8 a the unit | nd 9, which have claimed described in item 5b abo | recognition | as represen | | | |
| 10a. Name N/A | 10b. Address N/A | | | | 10c. 1 N/A | el. No. | 10d. Cell No. N/A | | 100 |
| | | | | | N/A | | 10f. E-Mail A N/A | ddress | |
| 11. Election Details: If the NLRB co | | 0.00 | your p | osition with respect to an | | XM | anual 🗌 Mail | Mixe | d Manual/Mail |
| 11b. Election Date(s): July 26, 2019 | 11c. Election Tim 7am to 8am | | om to | | Mid | | brary 125 S B | Broad S | st. Middleto |
| 12a. Full Name of Petitioner (includ International Brotherhood Local 1347 | of Electrical Worker | | | 1.1.1 | d Cincir | inati, OH | and ZIP code): 45241 | | 3 |
| 12c, Full name of national or internat International Brotherhood | onal labor organization of whi of Electrical Worker | ch Petitio S | ner is a | n affiliate or constituent (| (if none, so | state): | | | |
| 12d. Tel. No. 513.541.6200 | 12e. Cell No. 513.505.1510 | 1 | 12f. Fax N/A | | ibev | | s ahoo.com | | |
| 13. Representative of the Petitione 13a. Name and Title: Chad Donathan 4th District 1 | | 1 | 13b. Ad | urposes of the represend dress (street and number Oak Road Cincinna | r, city, Stati | and ZIP coo | le): | | |
| 13c. Tel. No. 859.404.8905 | 13d. Cell No. 859.404.8905 | 1 | 13e. Fa N/A | | chao | | in@ibew.org | | |
| I declare that I have read the above Name (Print) | | nents are | true to | o the best of my knowle | | elief. | | | |
| Chad Donathan | Signature | ad | B | melh | IBEW | 4th Distri | ct Oganizer | | Date 06/27/19 |
| | | 100.00 | | - | | | | | |

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

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

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Attachment

5. Unit Involved

Included: All full time and regular part time employees performing Production and Maintenance for the Employer at the Middletown Energy center located at 3439 Cincinnati Dayton Rd Middletown, OH 45044.

Excluded: Office Clerical employees, Professional employees, Guards and Supervisors as defined in the Act.

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| FORM NLRB-602 (RD) (8-78) | NATIONAL | D STATES OF AM LABOR RELATION | | | Cate 09- | №. -RD-244062 | | Date Filed 6-27-2019 |
|--|---|--|--|---|--|---|---|--|
| INSTRUCTIONS: Unless e-filed employer concerned is togeted, employer and all other parties n Gase Procedures (Form NLRB 4 | The petition amed in the | must be accomp petition of:(1) the | enied by both a s petition; (2) State | howing of Inter ment of Positic | reșt (zee 7 on form (Fo | below) and a certif ym NLRB-505); an | cate of servi I (3) Descrip | ice showing service on the tion of Representation |
| 1. PURPOSE OF THIS PETITION: recognized bargaining represent Labor Relations Board proceed | ative is no lon | ger their represents | live. The Petition | er alleges that | the followi | ng circumstances | es assert the wist and req | k the certified or currently wests that the National |
| 2a. Name of Employer | | | | | | (Street and number | | |
| Cincinnati Unim | N BCH | hel | 2015 1 3b. Address (If se | <u>V ? 5+ N/0</u> me as 2b - state | rth Ba | Privid Rol (i | <u>ncinment</u> | 1, OHO 45224 |
| Rarh Lite Mo | d Fax No | YK DIREGOR | 240/ /240 | aing Ka | J Cill | <u>Ci ///Cirl_/()</u> Actrizons | HIO_ | 45202 |
| Sc. Tel. No. 34 513-368-6907 4 4a. Type of Establishment (Fectory, 1 | 513-96 | 8-6922 | 53-76 | 8-6927 | rm | oody alcu. | beine | 4.019 |
| 50CIUI Service | mine, wnoiesi P (IQP | в187. 89С.) [≠] ЛСV | | | 40. Phines | h:10 CQ1 | _ | |
| 5- Openinilon of Ltnit Involved | | | | | | | 155 C | Ry and State where unit |
| included: All Full the including cooks boothing stant the Maintenance and all other d 6. No. of Employees in Unit | e and | part til | me non p | nofessi | mal | employee | ¤ د≥ | located: |
| Gissisting COULS | 1952 | stant c | OUS, H | ad Sto | はき | cache 15, | Have | 4ktrof |
| Maintenanc | e em | 10/205 | YCG OT | n st | wited | h noand of | | -{ |
| and all other a | <u>knical</u> | emptort | esemple | yrd n | 1-170 | Agenci | | 5 |
| 6. No. of Employees In Unit | 7. Do a (recog | substantiki number Inized bargaining m | (30% or more) of (presentative? 56 | helemployees i Yes No | n'ihe unit m | o and all with to pe v | presented by | y the cardilled or currently |
| 89. Name of Recognized or Cartified | | | | | | 8b. Attiliation, If an | | |
| BO. Address 917 Marn | 151 6 | SCSE Floo | <u></u> | 6d. Tel. No. | | Se. Cell No. | | |
| • | | | | 8777 23 | - 8880 | | | |
| CINCIPH Gt. | <i>`,0</i> #10 | 45209 | - | Sí. Fax No. | - | 8g. E-Mail Address | 0 9 | 2101199.019 |
| 9. Date of Recognition or Certification | 1 | | 10. Expiration Date | of Current or M | fost Recent | Contract, If any (Me | nth, Day, Ya | |
| 1 | | | | | | | | |
| JUNE | | 58 | - dr | ine 1 | . 20 | | | |
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| うし かて 11e. Is there now a strike or picketing 11e. The Employer has been picketed | et the Emplo | SS yer's establishment | (e) Involved? | ine 1 | . 20 | approximately how r | | s labor organization, of |
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Solicition of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 al seq. The principal use of the information is to easist the National Labor Relations Board (NLRB) in processing representation and related proceedings or Higalion. 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 he processes.

