NATIONAL LABOR RELATIONS BOARD         Case No         Date Filed         May 7, 2020           INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of (1) the petition, (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.         The showing service and Position form 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.         The showing or interest should only be filed with the NLRB 4812). The showing of interest should only be filed with the NLRB And Should not be expresentate the of the employees wish to be represented tor purposes of collective bagaining by Petitioner and Petitioner Acc.         The Petitioner Acc.           20. Address (Fase And Address (Fase Address (F
INSTRUCTIONS: Unless = Filed using the Agency's website, www.nlrb.goy, 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 Bb 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.         I_URPOSEC FITIS FETTION RE-CERTIFICE-ASTINT CASE Proceedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employeer or any other party.         I_URPOSEC FITIS FETTION RE-CERTIFICE-ASTINT CASE Proceedures (Form NLRB 4812). The showing of interest should only be filed using the apercest number of employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Act.         Za. Name of Employer       2b. Address(cs) of Establishment(s) involved (Street and number, city, State, ZIP code) 32(1) filed for 201).         Za. Name of Employer       2b. Address(Cs) of Casabisisment(s) involved (Street and number, city, State, ZIP code) 32(1) filed for 201).         St. Et No.       3d. Cell No.         (S01) 508-3005       3d. Cell No.
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 NLRF 4505; and (2) Bescription of Representation Case Procedures (Form NLRF 4812). The showing of interest should only be filed with the NLRB and should pot be served on the employer or any other party.         1. PURPOSE OF THIS PETTION R-COERTIFICATION OF REPRESENTATIVE - A subdatilia number of employees with to be represented for purposes of collective requests that the National Labor Relations Acc.         2a. Ame of Employer       2b. Address(es) of Establishment(s) involved (Street and number, oity, State, ZIP code)         3.2. Tell No.       3d. Cell No.         3.2. Tell You of (Stablishment (Factory, mine, wholesaler, ce)       4b. Principal product or service         Check One:       7a. Liftle Rock, XR         Check One:       7a. Request for recognition a Bargaining Representative was made on (Date)       8b. Description of unit Involved         Reculted:       8e. Attached Page 2 tor additional details       8b. Address         Check One:       7a. Request for recognition as Bargaining Representative was made on (Date)       and Employer and control west recognition on or about         2b. Description of Unit Involved       8b. Other systemative and desires certification under the Act.         8a. None of Recognized or Certified Bargaining Representative was made on (Date)       and Employer declined recognition on or about
of service showing service on the employer and all other parties named in the petition; (2) Statement of Position form (Form NLRB-305); 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 with to be represented for purposes of collective bargaining by Petitioner and replicated enters to be certified as represental ve 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 Sectioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Sectioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Sectioner alleges that the following circumstances exist and a transport representative - Name and Tite Johnette Fitzjohn 3. C. FLN No. (G1) 744-4731 4. Type of Establishment (Factory, mine, wholesaler, etc.) Others Others Others C. Little Rock, AR Sb. Description of Unit Involved Included: see Attached Page 2 for additional details Check One: 7. Petitioner is curren by recorgized as Rangaining Representative was made on (Date) 7. Detitioner is curren by recorgized as Rangaining Representative was desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agenesentative was made on Certification under the Act. 8a. Name of proceentize as a Bargaining Representative was made on Certification B. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year) 9. Is there now a strike or picketing atter there prover's establishment(s) involved? No
(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 PETTIGICATION 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 incrumstances 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(f) simulate as 2D - state same)         Johnette Fitzjohn       3c. Cell No.         3d. Cell No.       3d. Cell No.         (501) 744-4731       3e. Fax No.         G. Do substantial number (30%) or or abut         4a. Type of Establishment (Factory, mine, wholesaler, etc)       4b. Principal product or service       5a. City and State where unit is located:         Included:       See Attached Page 2 for additional details       5a. City and State where unit is located:       4         Principal product or service       5a. City and State where unit is located:       4         Included:       See Attached Page 2 for additional details       5b. Do a substantial numb
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 represential ve 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 (st) of Exabilishment(s) involved (Street and number, off), State, ZIP code)         3d. Cell No.       3d. Cell No.         (50) 508-5005       (50) 1744-4731         4a. Type of Establishment (Pactory, mine, wholesaler, etc)       4b. Principal product or service         Others       Sa. City and State where unit is located:         (50) 508-5005       (50) 1744-4731         4a. Type of Establishment (Pactory, mine, wholesaler, etc)       4b. Principal product or service         Others       Sa. City and State where unit is located:         Included:       see Attached Page 2 for additional details         5b. Description of Unit Involved       6a. No. of Employees in Unit:         Included:       see Attached Page 2 for additional details         Check One:       7a. Request for recognized as Bargaining Representative was made on (Date)
1       PUPPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees with to be represented for purposes of collective bragaining Networks to be considered as representative we of the employees. The Petitioner and reliages 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)         Juncter Filzgoin       30. Cell No.         3d. Tel No.       3d. Cell No.         (501) 508-5005       (501) 744-4731         4a. Type of Establishment (Factory, mine, wholesafer, etc)       4b. Principal product or service         Chers       4b. Principal product or service         5b. Description of Unit Involved       5a. City and State where unit is located:         Included:       See Attached Page 2 for additional details         Check One:       7a. Request for recognized as Bargaining Representative was made on (Date)       and Employeer declined recognition on or about         (Date)       7b. Petitioner is curren ly recognized as Bargaining Representative was made on Coate)       8t. E-Mail Address         8a. Name of Recognized or Certified Bargaining Agent (if none, so state).       8t. Cell No.       8t. E-Mail Address         8d. Cell No.       8t. Cell No.       8t. E-Mail Address         9. Is there now a strike or
by Petitioner and Petitioner desires to be certified as representa we of the employees. The Petitioner alleges that the National Labor Relations Act.         2a. Name of Employer       2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)         Johnetter Fitzjohn       307 West 7th St.         3c. Tel No.       3d. Cell No.         (S01) F08-5005       3d. Cell No.         (S01) F08-5005       3d. Cell No.         Se. Tel No.       3d. Cell No.         (S01) F08-5005       3d. Cell No.         (S01) F08-5005       3d. Cell No.         Se. Tel No.       3d. Cell No.         Se. Tel No.       3d. Cell No.         (S01) F08-5005       3d. Cell No.         Others       Q         Little Rock AR         Excluded:       See Attached Page 2 for additional details         Excluded:       See Attached Page 2 for additional details         Check One:       7a. Request for recognition as Bargaining Representative was made on (Date)       and Employeer declined recognition or about         Ba. Tel No.       8d. Cell No.       8e. Fax No.       8f. E-Mail Address         Se. Tel No.       8d Cell No.       8e. Fax No.       6a. No. of Employees in the unit with to be represented by the Petitoner 7 Yes [C] No [_]         The Petitioner is curren by recognized as Bargaining Represen
2a. Name of Employer       2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)         Jucie's Place       307 West 7th St.         3a. Employer Representative – Name and Title       3b. Address (If same as 2b – state same)         Johnette Fitzjohn       3d. Cell No.         3c. Tel No.       3d. Cell No.         (501) 508-5005       (501) 744-4731         4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service         Others       G         6b. Description of Unit Involved       5a. City and State where unit is located:         Included:       See Attached Page 2 for additional details         Check One:       Ta. Request for recognition as Bargaining Representative was made on (Date)       and Employer declined recognition on or about         Check One:       To.       Petitioner's curren ty recognized as Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargaining Agent (if none, so state).       8b. Address         8g. Affiliation, if any       8d Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any       8b. 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 Employeers establishment(s) involved? No       If so, app
