	UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RC) (2-18)	NATIONAL LABOR RELATIONS BO			· · · · · · · · · · · · · · · ·		Case N			•	Date Fi	led
	R	RC PETITION				RC-242	827			6. 2019	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition mus named in the p	t be accompani petition of: (1) th	ied by he peti	both a st tion; (2) S	howing of interest (s Statement of Position	see 6b b n form (elow) and (Form NL	d a certifica RB-505); an	te of service sh d (3) Descriptio	owing s on of Re	ervice on presentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Labo	ioner desires to	be certified as rep	presen	tative of t	he employees. The P	Petitione	r alleges	that the fol	owing circumst	tances e	
2a. Name of Employer:	Establishment(s) invo				, State, ZIP code	e):					
Publi- Inversiones de PR	d/b/a El Vo	cero de P.	О, В	ox 150)74, San Juan, I	PR 00	902-75	15			
3a. Employer Representative - Name and Title: 3b. Add Salvador Hasbun- President same				ldress (if same as 2b - state same): C							
3c. Tel. No.	3d, Cell No.		[2	e, Fax No		3	f, E-Mail A	ddress	·		
(787)622-2300						shasbun@elvocero.com			*		
4a. Type of Establishment (Factory, I Newspaper/Media Compa	mine, wholesale INY	r, etc.)		4b. Principal Product or Service Newspaper and webpage				5a, City and State where unit is located: San Juan, PR			
5b. Description of Unit Involved: Included:								6a. Number of Employees in Unit:			
See attachment								-3			
Excluded: See attachment								of the e	ubstantial numbe mployees in the	unit wis	h to be
Check One: 7a. Request for rec	conition as Baro	aining Represen	tative v	was made	on (Date)		an		ented by the Peti declined recognit		Yes No
on or about (Date)		(If no re	ply rec	eived, so	state).						
7b. Petitioner is cui 8a. Name of Recognized or Certifie			<u> </u>	_	Idress:		r the Act.	·	·		<u>``</u>
N/A							,				
8c. Tel. No.	8d. Cell No.		8	le. Fax No),	8f. E-Mail Address					
8g. Affiliation, if any:				th. 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 a	t the Employer's	establishment(s)	L) involv	ed? No	lf so, appro	ximately	y how mar	ny employee	s are participatin	g? "	
(Name of Labor Organization)		•				, ha	s picketed	the Employ	er since (Month,	Day, Ye	ar)
10. Organizations or individuals other individuals known to have a repre N/A									es and other orga	anization	is and
10a, Name 10b. Address							0c. Tel. No	.	10d. Cell No.		
							0e. Fax No	D .	10f. E-Mail Address		
11 Election Details: If the NI BB co	nducts and elect	ion in this matter	etata		tion with respect to an	av such i	election	11a Election			
11. Election Details: If the NLRB conducts and election in this matter, stat $ln\ favor$				· · · ·				Manual Mail Mixed Manual/Mail			
11b. Election Date(s):11c. Election Time(s):June 24, 20199:30-am-10:00am							ence Room at Ponce de Leon Avenue				
12a. Full Name of Petitioner (includ Union de Periodistas, Arte Local 33225(UPAGRA)			nexas	·,	12b. Address (street P.O. Box 3642	<i>t and nu</i> 302, S	mber, city San Jua	, <i>State and 2</i> n PR 009	71 <i>P code):</i> 036-4302		
12c. Full name of national or internati TNG-CWA	onal labor organ	nization of which I	Petitior	ner is an a	filiate or constituent	(if none,	, so state).			<u> </u>	
12d. Tel. No. (787)781-8500	12e: Cell No.			2f Fax N 787) 7	。 49-4839		2g. E-Mail	Address Ocaribe.n			
13. Representative of the Petitione	r who will acce	pt service of all	`					- · · · ·			<u> </u>
13a. Name and Title: Antonio Mendez Union representative			1	13b. Address (street and number, city, State a same as above							
13c. Tel. No. 13d. Cell No. same as above			1	13e. Fax No. 13f. E-Mail upagra@			Address Dcaribe .net				
I declare that I have read the above	petition and th		its are	true to th	e best of my knowle		id belief.		· · ·		
Name (Print) Antonio Mendez		Signat <u>ure</u>	2	M		Title Unic	on repr	esentativ	e		Date 06/04/19
· · · · · · · · · · · · · · · · · · ·	·			`		1					

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

ATTACHMENT TO THE PETITION FOR REPRESENTATION

RE: PUBLI-INVERSIONES DE PUERTO RICO d/b/a EL VOCERO DE PUERTO RICO

DESCRIPTION OF THE UNIT:

