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						
	08-RC-228356	10/1/18						

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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.											
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:  Plight Services and Systems  2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  Cleveland Hopkins International Airport, 5300 Riverside Dr. Cleveland, OH  44135											
3a. Employer Representative - Nar	ne and Title:	3h	Address (ii	f same	as 2h - state same):						
Mr. Myron Kuzyk											
3c. Tel. No. 216-244-3323	3d. Cell No.	-1-1		ax No.	I Dead and an Occident	3f m	. E-Mail A nkuzyk	@fsspec			
4a. Type of Establishment (Factory, Flight service company.	mine, wnoiesaier, e	etc.)			Product or Service It Services.				d State where unit is loc and, OH	ated:	
5b. Description of Unit Involved: Included:									er of Employees in Unit:		
Employees performing ra	mp service ar	nd custome	er servic	e du	ties.			30			
Excluded: Employees performing ca	ibin cleaning	duties.						of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be	
Check One: 7a. Request for rec							an		declined recognition		
on or about (Date) ☐ 7b. Petitioner is cui			ply received Representa			n under	the Act				
8a. Name of Recognized or Certific	<del></del>		<del></del>	b. Add							
None											
8c. Tel. No.	8d. Cell No.		8e. Fa	ax No.		8f.	. E-Mail A	fail Address			
8g. Affiliation, if any:					cognition or Certificati				urrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Employer's es	stablishment(s)	involved?	No	If so, approxi	imately	how mar	y employee	s are participating?		
(Name of Labor Organization)						, has	s picketed	the Employ	er since <i>(Month, Day, Ye</i>	ear)	
Organizations or individuals othe individuals known to have a representation.									es and other organization	ns and	
10a. Name	110h /	\ddress			<del></del>	110	oc, Tel. No		10d, Cell No.		
Tou. Name	100.7	10di ¢33				"	7C. 1CI. 14	·.	Tod. Och No.		
						10	De. Fax No				
11. Election Details: If the NLRB co	nducts and election	n in this matter,	, state your	positio	on with respect to any	y such e	election:	11a. Election  Manua	• •	l Manual/Mail	
11b. Election Date(s): 10/11/2018	11c.E 070	lection Time(s 0 to 22:00	):			11 A	d. Electic At airpo	n Location(s ort in offi	ce next to UA ba	ggage claim	
12a. Full Name of Petitioner (including local name and number):  John Werkmeister, GLR, IAMAW, AFL-CIO  12b. Address (street and number, city, State and ZIP code): 110 Winchester Dr. McDonald, PA 15057											
12c. Full name of national or internat International Association						if none,	so state)	:			
12d, Tel, No. 412-613-4300 12e, Cell No. 412-613-4300 12				ax No.	,		g. E-Mail werkm		amaw.org		
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title:					ses of the represen s (street and number				,		
13c. Tel. No. 13d. Cell No.				Fax No	<b>)</b> ,	13	Bf. E-Mail	Address			
I declare that I have read the above	e petition and that	t the statemen	its are true	to the	best of my knowled	dge an	d belief.	·			
Name (Print)		Signature	0	$\overline{}$		Title				Date 10/1/2019	
John Werkmeister			فهريم	$\sim \gamma$	- July	GLF	(			10/1/2018	

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

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
08-RC-228879	10-9-18						

**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): CSI Sand Products Company 1 Ships Channel, Cleveland, Ohio 44113 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Don Beck 1 Ships Channel, Cleveland, Ohio 44113 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 216-631-2999 608-381-6274 NA donald.beck@laprairiegroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Sand Sand Pit Cleveland, Ohio 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: See Attachment A Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

✓ Yes 

No All supervisors, managers, clerical workers, guards, and secretaries. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) October 9, 2018 and Employer declined recognition on or about (Date) October 9, 2018 (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Weer) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? if so, approximately how many employees are participaling (Name of Labor Organization) , has picketed the Employer since (Montpay, Year, 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10d. Cell No. 10c. Tel. No. 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): November 5, 2018 1:00 p.m. to 3:00 p.m. Employee Break Room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Union of Operating Engineers, Local 18 3515 Prospect Avenue, Cleveland, Ohio 44115 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 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 216-432-3138 216-432-3135 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): Chris Camino 3515 Prospect Avenue, CLeveland, Ohio 44115 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address ∕Fax No. (216) 432-3131 216-432-3135 ccamino@iuoelocal18.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) Siohature Title Date