Lucie's Place       307 West 7th St. AF Little Rock 72201.         3a. Employer Representative – Name and Title       30. Address (T same as 2b – state same) 30. Address (T same as 2b – state same 2b – state same as 2b – state same 2b – s
3a. Employer Representative – Name and Title       3b. Address (1 same as 2b – state same) 307 West/Th Site         Johnette Fitzjohn       3d. Cell No. (501) 744-4731       3f. E-Mail Address         a. Type of Establishment ( <i>Factory, mine, wholesaler, etc.</i> )       4b. Principal product or service       Sa. Citly and State where unit is located: Little Rock, AR         5b. Description of Unit Involved Included:       See Attached Page 2 for additional details       Sa. No. of Employees in Unit: 4         Excluded:       See Attached Page 2 for additional details       Sa. Citly and State where unit is located: Little Rock, AR         6b. Do a substantial number (30% or more) of the employees in Unit: 4       4       6b. Do a substantial number (30% or more) of the employees in Unit: 4         6c. Rore:       7a.       Request for recognition as Bargaining Representative was made on (Date) (Date) (If nor reply received, so state).       and Employer declined recognition on or about (Date)         7b.       Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act.       Ba. Address         8c. Tel No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any       8d Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any       8d Cell No.       8e. Fax No.       8f. E-Mail Address         9. Is there now a strike or picketing at the Employer's establishment(s) involved?<
Johnette Fitzjohn       307 West Th St.         3c. Tel. No.       3d. Cell No.         (501) 508-5005       (501) 744-4731         4a. Type of Establishment ( <i>Factory, mine, wholesaler, etc.</i> )       4b. Principal product or service         Others       Q         5b. Description of Unit Involved       Executed Page 2 for additional details         FexCluded:       See Attached Page 2 for additional details         Check One:       Ta. Request for recognition as Bargaining Representative was made on (Date) and Employer decline recognition on or about (Date) // The method details         Check One:       Ta. Request for recognition as Bargaining Representative was made on (Date) and Employer decline recognition on or about (Date) // The method details         Check One:       Ta. Request for recognitized as Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargaining Agent ( <i>If none, so state</i> ).       Bb. Address         8c. Tel No.       8f. E-Mail Address         8g. Affiliation, If any       8h. Date of Recognition or Certification         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No
3c. Tet. No.       3d. Cell No. (501) 744-4731       3e. Fax No.       3f. E-Mail Address         4a. Type of Establishment ( <i>Factory, mine, wholesaler, etc.</i> ) Others       4b. Principal product or service Others       5a. City and State where unit is located: Little Rock, AR         5b. Description of Unit involved Included:       See Attached Page 2 for additional details       6a. No. of Employees in Unit. 4         Excluded:       See Attached Page 2 for additional details       6a. No. of Employees in the unit wish to be represented by the Petitioner? Yes [] No []         Check One:       7.a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about 
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others       4b. Principal product or service Q       5a. City and State where unit is located: Little Rock, AR         5b. Description of Unit Involved Included:       See Attached Page 2 for additional details       6a. No. of Employees in Unit: 4         Excluded:       See Attached Page 2 for additional details       6a. No. of Employees in Unit: 4         Excluded:       See Attached Page 2 for additional details       6a. No. of Employees in Unit: 4         Check One:       7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state).       and Employeer declined recognition on or about (Date)         7b.       Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act.       8a. Name of Recognized or Certified Bargaining Agent (If none, so state).       8b. Address         8c. Tel No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         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 pickeling at the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?         (Name of labor organization)
Others       Q       Little Rock, AR         5b. Description of Unit Involved Included:       See Attached Page 2 for additional details       See Attache
5b. Description of Unit Involved Included:       6a. No. of Employees in Unit: 4         Included:       See Attached Page 2 for additional details         Excluded:       See Attached Page 2 for additional details         Check One:       Ta. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state).         Tb. Petitioner is curren by recognized as Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargaining Agent (If none, so state).         8b. Date of Recognizion or Certification         8g. Affiliation, if any         9. Is there now a strike or picketing at the Employer's establishment(s) involved? No
Included:       See Attached Page 2 for additional details       4         Excluded:       See Attached Page 2 for additional details       6b. Do a substantial number (30%, ormore) 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 no reply received, so state).       and Employer declined recognition on or about         7b.       Petitioner is curren by recognized as 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?
Bit Cituded:       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:       Ta.       Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about(Date) ( <i>If no refy) received, so so state</i> ).         Check One:       Ta.       Request for recognized as Bargaining Representative was made on (Date) and Employer declined recognition on or about
Excluded:       see Attached Page 2 for additional details       unit wish to be represented by the Petitioner? Yes [V] No []         Check One:       7a.       Request for recognition as Bargaining Representative was made on (Date)       and Employer declined recognition on or about         (Date) (If no reply received, so state).         and Employer declined recognition on or about         7b.       Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act.       8a. Name of Recognized or Certified Bargaining Agent (If none, so state).       8b. Address         8c. Tel No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         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)
Petitioner? Yes Voc II         Check One:       Ta. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about(Date) (if no reply received, so state).       and Employer declined recognition on or about(Date) (if none, so state).         Ba. Name of Recognized or Certified Bargaining Agent (if none, so state).       Bb. Address         8c. Tel No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any       8h. Date of Recognition or Certification or Certification 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 has picketed the Employer since (Month, Day, Year)       If so, approximately how many employees are participating?
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).         Image: The imag
Ba. 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)
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?
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?
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?
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)
(Name of labor organization)
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion 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.
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.
10a. Name         10b. Address         10c. Tel. No.         10d. Cell No.
10e. Fax No. 10f. E-Mail Address
Tue. Fax No. 101. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🔽 Manual 📃 Mail 📃 Mixed Manual/Mail
any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):
May 11. 2020 1500 Lucie's Place
12a. Full Name of Petitioner (including local name and number)       12b. Address (street and number, city, state, and ZIP code)         Paige Elizabeth Yates       1405.North Pierce Street Suite 305         Paide Yates OPEIU Local 22       AR Life Rook ZUPS
12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent <i>(if none, so state)</i> Office of Professional Employees International Union
12d. Tel No.         12e. Cell No.         12f. Fax No.         12g. E-Mail Address Nurseslocal22@aol.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address
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.
ruestare that i have read the above petition and that the statements are the to the best of my knowledge and benefit.
Name (Print)     Signature     Title     Date       Paige Elizabeth Yates     President     05/4/2020 12:07:08

