

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	15-RC-260049	Date Filed	May 7, 2020
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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.

<b>2a. Name of Employer</b> Lucie's Place	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 307 West 7th St AR Little Rock 72201-
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<b>3a. Employer Representative - Name and Title</b> Johnette Fitzjohn	<b>3b. Address (If same as 2b - state same)</b> 307 West 7th St AR Little Rock 72201-
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<b>3c. Tel. No.</b> (501) 508-5005	<b>3d. Cell No.</b> (501) 744-4731	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others	<b>4b. Principal product or service</b> Q	<b>5a. City and State where unit is located:</b> Little Rock, AR
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 4 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> May 11, 2020	<b>11c. Election Time(s):</b> 1500	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11d. Election Location(s):</b> Lucie's Place	<b>12a. Full Name of Petitioner (including local name and number)</b> Paige Elizabeth Yates Paige Yates OPEIU Local 22	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1405 North Pierce Street Suite 305 AR Little Rock 72219-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Office of Professional Employees International Union

<b>12d. Tel No.</b> (501) 425-8598	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> Nurseslocal22@aol.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Paige Elizabeth Yates	<b>Signature</b> Paige Elizabeth Yates	<b>Title</b> President	<b>Date</b> 05/4/2020 12:07:08
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 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  
RA

Employees Excluded  
none

DO NOT WRITE IN THIS SPACE	
Case 15-RC-260049	Date Filed May 7, 2020



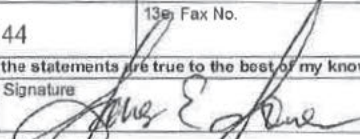
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 15-RC-260725 Date Filed 5/22/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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 4312). 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.

<b>2a. Name of Employer:</b> Avis/Payless Rental Car		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, City, State, ZIP code): 3593 Airways Blvd Memphis, Tn 38116	
<b>3a. Employer Representative - Name and Title:</b> Brady Mancel - General Manager		<b>3b. Address</b> (If same as 2b - state same): Same	
<b>3c. Tel. No.</b> (901) 345-2800	<b>3d. Cell No.</b> (786) 229-5959	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Brady.Mancel@avidbudget.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Rental Cars		<b>4b. Principal Product or Service</b> Rental Cars	
<b>5b. Description of Unit Involved:</b> Included: All Full Time and Part Time CSR's employed by the employer at the Memphis Airport. Excluded: All Management, supervisors and guards as defined by the Act.		<b>5a. City and State where unit is located:</b> Memphis, TN	
<b>6a. Number of Employees in Unit:</b> 7		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 05/21/20 on or about (Date) No Reply (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state)		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) Involved?</b> (Name of Labor Organization)		<b>9i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	
<b>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.</b> (If none, so state)			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner</b> (including local name and number): Chauffeurs, Teamsters and Helpers Local Union No. 667		<b>12b. Address</b> (street and number, city, State and ZIP code): 796 East Brooks Rd. Memphis, Tn 38116	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state): International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> (901) 396-5331	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (901) 396-5338	<b>12g. E-Mail Address</b> jejones@teamsters667.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Samuel Morris - ESQ		<b>13b. Address</b> (street and number, city, State and ZIP code): 50 North Front Street Suite 800 Memphis, Tn 38103	
<b>13c. Tel. No.</b> (901) 528-1702	<b>13d. Cell No.</b> (901) 949-1144	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> smorris@gmlblaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> James E. Jones	<b>Signature</b> 	<b>Title</b> President and Business Manager	<b>Date</b> 05/20/20

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (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.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

15-RC-260972

Date Filed

May 29, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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**  
Valiant Integrated Services

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
Building 6901  
AL Fort Rucker 39362-

**3a. Employer Representative - Name and Title**  
Bradley Roberts

**3b. Address (If same as 2b - state same)**  
101 Walton Way  
KY Hopkinsville 42240-

**3c. Tel. No.**  
(270) 885-4642

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
broberts@valiantintegrated.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc )**  
Others

**4b. Principal product or service**  
Government Building Maintenance

**5a. City and State where unit is located:**  
Fort Rucker, AL

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
5

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Excluded:** See Attached Page 2 for additional details

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
June 11, 2020

**11c. Election Time(s):**  
8 am - 9 am

**11d. Election Location(s):**  
Home due to mail out ballot

**12a. Full Name of Petitioner (including local name and number)**  
James W. Flynn  
James Flynn BEW Local Union 443

**12b. Address (street and number, city, state, and ZIP code)**  
502 Taylor Trl  
MS Waveland 39576-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Electrical Workers

**12d. Tel No.**  
(601) 590-0698

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
jiminy\_flynn@ibew.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
James W. Flynn

**Signature**  
James W. Flynn

**Title**  
International Lead Organizer

**Date**  
05/28/2020 12:06:48

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

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 15-RC-260972	Date Filed May 29, 2020

Employees Included

DMLES Clerks/Administration, General Maintenance Technician, Electrician and HVAC Technician/Assistant Project Manager

Employees Excluded

All supervisory personnel as defined by the act.



FORM NLRB-502 (RD)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RD-260402

Date Filed

May 15, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.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 7 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: 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.

2a. Name of Employer <b>Valmet Inc</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>617 Yorkville Park Square, Columbus Ms, 39702</b>	
3a. Employer Representative - Name and Title <b>Human Resources</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>662 328 3841</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Repair Facility</b>		4b. Principal product or service <b>Repair of Paper Machine Components</b>	
5a. Description of Unit Involved Included: <b>All Full time and Regular Part-time Production and Maintenance Employees at the Employer's Columbus, Ms. Facility</b> Excluded: <b>Supervisors, managers, office clerical, Professional Employees and boards as defined by the act</b>		5b. City and State where unit is located: <b>Columbus, Mississippi</b>	
6. No. of Employees in Unit <b>60</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent <b>Daniel Flippo</b>		8b. Affiliation, if any <b>United Steel Workers</b>	
8c. Address <b>USW District 9</b> <b>1413 Thompson Circle Suite 101, Gardendale AL</b>		8d. Tel. No. <b>3501 205 631 0137</b>	8e. Cell No.
9. Date of Recognition or Certification <b>May 9, 2019</b>		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>No Contract</b>	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name <b>None</b>	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) <b>May 26, 2020</b>	13c. Election Time(s) <b>7:00 AM - 8:00 AM / 3:30 PM - 8:30 PM</b>	13d. Election Location(s) <b>Training Rooms, Valmet - Columbus, Ms</b>	
14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>			
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		14b. Tel. No.	14c. Fax No.
		14d. Cell No. <b>(b) (6), (b) (7)(C)</b>	14e. E-Mail Address <b>(b) (6), (b) (7)(C)</b>
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>SAME</b>		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>(b) (6), (b) (7)(C)</b>	Title <b>(b) (6), (b) (7)(C)</b>	Date Filed <b>5/15/2020</b>
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WILLFUL FALSE STATEMENTS OR FURNISHING BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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