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

### ATTACHMENT A

All full-time and regular part-time employee working at 1 Ships Channel, Cleveland, Ohio, including all lead-men and shift-leads

NLRB REGION 8
2018 OCT -9 PM 1: 53
CLEVELAND. OHIO

John M Werkmeister

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

DO NOT WR	ITE IN THIS SPACE	
Case No.	Date Filed	
08-RC-228990	10-11-18	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Cleveland Hopkins International Airport 5851 South Cargo Rd. OH Cleveland 44135-3111 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Cleveland Hopkins International Airport 5851 South Cargo Rd. OH Cleveland 44135-3111 Wes Bement 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. wes.bement@swissport.com (216) 267-9910 (216) 265-4722 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Others Pre-Flight Service Company Cleveland, OH 5b. Description of Unit Involved 6a. No. of Employees in Unit: 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 Excluded: See Attached Page 2 for additional details Petitioner? Yes [✓] No [ and Employer declined recognition on or about Request for recognition as Bargaining Representative was made on (Date) 10/11/18 Check One: (Date) (If no reply received, so state). Feggiow Jexus A? 1762v65 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). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c Tel No 10b. Address 10a. Name 10f F-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): 11/7/18 11c. Election Time(s): 11d. Election Location(s): Sheraton Cleveland Airport Hotel 07:00 to 21:00 12a. Full Name of Petitioner (including local name and number)
John M Werkmeister
John Werkmeister (GLR, IAMAW, AFL-CIO) 12b. Address (street and number, city, state, and ZIP code) 110 Winchester Dr PA McDonald 15057-2650 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address jwerkmeister@iamaw.org 12f Fax No. 12e. Cell No. (412) 613-4300 (412) 613-4300 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) 13f. E-Mail Address 13e. Fax No. 13c. Tel No. 13d. Cell No. 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 Date