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	
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Attachment

Employees Included RA

Employees Excluded none

Case

Date Filed May 7, 2020

FORM NLRB-502 (RC) (2-18)								
(2-10)		STATES OF AME				DO NOT WRITE		A CONTRACTOR OF THE OWNER OWNER OF THE OWNER
	R	C PETITION			These second	RC-26072	.5 5	Filed (22/2020
INSTRUCTIONS: Unless e-Fi employer concerned is locat the employer and all other pi Case Procedures (Form NLR	ted. The petition mu arties named in the	st be accompani petition of: (1) th	ed by both a showin e petition; (2) Staten	g of interest (see 6) nent of Position for	b below) and m (Form NLF	a certificate of s RB-505); and (3) L	ervice showing Description of I	g service on Representation
1. PURPOSE OF THIS PETITI bargaining by Petitioner and requests that the National	d Petitioner desires to	be certified as rep	presentative of the em	ployees. The Petitic	ner alleges t	that the following	circumstance	collective s exist and
2a. Name of Employer: Avis/Payless Rental C		2b. 35	Address(es) of Estab 93 Airways Bl emphis, Tn 381	lishmant(s) involved vd				
3a. Employer Representative Brady Mancel - Gener			Address (if same as a me	2b - state sama):				
зс. теі. No. (901) 345-2800	3d. Cell No. (786) 229	-5959	3e. Fax No.		3f. E-Mail An Brady.M	ddress [ancel@avid]	budget.com	1
4a. Type of Establishment (Fact Rental Cars	tory, mino, wholesale	ər, ətc.)	4b. Principal Pro Rental Cars			5a. City and State Memphis,		ocated;
5b. Description of Unit Involve Included: All Full Time and Part		employed by	the employer a	t the Memphis	Airport,	6a. Number of Er 7	mployees in Uni	Ľ
Excluded: All Management, supe	ervisors and gu	ards as defin	ed by the Act.		1	65, Do a substan of the employ	ees in the unit v	
Check One: 7a. Request fo on or about (D 7b. Petitioner 8a. Name of Recognized or Co	Date) No Rep Is currently recognize	ly (If no rej ed as Bargaining F	oly received, so state) Representative and de	slres certification un		Employer decline		
Bc. Tel. No.	8d. Cell No.		Se, Fax No.		8f. E-Mail Ad	ddress		
ig. Affiliation, if any:			8h. Date of Recogn	ition or Certification		n Date of Current of tract, if any (Month		
9. Is there now a strike or picket (Name of Labor Organization)		s establishment(s)	Involved?	-		y employees are p the Employer sinc		Veer)
<ol> <li>Organizations or individuals individuals known to have a</li> </ol>	other than Petitione	and those named	I in items 8 and 9, whi	ch have claimed rec	ognition as re	presentatives and		
	iopicaentative inten	est in any employe	es in the unit describe	d in item 5b above.	(If none, so st			
		est in any employe b. Address	es in the unit describe	ed in item 5b above.	10c. Tel. No		Cell No.	
			es in the unit describe	d in item 5b above.		10d. (	Cell No. E-Mail Address	
0e. Namo	10	b, Address			10c. Tel. No 10e. Fax No	10d. (	E-Mail Address	
0e. Name 1. Election Details: If the NLR	RB conducts and elec	b. Address	state your position w		10c. Tel. No 10e. Fax No on election:	10d, 1 10f. E 11a. Election Type	E-Mail Address	ed Manual/Mail
10a. Name 11. Election Details: If the NLR 11b. Election Date(s):	RB conducts and elec	b. Address ction in this matter, c. Election Time(s)	state your position w	ith respect to any su	10c. Tel. No 10e. Fax No ch election:	. 10d, 1 . 10f. E 11a. Election Type Manual n Location(s);	E-Mail Address 8: ] Mail 🔲 Mix	ed Manual/Mail
10a. Name 11. Election Details: If the NLR 11b. Election Date(s): 12a. Full Name of Petitioner (//	RB conducts and elec	b. Address tion in this matter, c. Election Time(s) and numbor);	state your position w		10c. Tel. No 10e. Fax No on election: 11d. Election number, city,	10d. 1 10f. E 11a. Election Type Manual n Location(s):	E-Mail Address 9: ] Mail [] Mix de):	ed Manual/Mail
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0e. Name 1. Election Details: If the NLR 1b. Election Date(s): 2a. Full Name of Petitioner (// Chauffeurs, Teamsters 2c. Full name of national or int nternational Brotherh 2d. Tel. No. 901) 396-5331	RB conducts and electric including local name s and Helpers I temational labor orga tood of Teamst 12e. Cell No.	b, Address tion in this matter, c. Election Time(s) and numbor): _ocal Union 1 nization of which F ers	state your position w No. 667 Petitioner is an affiliate 12f. Fax No. (901) 396-5	Address (street and East Brooks I or constituent (if no	10c. Tel. No 10e. Fax No ch election: 11d. Election number, city, Rd. Memp no, so state): 12g. E-Mall jejones(	Address 10d. 0 10f. E 11a. Election Type Manual 11a. Election Type Manual 10d. 0 10d. 0 10d. 0 10d. 0 10d. 0 10d. 0 10f. E 10f.	E-Mail Address 6: ] Mail [] Mix de): 16	ed Manual/Mail
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10a. Name 11. Election Details: If the NLR 11b. Election Date(a): 12a. Full Name of Petitioner (// Chauffeurs, Teamsters 12c. Full name of national or int 11cternational Brotherh 12d. Tel. No. (901) 396-5331 13. Representative of the Petifi 13a. Name and Tile: Samuel Morris - ESQ 13c. Tel. No. (901) 528-1702	RB conducts and electric including local name s and Helpers I temational labor orga tood of Teamst 12e. Cell No.	b. Address tion in this matter, c. Election Time(s) and numbor): Local Union I nization of which F ers	state your position w p: No. 667 Petitioner is an affiliate (201) 396-5 papers for purposes [3b. Address (si 50 North Fro	Address (street and East Brooks I For constituent (if no 3338 of the representati preet and number, cit ont Street Suite 8	10c. Tel. No 10e. Fax No 10e. Fax No 10e. Fax No 11d. Election 11d. Election	Address Address 2. Address 2. Address 2. Address 2. Address 2. Address 2. Address 3. Address	E-Mail Address :: ] Mail [] Mix de): 16 i7.com	ed Manual/Mail

WILLFUL FALSE STATEMENTS ON THIS PERITION 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 (NLFA), 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, 2008). 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.