~ *

- INCLUDED: All full time and regular part-time employees employed by the Employer at the Accounting/Finance Department in the positions of accountant, accountant Jr., account receivable officer and credit officer in its facility located in Ponce de Leon Avenue, San Juan, PR.
- EXCLUDED: All other employees, including the president and the president assistant, treasurer, comptroller, accounting chief, 7 executive assistants working at any department, human resources director and the human resources secretary, credit manager, agency ads-sales director, direct ads-sales director, classified ads-sale director and ads-salesperson, circulation department director, supervisors-island, supervisor of subscription metro zone, post and street light supervisors, chief of dispatch, regional supervisors at large, director associate, chief editor, production director, workshop supervisors; press supervisor, maintenance engineer and electric engineer supervisors, "inserts", guards and supervisor as defined in the Act.

REGION 24 2019 JUN -6 AM 10: 38 AN JUAN, PR 00918-1720 FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD			Case No.		Date F				
RC PETITION				12-RC-	243318	- 6	/14/19		
INSTRUCTIONS: Unless e-Filed	using the	Agency's webs	site, www.nl	lrb.gov, submit a	n 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 <u>not</u> be served on the employer or any other party.									
1. PURPOSE OF THIS PETITION: RC					of employees wish to	be represented	for purposes of collective		
bargaining by Petitioner and Petition									
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) Redeer Devilabiling Com 16601 Old US 41									
Badger Daylighting Corp 1000 Toll 03 41 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)									
Elizabeth Peterson			30.	1749 South Naper	ville Road, Suite 201				
3c. Tel. No.	3d. Cel	1 No	30	IL Wheaton 60189 Fax No.	-	3f. E-Mail Addre			
(317) 771-7624			00	1 ax 110.		EPeterson@badg			
4a. Type of Establishment (Factory, mir	ne. wholesaler	r. etc.) 4b. Princ	ipal product o	r service			nd State where unit is located:		
Construction			• •	Hydrovac Construct	ion		Fort Myers, FL		
5b. Description of Unit Involved						T	6a. No. of Employees in Unit:		
Included: See Attached Page 2 for ad	ditional datails						7		
						Γ	6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for ad					··· · · · · · ·		or more) of the employees in the unit wish to be represented by the		
Excluded: See Attached Page 2 for ad	ditional details						Petitioner? Yes [
Check One:	or recognition	as Bargaining Rec	presentative wa	as made on (Date)		d Employer decli	ned recognition on or about		
	•	(Date) (If no reply		· · · ·					
7b. Petitioner					certification under the	e Act.			
8a. Name of Recognized or Certified				8b. Address			· · · · · · · · · · · · · · · · · · ·		
8c, Tel No.	8d Cell	No	8e.	Fax No.	· · · · · · · · · · · · · · · · · · ·	8f. E-Mail Addre	356		
			1						
8g. Affiliation, if any 8h. Date of f					or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?									
(Name of labor organization), has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals									
known to have a representative interest						resentatives and			
10a. Name	1	10b. Address			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond	huete op close	ion in this mottor of	toto vour cont	ion with resport to					
any such election.		on in this matter, s	tate your posit	ion with respect to	11a. Election Type	: <u>[7]</u> Manual <u>}_</u>	Mail Mixed Manual/Mail		
11b. Election Date(s):		11c. Election Time	e(s):		11d. Election Loca	tion(s):			
6/28/19		6:00 am to 7:00 ar	<u>n</u>		16601 Old US 41 F		and the second		
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Mark Schaunaman 1425 N.W. 38th Street							ity, state, and ZIP code)		
Mark Schaunaman International Union of Operating Engineers Local 487 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>)									
International Union of Operating Enginee	rs	IZATION OF WHICH FE		annate of constituen			•		
12d. Tel No.	12e. Ce	ell No.	12f.	Fax No.		12g. E-Mail Ado mark@iuoe487	tress		
(305) 634-3419	(305) 60)8-5444	(305) 633-0698		mark@iuoe487	org		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.									
13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Mark Schaunaman Business Manager 1425 N.W. 36th Street International Union of Operating Engineers Local 487 FL Miami 33412-									
			. Fax No		13f. E-Mail Add				
			5) 633-0698	33-0698 mark@iuoe487.org					
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.									
Name (Print)	Signature		Title			Date			
Mark Schaunaman	Mark Schau			iness Manager	MADIOONIA	06/12/2019			
WILLFUL FALSE STATE	WENTS ON	THIS PETITION C		HED BY FINE AND	INPRISONMENT (U	.ə. code, iiile	10, 350 1101 1001)		

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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. ÷.,

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Attachment

DO NOT WRITE IN THIS SPACE								
Case		Date Filed						

Employees Included

All full and regular part time Hydrovac Operators employed by the Employer at its Fort Meyers facility.

