UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 02-RC-239425	Date Filed 4-11-19							

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by 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									
bargeining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and									
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.  2a. Name of Employer  2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)									
Neighborhood Defender Services of Harlem  317 Lenox Avenue, 10th Floor, New York, NY 10027									
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)									
Rick Jones, Esq., Executive Direc	tor		Same						
3c. Tel. No. 212-876-5500	3d. Cell No.		3e. Fax	No.		31. E-Mail Add rjones@nds	sny.org		
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro		rvice		5a. City	and State where unit is located:		
Legal Services Provider		Legal Service	es es			New Yo	ork, NY		
5b. Description of Unit Involved							6a. No. of Employees in Unit: Approximately 82		
Included: All full-time and re-	gular part-	-time empli	oyees	employed	by the Emp	loyer	6b. Do a substantial number (30%		
Excluded:							or more) of the employees in the		
All guards, superviso	rs, manage	ers and conf	idential	l employee	s as defined b	y the Act	unit wish to be represented by the Petitioner? Yes 7 No		
Check One: / 7a. Request for red	onnition as Baro	pining Penrecente	divo tuois o	ade on (Date)	1 E / 1 O	1 Employer des			
4/10/19	-	laming Represents (If no reply receive			1/5/19 and	employer dec	lined recognition on or about		
					certification under the	Áct			
8a. Name of Recognized or Certified Barg			opi ossino.	8b. Address		7.01.			
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
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 En	ployer's establis	hment(s) involved	? No	If so, approx	imately how many en	ployees are pa	rticipating?		
(Name of labor organization)					Month, Day, Year)				
10. Organizations or individuals other than P						econtatives and	tother organizations and individuals		
known to have a representative interest in ar	y employees in t	he unit described	in item 5b	above. (If none,	so state)	esementes an	other digatizations and individuals		
10a. Name	10b. Add	dress		10c, Tel, No.			10d. Cell No.		
<b>₹</b> 25				10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NLRB conducts any such election.	an election in this	s matter, state you	r position v	vith respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail		
11b Exection Care(s):		ection Time(s):			11d, Election Locati				
Phody April 26, 2019	3 p.m7				Moot Courtroom  12b, Address (street and number, city, state, and ZIP code)				
Association of Legal Aid Attorneys, UAW L	ocal 2325		50 Broadway, Suite 160, New York, NY 10004						
25. Full name ginational or international lab	or organization of	of which Petitioner	is an affilia	ite or constituen	t (if none, so state)				
42d. Tel No. 212-343-0708	12e, Cell No.		12f. Fax	No.		12g. E-Mail Ad	dress		
13. Representative of the Petitioner who w	ill accept service	ce of all papers fo	or purpose	s of the repres	entation proceeding				
13a, Name and Title Allyson Below	vin, Attorr	пеу			i number, city, state, a				
13c. Tel No.	13d. Cell No.		13e. Fax	No.		13f. E-Mail Add			
	346-326-9096		212-627-			abelovin@levy	ratner.com		
I declare that I have read the above petitio	n and that the s	tatements are tru	e to the b	est of my know	redge and belief.				
Name (Print) Signature Date  Allyson Relayin O4/11/2019									
Allyson Belovin Attorney 04/11/2019									

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.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
02-RC-239677	4-16-19

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Fortune Magazine 225 Liberty Street, New York, NY 10281 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Roxanne Flores, Chief People Officer Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address roxanne.flores@fortune.com 212-552-1093 347-417-1980 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service New York, NY News Magazine 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All unrepresented digital editorial employees at Fortune Magazine, residual to the existing unit of Approximately 30 6b. Do a substantial number (30% editoria employees. Excluded: Statutor supervisors. or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 3/3/2019
37/2019 [Date] (If no reply received, so state). CHANGE S and Employer declined recognition on or about 8a. Same directory and or Confided Bargaining Agent (If none, so state).

8b. Address NewsGuild of New York, Local \$1003, CWA 1500 Broadway, Suite 900, New York, 10036 8d Cell No. 8f. E-Mail Address 8c. Tel No. 212-575-1580 917-545-2017 jsanchez@nyguild.org 8h. Date of Recognition or Certification 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Communication Workers of America In or about 1940 3/31/2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO. \_ If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so slate) NONE 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): April 25, 2019 12:00 pm - 2:00 pm 225 Liberty Street, New York, NY 10281, Room s303 or s309 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) NewsGuild of New York, Local 31003, CWA 1500 Broadway, Suite 900, New York, 10036 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communication Workers of America. 12f. Fax No. 12d. Tel No. 12e. Cell No. 12g. E-Mail Address 212-575-1580 917-545-2017 jsanchez@nyguild.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Hanan Kolko and Samuel Wheeler, Cohen Welss and Simon LLP 13b. Address (street and number, city, state, and ZIP code) 900 Third Avenue, 21st Floor, New York, NY 10022 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212-356-0214 or 212-356-0268 516-241-6674 or 347-453-6077 646-473-8214 or 646-473-8268 hkolko@cwsny.com or swheeler@cwsny.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date KOLKO ATTORNET

WILLIFUL 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 (NLRA) 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.