INATIONAL LARGE RELATIONS BOARD RC PETITION         Case No.         Date Field         May 29, 2020           INSTRUCTIONS: Unless e-Filed using the Agency's website, yown nh5, agor, submit an original of this Petition to an NLRB office in the Region in which the employer concerned to located. The Petition number accompanied by both a showing of interest (see 6b below) and a certificate of service showing services on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-Statement of Position form) (Statematicate sust and 2s. Name of Employer (Form NLRB-Statement of Position for purposes of calculation (form) (Statematicate sust and the employer of a substatematicate of the employer of the substanting number, origination (Statematicate Statematicate StatematicateStatematis Statematicate Statematicate Statematicate Statematicate	UNITED STATES	S GOVERNMENT	-		DO NOT	WRITE IN TH	IS SPACE
INSTRUCTIONS: Unless e-Filed using the Agency's website, yown units go: submit an original of this Petition to an NLRB office in the Region in which the employer oncerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate is service showing service on the employer and all other parties named in the petition (f) Statement of Position form (form NLRB 560); and (3) Description of Representation Case Proceedings (form NLRB 5412). The showing of interest should only be filed with the NLRB 560); and (3) Description of Representation Case Proceedings (form NLRB 5412). The showing of interest should only be filed with the NLRB 560; and (3) Description of Representation case Proceedings. The return of representation proceeding of the petition; (2) Statement of Position form (form NLRB 5612). The setting of the service of the enclosed of the petition of the service of			ARD				
In which the employer concerned is located. The petition must be accompanied by both a showing of linterest (see 6b below) and a certificate of serves environed in the employer and all other parties named in the patiention of (f) the petition; (f) Statement of Position form (f) or mULRB 4512). The showing of linterest should only be filed with the ULRB end should not be served on the employer and any other party.  1. FURPOSE OF THIS FETTION. RC-CERTIFICATION OF REPRESENTATIVE - A subdatial number of employees with to be represented to propose of collective burganing by Profiles and Pollon desires to be certificate and the employer and the representation of the employees. The Petitioner allocate and number, or, State, 2P and the employee and the presentative and number, or, State, 2P and the employee and the petition of the stational Labor Relations Back.  2. State Integrated environe in the patient of patient of the employees. The the stational Labor Relations Acc.  2. Constrained States							
of service showing service on the employer and all other parties named in the patition of: (1) the petition; (2) Statement of Position form (LFB 4813), and (3) beestion of Representation Case Proceedures (Form NLEB 4813). The showing of Interest should only be filed with the NLFB and should not be served on the employer or any other party.  FURPOSE of POSITIPETITION FC CENTRIFICTION OF REPRESENTATION: A Substantial number of employees with to be represented to proposes of collective bargaming by Petitoner and Petitoner desires to be certified as representative of the employees. The Petitoner alleges that the follow of accounts and the stational Labor Fastions Act.  Ta Name of Employee  Ta Network (Different and Fastional Labor Fastions Act.  Ta Name of Employee  Ta Network (Different and Fastional Labor Fastions Act.  Ta Name of Employee  Ta Network (Different and Fastional Labor Fastions Act.  Ta Name of Employee  Ta Network (Different and Fastional Labor Fastions Act.  Ta Name of Employee  Ta Network (Different and Fastional Labor Fastions Act.  Ta Name of Engloyee  Ta Network (Different Act.  Ta Name of Employee  Ta Network (Different Acc.  Ta Name of Employee  Ta Network (Different Acc.  Ta Network (Different A							
(Form NLRB-505); and (2) Description of Representation Case Procedures (Form NLRB 442). The showing of interest should only be filed with the NLRB and should pole be served on the employee or any other party.           1: PURPOSE OF THIS FETTION. RC-CERTIFICATION OF REPRESENTATIVE - A subdativial number of employees with to be represented for purposes of collicitive braganing (Purpose). The Netherland and Purpose is that the following circumstances exist and requests that the National Labor Relations Act.           2: A kare of Employer         (2) A definition of the National Labor Relations Act.           2: A mane of Employer         (2) A definition of the National Labor Relations Act.           2: A start of Employer         (2) A definition of the National Labor Relations Act.           2: A term of Employer         (2) A definition of the National Labor Relations Act.           2: A term of Employer         (2) A definition of the National Labor Relations Act.           2: A term of Employer         (2) A definition of the National Labor Relations Act.           2: A term of Employer         (2) A definition of the National Labor Relations Act.           2: A term of Employer         (2) A definition of the National Act.           2: A term of Employer         (2) Relations Act.           2: Term One         (2) Relations Act.           2: Term One         (2) Relations Act.           2: Term One         (2) Relations Act.           3: Term One         (2) Relations Act.           3:							
with the NLRB and should not be served on the employer or any other party.         Charles Control         Control         Control           1 PURPOSE OF CONTREPENDENT C- substantial number of employees. The Petitioner alleges that the National Labor Relations Board proceed under its program to section of the National Labor Relations Act.         Za. Name of Employer         Za. Name of Employer         Za. Name of Employer         Za. Name of Employer         Za. Name Status Board proceed under its program to section of the National Labor Relations Act.           Za. Name         Za. Name of Employer         Za. Name Status Relations Board proceed under its product of service         Za. Name Status Relations Relations Board proceed under its product Status Relations Relation Relation Relations Relations Relations Relations Relations Relat							
1         PURPOSE OF THIS FETTORY. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees with to be represented for purposes of collective burganing by Petitioner and Petition as a petitional data of Relations and the following (concentration data)           Description and Petition as a petitional caser between the propert authority pursuant to Section 4 of the National Action Relations Act.         Relation all patient the following (collection and mather) in Worker (collection and mather) in Worker (collection and mather).         Relation all patient (collection and mather) in Worker (collection and mather).           3.6. Employer Representative - Name and Title Description of Certification (collection and mather).         Soc Fax No.         Soc Certification (coll patient)         Soc Certification (coll	(Form NLRB-505); and (3) Descript	ion of Repres	entation Case P	rocedures (Form NL	RB 4812). The sh	owing of in	terest should only be filed
butgaming by Petitioner and Petitioner desires to be certified as representa we of the employees. The Petitioner alleges that the National Labor Relations Board proceed under its project authority provided (Street and number, GN), State, ZIP code)           Za, Name of Employer         Zb. Address(e) of Establishment(s) involved (Street and number, GN), State, ZIP code)           Za, Rame of Employer         Zb. Address(e) of Establishment(s) involved (Street and number, GN), State, ZIP code)           Za, Rame as Davids (Tabular)         Zb. Address(e) of Establishment(s) involved (Street and number, GN), State, ZIP code)           Za, Rame as Davids (Tabular)         State state as Davids (Tabular)         State state as Davids (Tabular)           State (Tabular)         State state as Davids (Tabular)         State state as Davids (Tabular)         State state as Davids (Tabular)           State (Tabular)         State state as Davids (Tabular)           State (Tabular)         State state as Davids (Tabular)         State State state Davids (Tabular)         State State State					8007 :	1024	
2a. Name of Employer Valuant Integrade Services         2b. Addresses of Establishment(s) involved (Siteer and number, city, State, ZiP code) Displaying 600: Sa. Employer Representative – Name and Tile         2b. Address(If same as 2b – state same) INU Walking 600: Sate Text No.           3a. Employer Carposition (Factory, mme, wholesaler, etc)         3d. Cell No.         2e. Fax No.         If E-Mail Address           4a. Type of Establishment (Factory, mme, wholesaler, etc)         3d. Cell No.         2e. Fax No.         Sate Carposition (Factory, mme, wholesaler, etc)         Sate Fax No.           5b. Description of Unit Involved Included:         Sex Attached Page 2 for additional details         Sate Sate Attached Page 2 for additional details         Sate Attached Page 2 for additional details         Sate Attached Page 2 for additional details         Sate Sate Sate Sate Sate Sate Sate Sate	bargaining by Petitioner and Petitioner de	esires to be certifi	ied as representa ive	e of the employees. The	Petitioner alleges that	at the followin	ng circumstances exist and
Value         Budding Soft         Source           3a. Employer Appresentative – Name and Tile         11 Mark Address (Starse as 2) – state same)         11. E-Mail Address           3a. Ent No.         3d. Cell No.         3d. Cell No.         3d. E-Mail Address           3a. Te No.         3d. Cell No.         3d. Cell No.         3d. E-Mail Address           3b. Execting in an antibulant of actory, mine, wholesaler, etc)         4D. Principal product or service         5a. City and State where unit is localed.           Fort Rucker. AL         5b. Organ State where unit is localed.         Fort Rucker. AL         5b. Corgan State where unit is localed.           Brought State and Page 2 for additional details         5b. Corgan State where unit is localed.         5b. Corgan State where unit is localed.           Check One:         7a. Request for recognition as Bargaining Representative was made on (Date)         and Employer declined recognition or a dout.		lions Board proc					