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

John M. Werkmeister

Grand Lodge Representitive

10/11/2018 10:18:38

PRIVACY ACT STATEMENT

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

Attachment

Employees Included
Employees performing ramp service duties

Employees Excluded
Employees performing passenger service work

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					
08-RC-228990	10-11-18					

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

D Totty

(4-15)		סברב	IVEN					
UNITED STAT	TES GOVERNMENT	ALOL	GION 8 No. 00	DO NOT	WRITE IN THIS	SPACE		
NATIONAL LABO	R RELATIONS BOA	RDNLKB KE	GIUN Pase No.	-RC-229090	Date F	iled		
	ETITION		<b>L</b>			10112 18		
INSTRUCTIONS: Unless e-Filed	using the Agend	Vis ivelisite, l <u>wa</u>	vwinihb.gov Submit a	n original of this	Petition to ar	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 office fractiles hamed 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 b				,.				
1. PURPOSE OF THIS PETITION: RC-				of employees wish to	be represented	for purposes of collective		
bargaining by Petitioner and Petitione	r desires to be certifi	ed as representativ	e of the employees. The F	Petitioner alleges th	at the following	circumstances exist and		
requests that the National Labor Re 2a, Name of Employer	elations Board proc	eed under its pro	per authority pursuant to dress(es) of Establishment	Section 9 of the Na	tional Labor Re	State ZID code)		
Concord Care Centers of Ohio				(S) IIIVOIVEU (SII BEI A	ina namber, city,	State, ZIF Code)		
3a. Employer Representative – Name	and Title	مـــــــــــــــــــــــــــــــــــــ	21 Glanzman Rd H Toledo 43614-3899   3b. Address (If same as	2h – state same)				
	and nice	•	3121 Glanzman Ro OH Toledo 43614-					
Heidi Whitehouse  3c. Tel. No.	3d, Cell No.		OH Toledo 43614- 3e. Fax No.	3899	3f. E-Mail Addr	220		
(419) 385-6616	00.00		Co. Tax No.		info@concordcar	Į.		
4a. Type of Establishment (Factory, mine	e wholesaler etc.)	4b Principal pro	duct or service			and State where unit is located:		
Healthcare	,,		skilled nursing			Toledo, OH		
5b. Description of Unit Involved		¥			<del></del>	6a. No. of Employees in Unit:		
Included: See Attached Page 2 for add	litional details				Į.	14		
0007/1100/1007 1902/100 1000	miorial dolars					6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for add						or more) of the employees in the unit wish to be represented by the		
See Allached Page 2 for add	illional details					Petitioner? Yes No No		
Check One: 7a. Request fo	r recognition as Baro	aining Representa	tive was made on (Date) 1	0/11/2018 an	d Employer decl	ined recognition on or about		
	•		d, so state). No reply recei		• •	•		
7b. Petitioner i			epresentative and desires of		Act.			
8a. Name of Recognized or Certified E	Bargaining Agent (I	f none, so state).	8b. Address		-			
Bc. Tel No.	8d Cell No.		8e. Fax No.	•	8f. E-Mail Addı	ress		
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i Expiration [	Pate of Current or Most Recent		
og. Amianon, ir any			on bate of floody mon of	ooranoanon		(Month, Day, Year)		
9. Is there now a strike or picketing at th	e Employer's establi:	shment(s) involved	? No If so, approx	imately how many er	nployees are pa	rticipating?		
(Name of labor organization)		, has picl	keted the Employer since (I	Month, Day, Year)				
10. Organizations or individuals other th								
known to have a representative interest	in 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		
				(0011 = 1110)				
11. Election Details: If the NLRB cond	ucts an election in th	is matter, state you	ur position with respect to	11a. Election Type	: V Manual	Mail Mixed Manual/Mail		
any such election.	144. 5	Instinct Time (a)		11d Floation Loop	tion(a):			
11b. Election Date(s): 10/30/2018	<b>I</b>	lection Time(s): Dam, 3pm-5pm		11d. Election Local		43614 in the break room		
12a. Full Name of Petitioner (including			3121 Glanzman Rd. Toledo, Ohio 43614 in the break room  12b. Address (street and number, city, state, and ZIP code)					
D Totty United Food and Commercial Workers Union Local 75 OH Holland 43528-9376								
12c. Full name of national of internation	ai iaboi organization	of which Petitione	r is an affiliate or constituer	t (if none, so state)				
United Food and Commercial Workers In	12e, Cell No.		Tace	<del></del>	1 40 · 5 14 · 11 A	4.4		
12d, Tel No. (313) 330-5773	12f. Fax No. (419) 865-8674		12g. E-Mail Ad Dtotty@ufcw.d	org				
13. Representative of the Petitioner w	ho will accept serv	rice of all papers f		sentation proceeding	ia.			
13a. Name and Title		paper .	13b. Address (street an					
Dawn Christen Attorney United Food and Commercial Workers U	nion Local 75		7441 International Dr OH Holland 43528-937		·			
13c. Tel No.	13d. Cell No.	<del></del>	13e. Fax No.	<u> </u>	13f. E-Mail Ad			
(419) 360-1053	(419) 865-8674	<del></del>	dchristen@da	wnchristenlaw.com				
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	vledge and belief.				
Name (Print)	Signature		Title		Date			
D Totty	Mr.D. Totty		Organizer		10/11/201	8 12:49:40		

Mr.D. Totty Organizer 10/11/2018 12:49:40
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.

Attachment

DO NOT WRIT	TE IN THIS SPACE
Case 08-RC-229090	Date Filed

Employees Included

All full time/part time and contingent Licensed Practicing Nurses (LPNs)

**Employees Excluded** 

Dietary, Activity, STNAs, Housekeeping, office clerical, RNs, maintenance, supervisors, and all others not defined under the Act.