FORM NURB-502 (RC)

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

		DO NOT WRITE IN THIS	PACE
	Case No.	W .	Date Filed
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						<u> </u>				3/19
inSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition m named in th 12). The show	usi be accomp e petition of: ( ving of interes	panied by 1) the per t should	y both a she lition; (2) St only be file	owing of interest (see atement of Position f d with the NLRB and	6b below) and orm (Form NLF should not be	a certificate RB-505); and served on th	of service s (3) Descript se employer	howing senion of Repre or any other	vice on esentation party.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Laboration	ioner desires	to be certified a	s represe under its	ntative of the	e employees. The Peti thority pursuant to Se	tioner alleges t ection 9 of the l	that the folio National Lab	wing circum or Relations	Stances exi Act.	ctive st and
2a. Name of Employer: 2b. Add RPAI US Management 400 E				ress(es) of E last Ford	stablishment(s) involve ham Road, Suite	ed (Street and ri e 201, Bron	umber, City, X, NCW	State, ZIP co York 1045	de): 58	
3a. Employer Representative - Nan	ne and Title:		3b. Add	dress (if same as 2b - state same):						
Storey Hess Property Manager Same										
3c. Tel. No. 646-328-1232	3d. Cell No.			3e. Fax No	3f. E-Mail Address hess@rpai.com					
4a. Type of Establishment (Factory, I Residential Apartment Bu	mine, wholese ilding	aler, etc.)			al Product or Service		5a. City and	New Yo		ed:
5b. Description of Unit Involved: Included: Cleaners, porters, handym:	an and oth	ner service	emplo	yees	<u>·                                     </u>		6a. Numbe 5	r of Employee	es in Unit	
Excluded: All guards, supervisors an							of the e represe	ibstantial nun mployees in t nted by the P	he unit wish etitioner?	tc be
Check One: 7a. Request for recon or about (Date)				e was made eceived, so :		o and	d Employer d	lectined recog	luinou	
7b. Petitioner is cu						under the Act			<del>- , -</del>	
Ba. Name of Recognized or Certific	ed Bargainin	g Agent (if non	e, so stat	a) 8b. Ad	gress:				,	
8c. Tel. No.	8d. Cell No.			8e. Fax Nc. 8f. E-Mail A			ddress			
Eg. Affliation, if any:				h. Date of Recognition or Certification   6i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	at the Employe	ers establishm	ent(s) invo	olved? No	If so, approxi	mately how mar	ný amployee:	s are participa	ting?	
(Name of Labor Organization)						, has picketed				
<ol> <li>Organizations or individuals other individuals known to have a repr</li> </ol>								es and other o	organizations	and
10a. Name 10b Odees CE				IVE			_	10d. Cell No		
		M 1	יני סכ	2 2010						
11. Election Details: If the NLRB or To be determined	enducts and e	lection in this if	atter, sta	e yeur besit	ion-with respect to any	such election:				
11b, Election Date(s):		110 Gion T	me(s):	• • • • • • • • • • • • • • • • • • • •		11d Flection	Manua on Location(s		Mixed	Manual/Mail
						110, 2,200		-,-		
12a. Full Name of Petitioner (included Local 1032 L.I.F.E.	ding local nam	ne and number)	) <del>.</del>		12b. Address (street 6 325 73 street, E	and number, city Brooklyn, N	, State and . ew York	ZIP code): 11209		
12c. Full name of national or internal League of International F	cderated	ganization of w Employees	hich Petit	ioner is an a	ffiliate or constituent (i	none, so state,	):			
12d, Tel. No. 718-238-2399	12e. Cell No			12f. Fax No. 12g. E-Mail Address dinachiclana@lifeunion.com						
Representative of the Petitioner who will accept service of all paper 13a. Name and Title:     Dina Chiclana Delegate			pers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code): 325 73 street, Brooklyn, New York 11209				-			
13c. Tel. No. 718-238-2399	13d. Cell No		_	13e. Fax N 718-686	0-0842	13f. E-Mail				
I declare that I have read the above Name (Print)	e petition an	d that the stat	éments a	ire true to th						
Dina Chiclana		Signatui	np.	Le		Tite delegate		·		4/22/19
				-						,

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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13c, Tel No.

212-652-3727

Bruce J. Cooper

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
02-RC-240291	4/25/2019					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) CITI PARKING SERVICE LLC AND LENOX PARKING GARAGE LLC 380 Lenox Avenue, New York, NY 10027 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ronald Massie, Managing Partner 451 Mansfield Avenue, Darien, Connecticut 06820 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 646-773-4400 212-321-2484 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: New York, NY 10027 Parking Garage Parking Cars 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full-time and regular part-time parking attendants, managers, and cashiers working at the Employer's parking 6b. Do a substantial number (30% facility at 380 Lenox Avenue, New York, NY 10027 or more) of the employees in the Excluded: unit wish to be represented by the All other employees, guards and supervisors as defined by the Act. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) none \_\_\_ 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 None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E Mail Address 8g. Affillation, 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c Tel No 10d. Cell No. 10f, E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s); 11c. Election Time(s): 11d. Election Location(s): 9:00 AM to 10:00 AM 380 Lenox Avenue, New York, NY 10027 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Garage Employees Union Local 272 International Brotherhood of Teamsters 220 East 23rd Street, Room 801, New York, NY 10010 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) See Item 12a above 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E Mail Address 212-726-9726 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Bruce J. Cooper, Attorney 13b. Address (street and number, city, state, and ZIP code)

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

Title

Attorney

13e. Fax No.