3a. Employer Representative – Name and Title Tandary Rooters 33. Ent No. 33. Ent No. 33. Fax No. 34. Event No. 35.			Bui	Iding 6901			
3c. Tet No.       3c. Cell No.       3c. Fax No.       3f. E-Mail Address         4a. Type of Establishment (Pactory, mine, wholesaler, etc.)       4b. Principal product or service       Sc. City and State where unit is hocated:         4d. Type of Establishment (Pactory, mine, wholesaler, etc.)       4b. Principal product or service       Sc. City and State where unit is hocated:         5c. Tet No.       3c. Tet Mail Address       Sc. City and State where unit is hocated:         5c. Tet No.       5c. City and State where unit is hocated:       Sc. City and State where unit is hocated:         5c. Tet No.       7a. Request for recognition as bargaining Representative was made on (Date)       and Employer declined recognition or about         0.010       7b. Petitomer is current by recognized as Bargaining Representative was made on (Date)       and Employer declined recognition or about         0.021       7b. Petitomer is current by recognized as Bargaining Representative and desires certification under the Act.       8c. Fax No.       8f. E-Mail Address         8c. Tet No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         9g. Affisition, if any       Bh. Date of Recognition or Certification       8f. E-Mail Address         10. Organization or individual softer than Petitioner and those named in thems 8 and 9, which have channer decognition and individuals known for any (Month, Day, Year)       10. Organization or individual softer than Petitioner and those named in thems 8 and 9, which have	3a. Employer Representative - Name and	Title		3b. Address (If same as	s 2b – state same)		
3c. Tet No.       3c. Cell No.       3c. Fax No.       3f. E-Mail Address         4a. Type of Establishment (Pactory, mine, wholesaler, etc.)       4b. Principal product or service       Sc. City and State where unit is hocated:         4d. Type of Establishment (Pactory, mine, wholesaler, etc.)       4b. Principal product or service       Sc. City and State where unit is hocated:         5c. Tet No.       3c. Tet Mail Address       Sc. City and State where unit is hocated:         5c. Tet No.       5c. City and State where unit is hocated:       Sc. City and State where unit is hocated:         5c. Tet No.       7a. Request for recognition as bargaining Representative was made on (Date)       and Employer declined recognition or about         0.010       7b. Petitomer is current by recognized as Bargaining Representative was made on (Date)       and Employer declined recognition or about         0.021       7b. Petitomer is current by recognized as Bargaining Representative and desires certification under the Act.       8c. Fax No.       8f. E-Mail Address         8c. Tet No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         9g. Affisition, if any       Bh. Date of Recognition or Certification       8f. E-Mail Address         10. Organization or individual softer than Petitioner and those named in thems 8 and 9, which have channer decognition and individuals known for any (Month, Day, Year)       10. Organization or individual softer than Petitioner and those named in thems 8 and 9, which have	Bradley Roberts			101 Walton Way	2240-		
4a. Type of Establishmer ( <i>Factory, mine, wholesaler, etc.</i> )       4b. Principal product or service Government Building Maintenance       5a. City and State where unit is located: For Rucker, AL         5b. Description of Unit Involved Included:       See Attached Page 2 for additional details       See Attached Page 2 for additional details       For Rucker, AL         5c. Cluded:       See Attached Page 2 for additional details       See Attached Page 2 for additional details       For Rucker, AL         5c. Cluded:       See Attached Page 2 for additional details       See Attached Page 2 for additional details       For Progressing Page 2 for additional details         5c. Cluded:       Transmitter (Transmitter)       Transmitter)       See Attached Page 2 for additional details       For Progressing Page 2 for additional details         5c. Clude:       Transmitter       Transmitter       See Attached Page 2 for additional details       For Progressing Page 2 for additional details         5c. Clude:       Transmitter       Transmitter       See Attached Page 2 for additional details       See Attached Page 2 for addition of a tabuter         6. Attached Page 2 for additional details       Transmitter       See Attached Page 2 for additional details       See Attached Page 2 for additional details         6. Attached Page 2 for additional details       Transmitter       See Attached Page 2 for additional details       See Attached Page 2 for additionad details         6. Clude:       <	3c. Tel. No.	3d. Cell No.				3f. E-Mail Add	dress
Others         Government Building Maintenance         Fort Rucker, AL           Bb. Description of Unit Involved         5         6.0 Employees in Unit:         5           Included:         See Attached Page 2 for additional details         5         0 a substantial number (0%, or more) of the employees in the unit which to be represented by the Petitioner?         1         0         Description of Unit Involved (0%)         or and Employer declined recognition or a boat           Check One:         7.a.         Request for recognition as Barganing Representative and easires certification under the Act.         8           Ea. Name of Recognized or Certified Barganing Agent (frince, so state).         80. Address         8         8           Bit Cell No.         8d Cell No.         8e. Fax No.         8f. E-Mail Address           Big. 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 abar organization)	(270) 885-4642					broberts@valia	ntintegrated.com
B0. Description of Unit Involved Included:       See Attached Page 2 for additional details       See Attached Page 2 for additional details         Excluded:       See Attached Page 2 for additional details       See Attached Page 2 for additional details       See Attached Page 2 for additional details         Check One:       Ta.       Petitioner is curren for composition as Bargaining Representative was made on (Date)	4a. Type of Establishment (Factory, mine, w	vholesaler, etc)	BA STOR OF BARRY AND DESCRIPTION			5a. City	and State where unit is located:
Included:       See Attached Page 2 for additional details       5         Excluded:       See Attached Page 2 for additional details       6b: Do a substantial number (00% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [C] No []         Check One:       Ta. Request for recognition as Barganing Representative was made on (Date)       and Employee declined recognition on or about (Date)         Date       To.       Petitioner? Yes [C] No []       and Employee declined recognition on or about (Date)         Ba. Name of Recognized or Certified Barganing Agent (if none, so state).       8b: Address       8f: E-Mail Address         8c. Tel No.       8d Cell No.       8e: Fax No.       8f: E-Mail Address         8g. Affiliation, if any       8h: Date of Recognized or Certified Barganing Agent (if none, so state).       8b: Address         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)			(	Government Building Mai	ntenance		Fort Rucker, AL
Included.       see Attached Page 2 for additional details         Excluded:       See Attached Page 2 for additional details         Check One:	5b. Description of Unit Involved						
Excluded:       See Attached Page 2 for additional details       or more) of the employees in the unit wish to be represented by the Pettioner? Yes [7] No [1]         Check One:       7 a. Request for recognition as Barganing Representative was made on (Date), and Employer declined recognition on or about	Included: See Attached Page 2 for addition	nal details					
Check One:       Ta.       Request for recognition as Barganing Representative was made on (Date)	Excluded: See Attached Page 2 for addition	nal details					or more) of the employees in the unit wish to be represented by the
Date:       (If no rep)received, so state).         Ba. Name of Recognized or Certified Bargaining Agent (If none, so state).       Bb. Address         Bc. Tel No.       Bd Cell No.       Bc. Fax No.       Bf. E-Mail Address         Bg. Affiliation, If any       Bb. Date of Recognition or Certification       Bi. 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)	Check One: 7a. Request for re	ecognition as Bard	aining Representati	ive was made on (Date)	and	d Employer de	And a second
Ba. Name of Recognized or Certified Bargaining Agent (If none, so state).       Bb. Address         Bc. Tel No.       Bd Cell No.       Be. Fax No.       Bf. E-Mail Address         Bg. Affiliation, if any       Bh. Date of Recognized on Certification       Bi. 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)							
8c. Tel No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any       8h. Date of Recognition or Certification       Bit. 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)				presentative and desires	certification under the	Act.	
Bg. Affiliation, if any       Bh. Date of Recognition or Certification       Bi. 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)	8a. Name of Recognized or Certified Bar	gaining Agent (li	f none, so state).	8b. Address			
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)	8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	dress
(Name of labor organization)	8g. Affiliation, if any	2	8	Bh. Date of Recognition o	r Certification		
(Name of labor organization)							
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion 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)       100. Crel No.       101. Cell No.         10a. Name       10b. Address       10c. Tel. No.       10d. Cell No.         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       Mail Mixed Manual/Mail         11b. Election Data(s): June 11, 2020       8 am - 9 am       11d. Election Location(s):       Manual of Mail Mixed Manual/Mail         12a. Full Name of Petitioner (including local name and number)       12b. Address (street and number, city, state, and ZIP code)       12c. Full name of international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address       13c. Tel No.       13f. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, a	9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	No If so, approx	cimately how many em	ployees are pa	articipating?