CLEVELAND, OHIO

FORM NLRB-502 (RC)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
08-RC-230037	10/26/18						

<b>,</b> -	RC PETITIO	N				08-RC-2	230037		10126118
employer concerned is located. the employer and all other parti	The petition must be accomp es named in the petition of: (	panied b 1) the pe	y both a tition; (2)	showing of inter Statement of Po	est (se sition	this Petition to e 6b below) an form (Form NL	an NLRB d a certific .RB-505); i	office in the Reate of service and (3) Descrip	egion in which the showing service on tion of Representation
1	titioner desires to be certified a	s represe	ntative of	the employees. 1	The Pet	titioner alleges	that the fo	llowing circur	nstances exist and
2a. Name of Employer:		2b. Add	ress(es) o	of Establishment(s	s) involv	red (Street and	number, C	ity, State, ZIP co	ode):
CSI Sand Products Com	pany			nnel, Clevel		Ohio 4411.	3		
3a. Employer Representative - Na Don Beck	ame and Title:		•	nnel, Clevel	•	Ohio 4411.	3		
3c. Tel. No.	3d. Cell No.		3e. Fax I	Vo.		3f. E-Mail A			
216-631-2999	608-381-6274		NA			donald.		NLRB office in the Region In which the certificate of service showing service on -505); and (3) Description of Representation rived an the employer or any other party.  be represented for purposes of collective it the following circumstances exist and stonal Labor Relations Act.  shoer, Cily, State, ZIP code):  ess  ess  ess  esk(a) laprairiegroup.com  b. City and State where unit is located: leveland, Ohio  b. Number of Employees in Unit:  0  Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes number of the employees in the unit wish to be represented by the Petitioner? Yes number of the employees are participating?  Employer declined recognition  10d. Cell No.  10d. Cell No.  10d. Cell No.  10d. E-Mail Address  Election Type:  Manual Mail Mixed Manual/Mail cation(s):  Break Room  te and ZIP code):  land, Ohio 44115	
4a. Type of Establishment (Factory, Sand Pit	mine, wholesaler, etc.)		4b. Princ Sand	ipal Product or Se	rvice		1		unit is located:
5b. Description of Unit Involved:				*			6a. Numi	er of Employee	s in Unit:
Included: See Attachment A							10		
Excluded:							6b. Do a	substantial num	ber (30% or more)
All supervisors, manager	cognition as Bargaining Repres	sentative	was mad	e on (Date) O	ctober	9, 2018 and	of the repres	employees in the Period of the	ne unit wish to be etitloner? 🔀 Yes 🔲 N
	October 9, 2018 (If no prently recognized as Bargainir				inalian	under the Act			
8a. Name of Recognized or Certifi	<u> </u>	<u> </u>		ddress:	Callon	under the Act.			<del></del>
8c. Tel. No.	Bd. Cell No.	<del></del>	e. Fax N	0.		Bf. E-Mail A	ddress	<del></del> -	······································
8g. Affiliation, if any:		8h.	Date of F	Recognition or Cer	tificatio				(ear)
0.1.0				<del></del>					<del></del> _
9. Is there now a strike or picketing a	it the Employers establishment	(s) invoiv	eo :	If so, a	pproxin	-			
(Name of Labor Organization)	than Patitionar and those nam	nad in Ita	mc R and	0 which have els	imad r	<u> </u>			
individuals known to have a repre								es and other or	gariizadosis ario
None	1405 Addison	<del>-/</del>	$\sqrt{}$	<del></del>	<del>}</del> -	100 Tal Na		Land Call Na	<del></del>
10a. Name	10b. Address	24 / Z	R	ECEIVED	10/	10c. Tel. No	•	10d. Cell No.	
		1 1	0C1	2 6 2018	15	10e. Fax No		,	dress
11. Election Details: If the NLRB cor		<u>. \ \                                 </u>	your peail	ion with respect to	o/aniy/s		M. Wildings	· L. · · · · · · ·	Mixed Manual/Mail
11b, Election Date(s):	11c. Election Time 1:00 p.m. to	(s): \ 2.00 ·-	₹ <u>\$</u> >	MA	/	11d. Election	•	•	
November 5, 2018 12a. Full Name of Petitioner (includi	1:00 p.m. to	3:00 p	.m. 3	7 5 7 1					
International Union of Op	•	cal 18	ĺ						5
2c. Full name of national or internation for the control of Operational Union Operation Union Operation Unio		Petition	er is an a	ffiliate or constitue	ent <i>(if n</i>	one, so stale):			·,
	12e. Cell No.		2f. Fax No	2-3135		12g. E-Mail A	ddress		
3. Representative of the Petitioner	who will accept service of al				esentai	lion proceedin	<u>a.</u>		
3a. Name and Title: Chris Camino		13	b. Addre	ss (street and nur ospect Avenue	nber, c	ity, State and Z	iP code):		
3c. Tel. No.	13d. Cell No.	_//	e Fax No	<del></del>		13f. E-Mail A	deaco		
(216) 432-3131	100. Cell 190.		16-432					call8.org	
declare that I have read the above						e and belief.			
lame (Print)	Signature		/		Tit	le Drycunia	405		Date 10/9//8