212-652-3891

13d. Cell No.

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

Pitta LLP, 120 Broadway, 28th Floor, New York, NY 10271

13f. E-Mail Address

Date

bcooper@pittalaw.com

April 26, 2019

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or flitigation. 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 dedine to invoke its processes.

(8-18) ONLIES OF AMERICA  NATIONAL LABOR RELATIONS BOARD				Case N	0.		Date Filed		
(8-18)	RD PETITION				-RD-23959	1 .	4/12/19		
employer concurred is located employer and all other partie Case Procedures (Form NLR)  1. PURPOSE OF YHIS PETITION	led using the Agency's website, we do. The petition must be second as mamed in the petition of:(1) the IB 4812). The showing of interest NN: RD-DECERTIFICATION (REM	anied by both a shi petition; (2) Statem should only be file OVAL OF REPRES	owing of inter nent of Position of with the NL ENTATIVE) - A	of this Peti est (see 7 to in form (Fai RB and sho substantia	tion to the NLRB of relow) and a certific rm NLRB+105); and ould not be served number o employe	floe in the Reg. cate of cervice (3) Description on the employers as assert that II	showing se n of Represe er or any oth he certified o	envice of entation her part r current	n ty. ntly
	entative is no longer their representa- seed under its proper authority pu					xist and reque	sts that the	Manons	Al
2a. Name of Employer Donato Marangi Inc., Co	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 175 Rte. 303 Valley Cottage NY & 366 Highland Ave. Ext. Middletown NY								
3a. Employer Representative - Mike Marangi - Owner	Name and Tric		3b. Address (If same as 2b - state name) 175 Rte. 303 Valley Cottage NY						
30. Tel. No. 845-268-7278	7278 3d. Fax No. 3e. Cell No. 3e. Cell No.			3f. E-Mail info@n	Address Darangidisposal,	com		- J	
4a. Type of Establishment (Factor Private Sanitation	ory, mine, wholeseler, etc.)				al product or service Collection	,	,		
5a. Description of Unit Involved Included:							and State wi cated:	tere uni	it
All regular full time and	part time employees					Valley	Cottage l	NY	
Excluded: All clerical, security guards, supervisors, etc. as defined by the Act					Middletown NY				
6. No. of Employees in Unit .70	7. Do a substantial number recognized bargaining r			n the unit a	longer vis i to be n	epresented by ti	he certified o	r curren	nity
8a. Name of Recognized or Certification Waste Material Recycling	fled Bargaining Agent g & General Industrial Loca	1 108, LIUNA A	FL-CIO	<u> </u>	8b. Affillation, if any LIUNA	,			
8c. Address 8d. T									
121 East 24th New York NY	212-925-9 8i, Fax No.		634	0. 5.4.7.5.4					
1107 1012111		212-925-0							
9. Date of Recognition or Certificate Pebruary 1, 2016	ation'	10. Expiration Date January 31, 20		r Most Recent Contract, if any (Month, Day, Year)					
11a. Is there now a strike or picke	eting at the Employer's establishmen	nt(s) involved? 🔲 \	es 🔀 No	11b. If so, approximately how many employees are participating?					
11c. The Employer has been pict	keted by or on behalf of (Insert Nan	ne)					a labor	organiza	ation, of
(Insert Address)	and the second s					ce (Month, Day,	Year)		
	ither those named in items 8 and 11 e a representative interest in any en					ganizations			
12a, Name NONE	12b. Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12c. Tel, N	io.	12d. Fax No.			
140148				464 0-112		407 5 3 4 3 4 3	4		
				126. 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: [s] Manual Mall Mixed Manual/Mail					
13b. Election Date(s)	13c. Election Tin	13c. Election Time(s)			13d. Election Location(s) Valley Cottage & Middletown NY locations				
(b) $(6)$ , $(b)$	(7)(C)					-	-		
(h) (6)	b) (7)(C)			14b. Tel. N	o.	14c. Fax No.		BY	
(b)					(b) (7)(C)	14e, E-Mail Ad	dress		A

14f. Affillation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Thle 15a. Name

15c. Address (Street and number, city, state, ZIP code) 15d. Tel No. 15e. Fax No. t5f. Cell No. 15g. E-Mail Address

(6), (b) (7)(C

wledge and belief.

Date Filed

29

declare that I have read the above petition

6

b

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Board (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) in processing representation and related proceedings or fragation. 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 symbol these uses from the surroutine these uses from the surroutine to the information to the surroutine the surro