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)       100. Name       100. Address         10a. Name       10b. Address       10c. Tel. No.       10d. Cell No.         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 Z Mail Mixed Manual/Mail         11. Election Date(5):       11c. Election Time(5):       11d. Election Location(5):         Jume 11, 2020       8 am - 9 am       12b. Address (street and number, city, state, and ZIP code)         12a. Full Name of Petitioner (including local name and number)       12b. Address (street and number, city, state, and ZIP code)         James W. Flynn       12e. Cell No.       12f. Fax No.       12g. E-Mail Address (street and number, city, state, and ZIP code)         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address (street and number, city, state, and ZIP code)         13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.	(Name of labor organization)		, has picke	eted the Employer since (	Month, Day, Year)		
10a. Name       10b. Address       10c. Tel. No.       10d. Cell No.         11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.       10t. 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):       11c. Election Time(s):       11d. Election Location(s):         June 11, 2020       8 am - 9 am       11d. Election Location(s):         James W. Flynn       11d. Election International labor organization of which Petitioner is an affiliate or consistent (if none, so state)       11d. Election address (street and number, city, state, and ZIP code)         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address (street and number, city, state, and ZIP code)         13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f.						esentatives an	d other organizations and individuals
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.       10f. E-Mail Address         11. Election Date(s):       11c. Election Time(s):       11a. Election Type: Manual // Mail Mixed Manual/Mail         11b. Election Date(s):       11c. Election Time(s):       11d. Election Location(s):         12b. Full Name of Petitioner ( <i>including local name and number</i> )       12b. Address (street and number, city, state, and ZIP code)         12mes W. Funn       12b. Address (street and number, city, state, and ZIP code)         12d. Full Name of Petitioner who will accept service of all papers for purposes of the representation proceeding.       12g. E-Mail Address         12d. Tel No.       12e. Cell No.       12f. Fax No.         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.         13c. Tel No.       13d. Cell No.       13e. Fax No.         13c. Tel No.       13d. Cell No.       13e. Fax No.         13e. Fax No.       13f. E-Mail Address         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 dec	known to have a representative interest in a	iny employees in	the unit described in	item 5b above. (If none,	, so state)		
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.       10f. E-Mail Address         11. Election Date(s):       11c. Election Time(s):       11a. Election Type: Manual // Mail Mixed Manual/Mail         11b. Election Date(s):       11c. Election Time(s):       11d. Election Location(s):         12b. Full Name of Petitioner ( <i>including local name and number</i> )       12b. Address (street and number, city, state, and ZIP code)         12mes W. Funn       12b. Address (street and number, city, state, and ZIP code)         12d. Full Name of Petitioner who will accept service of all papers for purposes of the representation proceeding.       12g. E-Mail Address         12d. Tel No.       12e. Cell No.       12f. Fax No.         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.         13c. Tel No.       13d. Cell No.       13e. Fax No.         13c. Tel No.       13d. Cell No.       13e. Fax No.         13e. Fax No.       13f. E-Mail Address         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 dec	10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
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):       11c. Election Time(s):       11d. Election Location(s):         Jume 11, 2020       8 am - 9 am       11d. Election Location(s):         Home due to mail out ballot       12b. Editions (s): # Home due to mail out ballot         12a. Full Name of Petitioner (including local name and number)       12b. Address (street and number, city, state, and ZIP code)         James W. Flynn       12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13c. Tel No.         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
any such election.     11c. Election Time(s):     11c. Election Time(s):     11d. Election Location(s):       June 11, 2020     8 am - 9 am     Home due to mail out ballot       12a. Full Name of Petitioner (including local name and number)     12b. Address (street and number, city, state, and ZIP code)       James F.W. RVnn     502 Taylor Tri       James F.W. RVnn     12b. Call Union 443       12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       International Brotherhood of Electrical Workers       12d. Tel No.       (601) 590-0698       12e. Cell No.       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       jimmy_flynn@ibew.org       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       13d. Cell No.       13e. Fax No.       13f. E-Mail Address       13f. E-Mail Address       13ganes W. Flynn  <					10e. Fax No.		10f. E-Mail Address
any such election.     11c. Election Time(s):     11c. Election Time(s):     11d. Election Location(s):       June 11, 2020     8 am - 9 am     Home due to mail out ballot       12a. Full Name of Petitioner (including local name and number)     12b. Address (street and number, city, state, and ZIP code)       James F.W. RVnn     502 Taylor Tri       James F.W. RVnn     12b. Call Union 443       12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       International Brotherhood of Electrical Workers       12d. Tel No.       (601) 590-0698       12e. Cell No.       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       jimmy_flynn@ibew.org       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       13d. Cell No.       13e. Fax No.       13f. E-Mail Address       13f. E-Mail Address       13ganes W. Flynn  <							
11b. Élection 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 Fivin BEW Local Union 443       12b. Address (street and number, city, state, and ZIP code) 500 Zaylor Tri, MS Waveland: 39576-         12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address jimmy_Tlynn@ibew.org         12d. Tel No. (601) 590-0698       12e. Cell No.       12f. Fax No.       12g. E-Mail Address jimmy_Tlynn@ibew.org         13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13d. Cell No.       13e. Fax No.       13f. E-Mail Address       05/28/2020 12:06:48		s an election in th	is matter, state your	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
12a. Full Name of Petitioner (including local name and number) James W. Flynn       12b. Address (street and number, city, state, and ZIP code) 502 Taylor Td. MS Waveland 39576-         12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address jimmy_flynn@ibew.org         12d. Tel No. (601) 590-0698       12e. Cell No.       12f. Fax No.       12g. E-Mail Address jimmy_flynn@ibew.org         13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13e. Fax No.       13f. E-Mail Address       05/28/2020 12:06:48		11c. E	lection Time(s):		11d. Election Locati	on(s):	
James W. Flynn       502 Taylor Trl JW Valend 39576-         12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)         12d. Tel No. (601) 590-0698       12e. Cell No.         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.         13c. Tel No.       13d. Cell No.         13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.         13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.         13e. Fax No.       13f. E-Mail Address         13e. Tel No.       13d. Cell No.         13e. Fax No.       13f. E-Mail Address         13e. Tel No.       13d. Cell No.         13e. Fax No.       13f. E-Mail Address         13e. Tel No.       13d. Cell No.       13e. Fax 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.       Date         Name (Print)       James W. Flynn       Date         James W. Flynn       Date       05/	June 11, 2020	8 am -	9 am		Home due to mail of	ut ballot	
International Brotherhood of Electrical Workers       12e. Cell No.       12f. Fax No.       12g. E-Mail Address jimmy_flynn@ibew.org         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         13. Name and Title       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13. 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.       Date         Name (Print)       Signature       Title       Date         James W. Flynn       Title       Date       05/28/2020 12:06:48	James W. Flynn James Flynn BEW Local Union 443		100		502 Taylor Trl. MS Waveland 39576	1	city, state, and ZIP code)
(601) 590-0698       jimmy_flynn@ibew.org         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         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.       Date         Name (Print)       Signature       Title         James W. Flynn       Title       Date         05/28/2020 12:06:48       05/28/2020 12:06:48	12c. Full name of national or international la International Brotherhood of Electrical Worke	abor organization ers	of which Petitioner is	s an affiliate or cons ituer	t (if none, so state)		
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.       13f. E-Mail Address         Name (Print)       Signature       Title       Date         James W. Flynn       Title       05/28/2020 12:06:48		12e. Cell No.		12f. Fax No.		12g. E-Mail A jimmy_flynn@	ddress §ibew.org
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.     13f. E-Mail Address       Name (Print)     Signature     Title     Date       James W. Flynn     James W. Flynn     Date		will accept servi	ice of all papers for				
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       James W. Flynn     James W. Flynn     Date     05/28/2020 12:06:48	13a. Name and Title			13b. Address (street and	d number, city, state, a	and ZIP code)	
Name (Print)     Signature     Title     Date       James W. Flynn     James W. Flynn     International Lead Organizer     05/28/2020 12:06:48	13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	ddress
James W. Flynn International Lead Organizer 05/28/2020 12:06:48	I declare that I have read the above petiti	ion and that the	statements are true	e to the best of my know	vledge and belief.		
00/20/20/20/20/20/40						Date	
	ounce man			-			