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

PRIVACY ACT STATEMENT

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

### ATTACHMENT A

All full-time and regular part-time employee working at 1 Ships Channel, Cleveland, Ohio, including all lead-men and shift-leads

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Саве No.	Date Filed						
08-RD-228333	10-1-18						

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b 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 4811). 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 28. Name of Employer 1701 N Main St, Orrville, OH 44667-9172 FLO-TORK, INC. (AYA: MOOR 32. Employer Representative - Name and Title 3b, Address (If same as 2b - state same) James York SAME AS ABOVE 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. iyork@moog.com (330)683-6857 (330)682-0010 4s. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hydraulic and Pneumatic Actuators Onville, OH Factory 6s. No. of Employees in Unit: 5b. Description of Unit Involved 29-27 6b. Do a substantial number (30% Included: All full-time and regular part-time production and maintenance employees, including lead-persons and truck or more) of the employees in the Excluded: all salespersons, quality control personnel, drafters, detail designers, office elerical employees, production unit no longer wish to be represented by the certified or clerical employees, guards and supervisors as defined in the Act. currently recognized bargaining representative? Yes [X] No [ and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) \_ Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent

8b. Address INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE PO Box 27, Dennison, OH 44621-0027 WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581 8d Cell No. 8f. E-Mail Address Se. Fax No. Sc. Tel No. (330)407-5723 (614)239-0415 dlukens@dl54.com (740)922-2318 8h, Date of Recognition or Certification Si. Expiration Date of Current or Most Recent 8g. Affiliation, If any Contract, if any (Month, Day, Year) 10/30/2012 08-RD-089601 December 2, 2018 8. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other then 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 55 above. (If none, so state) 10d Cell No. 10c. Tel. No. 10b. Address (740)922-2318 INTERNATIONAL ASSOCIATION OF PO Box 27, Dennison, OH 44621-0027 10f. E-Mail Address 10a. Fax No. MACHINISTS AND AEROSPACE WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11s, Election Type: X Manual Mell Mixed Manual/Mell any such election. 11d. Efection Location(s): 11c, Election Time(s): 11b. Election Date(a): 5:30 a.m. to 6:30 a.m. October 12, 2018 Gulley 12a, Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 12c. Full name of national or international tabor organization of which Politioner is an affiliate or constituent in the INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581 12g. E-Mail Address 12f. Fax No. (b) (6), (b) (7)(C (b) (6), (b) (7)(C) of all papers for purposes of the representation proceeding 13. Representative of the Petitioner who 13b, Address (street and number, city, state, and ZIP code) 13s. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13d. Cell No. 13c, Tel No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I declare that ) here read the above petition and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Title (b) (6), (b) (7)(C) 2018 An Individual

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 1001)

Soliditation of the information on this form is authorized by the National Labor Relations Activities. Solid testing the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request Bladdaire of this information to the NLRB is voluntary; however, failure to supply the information will cause the PK

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NLRB to decline to invoke its processes.