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| | UNITED STATES OF AMERICA | | | - | | | | | |
|---|--|-----------------|--|--|---|--|---------------------|-------------------|--|
| FORM NLRB-502 (RM) (2-18) | | RELATIONS BOARD | | | DO NOT WRITE IN THIS SPACE Case No. Da | | | | |
| (2.10) | | PETITION | | | | | Date Filed | | |
| 09-RM-242536 6/3/2019 | | | | | | | | | |
| 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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Pr ocedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. | | | | | | | | | |
| 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): | | | | | | | | | |
| Auto-Vehicle Parts LLC | | | 100 Homan Drive, Cold Spring, KY 41076 | | | | | | |
| 3a. Employer/Petitioner Representative - Name and Title: 3b. Address (if same as 2b - state same): | | | | | | | | | |
| Jeff Gilkinson, Chief Executive Officer | | | Same as 2b | | | | | | |
| 3c. Tel. No. 3d. Cell No. | | | 3e. Fax No. 3f. E-Ma | | | | | | |
| | 8593416450 x102 | | | | | | on@auveco.us | | |
| 4a. Type of Establishment (Factory, Distributor | a. Type of Establishment <i>(Factory, mine, wholesaler, etc.)</i> Distributor | | | 4b. Principal Product or Service Specialty and automotive clips and fasteners | | | | | |
| 5a. Description of Unit Involved: 5b. City | | | | | | | nd State where uni | t is located: | |
| Included: Warehouse employees of the company who are eligible to join the Union at the Cold Spring facili | | | | | cility | Cold Spring, KY | | | |
| Excluded: | | | | | | 6. Number of Employees in Unit: | | | |
| Clerical Workers, Superintendents and supervisors | | | | | | 46 | | | |
| Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable | | | | | | | | | |
| 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. | | | | | | | | | |
| 8a. Name of Recognized or Certified Bargaining Agent - <i>Name</i> Randy Pidcock | | | | | | 8b. Affiliation, if any: Staff Representative | | | |
| 8c. Address: | | | | 8d. Tel. No | | | 8e. Cell No. | | |
| 11838 Capital Way | | 502-968-69 | | | | | | | |
| Louisville, KY 40299 | | | 8f. Fax No. | | | 8g. E-Mail Address rpidcock@usw.org | | | |
| 9. Date of Recognition or Certification 06/03/1998 | | | | | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/02/2019 | | | | |
| 11. 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) | | | | | | | | ay, Year) | |
| 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None | | | | | | | | | |
| 12a. Name and affiliation if any 12b. Addre | | ddress | lress | | 12c. Tel. N | lo. | 12d. Cell No. | | |
| | | | | | 12e. Fax N | lo. | 12f. E-Mail Address | | |
| 13. Election Details: If the NLRB conducts and election in this matter, state your posit Auto-Vehicle Parts LLC requests an election. | | | | espect to an | y such election: | 13a. Electio | <u> </u> | Mixed Manual/Mail | |
| 13b. Election Date(s): | 13 | | | Bd. Election Location(s): | | | | | |
| 06/14/2019 | lection Time(s): 0 am - 3:30 p | 3:30 pm 1 | | | 100 Homan Drive, Cold Spring, KY 41076 | | | | |
| 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14a. Name and Title: 14b. Address (street and number, city, State and ZIP code): | | | | | | | | | |
| Jeff Gilkinson, Chief Executive Officer | | | 100 Homan Drive, Cold Spring, KY 41076 | | | | | | |
| 14c. Tel. No. 14d. Cell No. | | | 14e. Fax No. | | | 14f. E-Mail Address | | | |
| 8593416450 x102 | | | jgilkinson@auveco.us | | | | | | |
| I declare that I have read the above Name (Print) | petition and that | Signatura | | my knowle | | | | Date | |
| Jeff Gilkinson | Signature | Ander | | | Chief Executive Officer | | | | |

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

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