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

Date Filed

Case 15-RC-260972

May 29, 2020

Employees Included

Attachment

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

**Employees Excluded** 

All supervisory personnel as defined by the act.

				DO N	OT WRITE IN TH	IS SPACE
FORM NLRB-502 (RD) (2-18)	UNITED STATES OF AM NATIONAL LABOR RELATION RD PETITION	NS BOARD		e No. 15-RD-2		May 15, 2020
employer concerned is locate the employer and all other pa	ed using the Agency's website, ad. The petition must be accomp rties named in the petition of:(1) B 4812). The showing of interest	anied by both a show the petition; (2) State	ing of interest (see ment of Position fo	7 below) and a ceri rm (Form NLRB-505	ificate of service 5); and (3) Descri	showing service on ption of Representation
recognized bargaining represe	N: RD- DECERTIFICATION (REM entative is no longer their represent and under its proper authority particular the second	ative. The Petitioner al	leges that the follo	wing circumstance:		
2a. Name of Employer	and sugar the broker and out he	2b, Address(es) of Es			er, city, state, ZIF	code)
Valmet Inc		617 Yorkui	1	quare Color		
3a. Employer Representative - N		3b. Address (If same a		<b>0</b>	9	
Human Resource	C) 3d. Fax No.	Jame 3e. Cell No.	Lot F.M.	ail Address		
662 328 3841	SU, Pax NO.	Se. Cell NO.	31. E-M	all Audress		
a. Type of Establishment (Factor	ry, mine, wholesaler, etc.)		4b. Prir	cipal product or serv		
Repair Facil	ity		Repa	ir of fgpe	Machine	Componets
a. Description of Unit Involved	nd Regular Part-time	. 0 h.v.	A	E al .	5b. City	and State where unit cated
Employer's Columbus,	Ms. Facility	C Fraguetion gm	a waterater	- Employees a	the Col	ombus,
Super visors, Manage	ers, office clerical, i	Professional E	players an	) boards as a	Sim Mis	Sissippi
No. of Employees in Unit 6	7. Do a substantial number recognized bargaining n	r (30% or more) of the e	the second se			and a second
a. Name of Recognized or Certifi		cpresentative: X res		8b. Affiliation, if	any	
Daniel Flip	00			United	Steel	Norkers
Ic. Address	2	<b>6</b> - <b>1</b> - <b>1</b>	I. Tel. No.	8e, Cell No.		
USW District "	1		56310137	Co. 5 Mail Addre		
+13 Thompson Circ	de Saite 101, 60	idendale Al		8g. E-Mail Addre		
					Month Day Year	r)
May 9, 719	tion	10. Expiration Date of No Cont		ent Contract, if any (	Month, Day, rea	,
May 9, 2019	tion	No Cont	ract	ent Contract, if any (		
May 9, 2019 1a. is there now a strike or picket		No Cont	ract			are participating?
1a. is there now a strike or picket 1c. The Employer has been picket (Insert Address)	ting at the Employer's establishmer sted by or on behalf of <i>(insert Nan</i>	No Cont nt(s) involved? Yes ne)	116. #1	o, approximately ho	w many employee since (Month, Day	es are participating? a labor organization,
1a. is there now a strike or picket 1c. The Employer has been picket (insert Address) 2. Organizations or individuals ot	ting at the Employer's establishmer sted by or on behalf of <i>(insert Nan</i> her those named in items 8 and 11	No Cont nt(s) involved? Yes ne) c, which have claimed r	ract No 11b, If s recognition as repres	o, approximately home of the second sec	w many employee since <i>(Month, Day</i> organizations	es are participating? a labor organization,
1a. Is there now a strike or picket 1c. The Employer has been picket (Insert Address) 2. Organizations or individuals of and individuals known to have	ting at the Employer's establishmer sted by or on behalf of <i>(insert Nan</i>	No Cont nt(s) involved? Yes ne) c, which have claimed r	ract No 11b, If s recognition as repres	eo, approximately how s entatives and other re. (If none, so state	w many employee since <i>(Month, Day</i> organizations	es are participating? a labor organization,
1a. is there now a strike or picket 1c. The Employer has been picket (Insert Address) 2. Organizations or individuals ot and individuals known to have 2a. Name	ting at the Employer's establishmer ated by or on behalf of <i>(Insert Nan</i> ther those named in Items 8 and 11 a representative interest in any em	No Cont nt(s) involved? Yes ne) c, which have claimed r	recognition as represented in item 5 about	io, approximately holes sentatives and other re. (If none, so state) . No.	w many employee since <i>(Month, Day</i> organizations	es are participating? a labor organization, , Year;
May 9, 2419 1a. is there now a strike or picket 1c. The Employer has been picket (Insert Address) 2. Organizations or individuals ot and individuals known to have 2a. Name None	ting at the Employer's establishmer ated by or on behalf of <i>(insert Nan</i> her those named in items 8 and 11 a representative interest in any em 12b. Address	No Cont nt(s) involved? Yes ne) c, which have claimed r	recognition as repres cribed in item 5 abov 12c. Te 12c. Ce	io, approximately hol sentatives and other re. (If none, so state . No. !! No.	w many employee ince (Month, Day organizations } 12d. Fax No, 12f. E-Mail Ac	a labor organization, a labor organization, ; Year;
Mag. 9, 2e19         1a. Is there now a strike or picket         1c. The Employer has been picket         (insert Address)         2. Organizations or individuals of and individuals known to have         2a. Name         None         3. Election Details: If the NLRB matter, state your position with	ting at the Employer's establishmer eted by or on behalf of <i>(Insert Nan</i> her those named in items 8 and 11 a representative interest in any em 12b. Address	No Cond nt(s) involved? Yes ne) c, which have claimed r ployees in the unit desi	recognition as represented in item 5 above 12c. Te 12c. Ce 13a. Ele	eo, approximately how sentatives and other e. <i>(If none, so state</i> . No. II No.	w many employee ince (Month, Day organizations } 12d. Fax No, 12f. E-Mail Ac	es are participating? a labor organization, , Year;
Mag. 9, 2e19         1a. Is there now a strike or picket         1c. The Employer has been picket         (insert Address)         2. Organizations or individuals of and individuals known to have         2a. Name         None         3. Election Details: If the NLRB matter, state your position with	ting at the Employer's establishmer eted by or on behalf of <i>(Insert Nan</i> her those named in items 8 and 11- a representative interest in any em 12b. Address conducts an election in this respect to any such election. 13c, Election Tim	No Cond nt(s) involved? Yes he) c, which have claimed r ployees in the unit desi ne(s) / 3:30	recognition as represent recognition as represent recognition as represent 12c. Te 12c. Ce 13a. Ele PPM - 13d. Ele	eo, approximately how sentatives and other e. ( <i>If none, so state</i> . No. Il No. Il No. ection Type: Man ection Location(s)	w many employee since (Month, Day organizations ) 12d. Fax No. 12f. E-Mail Ac uat	a labor organization, a labor organization, ; Year; idress