Employees Excluded

All other employees, professional employees, guards, and supervisers as defined in the act.

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

UNITED STATES GOVERNMENT					DO NO	T WRITE IN THIS			
RC PETITION RC PETITION				Case No. 12-RC-2	12-RC-243403 JUN 17, 2019				
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the									
(Form NLRB-505); and (3) Description									
with the NLRB and should not be s	•				ND 4012j. 1110 3		erest should only be med		
1. PURPOSE OF THIS PETITION: RC-CEF	EIVED ON THE E	DEDDESENTATI	y Unier pa	antial number	of omployage wich t		t 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)									
AT&T Mobility of Puerto Rico 103 Ortegón Ave. Guaynabo, PR 00966									
3a. Employer Representative - Name and	Title				2b - state same)				
Steven Frost			1884 DA	ATA DR 1	ST FL HOOVE	ER, AL 3524	4		
3c. Tel. No.	3d. Cell No.		3e. Fax No			3f. E-Mail Add			
205-982-8364	205-441-668	39	205-982	2-5160		SF6486@a	at.com		
4a. Type of Establishment (Factory, mine, w		4b. Principal proc				5a. City	and State where unit is located:		
Communications Company		Wireless, Inte	ernet, TV	/		Puerto	Rico		
5b. Description of Unit Involved				0			6a. No. of Employees in Unit:		
Included: All Integrated Sales Sup	port Solutions	& Integrated S	Solutions	Consultants	s employed by t	he Employer			
thought out the Island of							6b. Do a substantial number (30%		
Excluded: All other employees, sup	ervisors as de	efined by the A	Act.				or more) of the employees in the unit wish to be represented by the		
	-						Petitioner? Yes V No		
Check One: 7a. Request for re	cognition as Barga	aining Representa	tive was mad	de on (Date)	February 14 2ar	nd Employer dec	lined recognition on or about		
same day		f no reply received							
	· · · ·		. ,	e and desires o	certification under the	e Act.			
8a. Name of Recognized or Certified Barg				Bb. Address					
		· · · · · · · · · · · · · · · · · · ·				.			
8c. Tel No.	8d Cell No.		8e. Fax No	0.		8f. E-Mail Add	ress		
9a Affiliation if any	- · · ·	r	8h Data of F	Recognition or	Certification	8i Expiration (Date of Current or Most Recent		
8g. Affiliation, if any			on. Date of f	Recognition of	Certification		y (Month, Day, Year)		
9. Is there now a strike or picketing at the Er	nployer's establish	ment(s) involved	?_No	_ If so, approxi	imately how many er	mployees are pa	rticipating?		
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating?									
(Name of labor organization), has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals									
known to have a representative interest in a	ny employees in th	ne unit described i	n item 5b ab	ove. (If none,	so state)	oreserves and	outer organizations and individuals		
No				•					
10a. Name	10b. Add	ress			10c. Tel. No.		10d. Cell No.		
None					10e. Fax No.		10f. E-Mail Address		
				h					
11. Election Details: If the NLRB conducts any such election.	an election in this	matter, state you	r position with	n respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. Ele	ction Time(s):			11d. Election Loca	tion(s):			
As soon as predictable All day				Employer's Facilities					
12a. Full Name of Petitioner (including local name and number)					12b. Address (street and number, city, state, and ZIP code)				
Communications Workers of America, Local 3010 (UTCPR) PO Box 366297 San Juan, PR 00936-6297							(00936-6297		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)									
12d. Tel No.	12e. Cell No.		12f Fax N			12g. E-Mail Ac			
787-282-0714			787-724-7			union@cwalc	scals010.erg		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.									
13a. Name and little Rolando Hernandez 1 Ocal Pr 13b. Address (street and humber, city, state, and zir code)									
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 787-282-0714 787-300-0742 13e. Fax No. 13f. E-Mail Address 0									
		Letternes are tru		. or my know	icaye and benef.				
	nature)	Title Local Pres	sident		Date 06/13/201	,		
Rolando Hernández	UTS ON THE DET				IMPRISONMENT (
WILLFUL FALSE STATEMEN									