May 9, 2019 1a. Is there now a strike or picket 1c. The Employer has been picket (Insert Address) 2. Organizations or individuals ot and individuals known to have 2a. Name None 3. Election Details: If the NLRB matter, state your position with 3b. Election Date(s) May 26, 2020	ting at the Employer's establishmer eted by or on behalf of <i>(Insert Nan</i> her those named in items 8 and 11 a representative interest in any em 12b. Address	No Cond nt(s) involved? Yes he) c, which have claimed r ployees in the unit desi ne(s) / 3:30	recognition as represent recognition as represent recognition as represent 12c. Te 12c. Ce 13a. Ele PPM - 13d. Ele	eo, approximately how sentatives and other e. ( <i>If none, so state</i> . No. Il No. Il No. ection Type: Man ection Location(s)	w many employee since (Month, Day organizations ) 12d. Fax No. 12f. E-Mail Ac uat	a labor organization, ; Year; idress
<ul> <li>May 9, 219</li> <li>1a. is there now a strike or picket</li> <li>1c. The Employer has been picket</li> <li>(insert Address)</li> <li>2. Organizations or individuals ot and individuals known to have</li> <li>2a. Name</li> <li>Mone</li> <li>3. Election Details: If the NLRB matter, state your position with</li> <li>3b. Election Date(s)</li> <li>May 26, 2020</li> <li>4. Full Name of Petitioner</li> <li>(b) (6), (b) (7) (c)</li> </ul>	ting at the Employer's establishmer eted by or on behalf of <i>(insert Nan</i> ther those named in items 8 and 11: <u>a representative interest in any em</u> 12b. Address conducts an election in this respect to any such election. 13c. Election Tim <b>7</b> :00 J.M	No Cond nt(s) involved? Yes he) c, which have claimed r ployees in the unit desi ne(s) / 3:30	recognition as represented in item 5 above 12c. Te 12c. Ce 13a. Ele P.M. 13d. Ele P.M. Trg i	io, approximately hor sentatives and other re. (If none, so state . No. Il No. Il No. Il No. It No. It No. It No. Man rection Type: Man rection Location(s) ning Room	w many employee ince (Month, Day organizations 12d. Fax No, 12f. E-Mail Ac uat Mail A Mail	a labor organization, ; Year; idress Mixed Manual/Mail
<ul> <li>May 9, 219</li> <li>1a. Is there now a strike or picket</li> <li>1c. The Employer has been picket</li> <li>(insert Address)</li> <li>2. Organizations or individuals ot and individuals known to have</li> <li>2a. Name</li> <li>Mone</li> <li>3. Election Details: If the NLRB matter, state your position with</li> <li>3b. Election Date(s)</li> <li>May 36, 2030</li> <li>4. Full Name of Petitioner</li> <li>(b) (6), (b) (7) (C)</li> </ul>	ting at the Employer's establishmer eted by or on behalf of <i>(Insert Nan</i> her those named in items 8 and 11- a representative interest in any em 12b. Address conducts an election in this respect to any such election. 13c, Election Tim	No Cond nt(s) involved? Yes he) c, which have claimed r ployees in the unit desi ne(s) / 3:30	rect No 11b. If a recognition as represent ribed in item 5 above 12c. Te 12e. Ce 13a. Ele P.M. 13d. Ele P.M. Trg i 14b. Te	io, approximately hor sentatives and other re. (If none, so state . No. Il No. Il No. It No. It No. It No. It No. It No. It No. It No. It No.	w many employee ince (Month, Day organizations 12d. Fax No. 12f. E-Mail Ac uat Mail A Mail 14c. Fax No.	a labor organization, , Year; idress Mixed Manual/Mail + - Colombos, Me
<ul> <li>May 9, 3/9</li> <li>1a. Is there now a strike or picket</li> <li>1c. The Employer has been picket</li> <li>(insert Address)</li> <li>2. Organizations or individuals ot and individuals known to have</li> <li>2a. Name</li> <li>Mone</li> <li>3. Election Details: If the NLRB matter, state your position with</li> <li>3b. Election Date(s)</li> <li>May 36, 2030</li> <li>4. Full Name of Patilioner</li> <li>(b) (6), (b) (7) (C)</li> </ul>	ting at the Employer's establishmer eted by or on behalf of <i>(insert Nan</i> ther those named in items 8 and 11: <u>a representative interest in any em</u> 12b. Address conducts an election in this respect to any such election. 13c. Election Tim <b>7</b> :00 J.M	No Cond nt(s) involved? Yes he) c, which have claimed r ployees in the unit desi ne(s) / 3:30	rect No 11b. If a recognition as represent ribed in item 5 above 12c. Te 12e. Ce 13a. Ele P.M. 13d. Ele P.M. Trg i 14b. Te	io, approximately hor sentatives and other re. (If none, so state . No. Il No. Il No. Il No. It No. It No. It No. Man rection Type: Man rection Location(s) ning Room	w many employee ince (Month, Day organizations 12d. Fax No, 12f. E-Mail Ac uat Mail A Mail	a labor organization, , Year; idress Mixed Manual/Mail + - Colombos, Me
<ul> <li>May 9, 24/9</li> <li>1a. Is there now a strike or picket</li> <li>1c. The Employer has been picket (<i>insert Address</i>)</li> <li>2. Organizations or individuals of and individuals known to have</li> <li>2a. Name</li> <li>Mone</li> <li>3. Election Details: If the NLRB matter, state your position with</li> <li>3b. Election Data(s)</li> <li>May 26, 2020</li> <li>4. Full Name of Petitioner</li> <li>(b) (6), (b) (7)(C)</li> <li>4a. Aritness, Street and number</li> <li>(b) (6), (b) (7)(C)</li> </ul>	ting at the Employer's establishmer eted by or on behalf of <i>(insert Nan</i> ther those named in items 8 and 11: <u>a representative interest in any em</u> 12b. Address conducts an election in this respect to any such election. 13c. Election Tim <b>7</b> :00 J.M	No Cond nt(s) involved? Yes he) c, which have claimed r ployees in the unit desi ne(s) / 3:30	rect No 11b. If a recognition as represented in item 5 above 12c. Te 12e. Ce 13a. Ele P.M. 13d. Ele P.M. Trg i 14b. Te	io, approximately hor sentatives and other re. (If none, so state . No. Il No. Il No. It No. It No. It No. It No. It No. It No. It No. It No.	w many employee ince (Month, Day organizations 12d. Fax No. 12f. E-Mail Ac uat Mail A Mail 14c. Fax No.	a labor organization, , Year; idress Mixed Manual/Mail + - Colombus, Ma
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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.