PRIVACY ACT STATEMENT Constraints 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				DO NOT WRITE IN THIS SPACE					
RD PETITION					Case No. Date Filed 12-RD-243552 6/19/19				
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 i									
of service showing service on the									
(Form NLRB-505); and (3) Descript with the NLRB and should not be s				NLI	RB 4812). The s	howing of int	erest should only be filed		
1. PURPOSE OF THIS PETITION: RD-DI	ECERTIFICATIO	N (REMOVAL OF	REPRESENTATIVE)	- A su	ubstantial number of	employees asse	art that the certified or currently		
1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.									
2a. Name of Employer	ns proper auto	2b. A	ddress(es) of Establish	ment	(s) involved (Street a	and number, city	r, State, ZIP code)		
West Fraser 1509 S Byron Butler Pkwy, Perry, FL 32348-5430									
3a. Employer Representative ~ Name and Title 3b. Address (If same as 2b - state same) Stephen Baxley, Plant Manager SAME AS ABOVE									
3c. Tel. No.	3d. Cell No.		3e. Fax No.			3f. E-Mail Add	ress		
(850)601-2560 4a. Type of Establishment (Factory, mine, v	(holesaler, etc.)	4b. Principal pr	oduct or service			5a. City	and State where unit is located:		
Wood products company		Lumber sales					Perry, FL		
5b. Description of Unit Involved							6a. No. of Employees in Unit: 110		
Included: See Attachment A							6b. Do a substantial number (30%		
Excluded: See Attachment A							or more) of the employees in the unit no longer wish to be		
							represented by the certified or		
							currently recognized bargaining representative? Yes [X] No []		
Check One: 7a. Request for re	cognition as Bar	gaining Represent	ative was made on (Da	ate)	ar	nd Employer dec	lined recognition on or about		
		(If no reply receive		/			5		
		ed as Bargaining F	Representative and des		certification under the	e Act.			
8a. Name of Recognized or Certified Bar United Steelworkers Union, District		-01	8b. Addre Howard		les President P (D Box 894 P	erry, FL 32348-0894		
8c. Tel No.	8d Cell No.	-01	8e. Fax No.	TICK	des, i resident, i s	8f. E-Mail Add			
(850)584-6366									
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9/1/2019									
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?									
(Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to									
 Organizations or individuals other than have a representative interest in any employ 	hose named in i yees in the unit (tems 8 and 9, whic described in item 5	h have claimed recogn b above. <i>(If none, so</i> s	ition : tate)	as representatives a	nd other organiz	ations and individuals known to		
10a. Name	10b. A	ddress			10c. Tel. No.		10d. Ceil No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	s an election in t	nis matter, state vo	ur position with respec	t to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
any such election.		Election Time(s):			11d. Election Location(s):				
11b. Election Date(s):		a.m. to 8:00 a.m	. AND		Tid. Election Loca	mon(s):			
July 9, 2019 3:00 p.m. to 5:00 p.m. Conference Room, Employer's facility									
12a. Full Name of Petitioner					12b. Address (stre (b) (6), (b) (7	et and number.	citv. state, and ZIP code)		
(b) (6), (b) (7)(C) 12c. Full name of national or international la	hor organization	of which Petitione	r is an affiliate or const	ituen)(0)			
NONE	ber ergemaater			-	. (
12d. Tel No.	12e. Cell No.		12f. Fax No.			12g. E-Mail Ad	ddress		
(b) (6), (b) (7)(C)					antation proceeding				
13. Representative of the Petitioner who	will accept serv	lice of all papers			entation proceedin d number, city, state,				
13a. Name and Title (b) (6), (b) (7)(C)			SAME AS ABO		, namber, ony, state,	and Lin coudy			
13c. Tel No.				13e. Fax No. 13f. E-I			E-Mail Address		
SAME AS ABOVE I declare that I have read the above petit	SAME AS A		SAME AS ABO		ledge and belief	SAME AS A	ABOVE		
	(6), (b) (7)					Date /			
(b) (6), (b) (7)(C)			^{Title} (b) (6), (b			6	-18-19		
WILLFUL FALSE STATEME		ETHOREANDE	PUNISHED BY FINE	AND	IMPRISONMENT (U	J.S. CODE, TITL	E 18, SECTION 1001)		

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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PONISHED BY FINE AND IMPROVEMENT (STATEMENT PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the U.D. (b) (6). (b) (7)(C)

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Attachment A

Included: all full-time and regular part-time employees of the saw mill and planer mill departments including multi operators, boom operators, trim saw operators, control house operators, loader/clean up operators, stacker operators, sorter bay operators, lift operators (roof lumber), edger operators, stick machine operators, kicker station operators, utility after six months and first six months of employment, planer operators, lift operators (finish lumber), planer feeders, trim saw operators, stacker operators, bander operators, sorter bay operators, tilt hoist operators, utility after six months and first six months of employment, bander operators, sorter bay operators, tilt hoist operators, utility after six months and first six months of employment, transfer jobs maintain repairman A, B, C, saw filers, saw filer helpers, lead boiler operators and boiler operators employed by the Employer located at 1509 S. Byron Butler Parkway, Perry, Florida.

Excluded: all other employees, guards and supervisors as defined in the Act.

