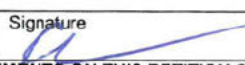


UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-238761	Date Filed 4/1/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer TOSCA Limited		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 18250 E 40th Ave Suite 10, Aurora CO 80011	
3a. Employer Representative - Name and Title Nick Villapino, Plant Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (920) 617-4052	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@toscald.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Plastic container solutions	
5b. Description of Unit Involved Included: All full time and regular part-time, seasonal and temporary employees in the Production, Shipping and Maintenance departments. Excluded: Managers, Supervisors, Clericals and Guards.		5a. City and State where unit is located: Aurora, CO	
		6a. No. of Employees in Unit: 35	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By Petition</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Thursday, April 11, 2019	11c. Election Time(s): 12:00 p.m. to 1:00 p.m.		11d. Election Location(s): Employer's Break Room
12a. Full Name of Petitioner (including local name and number) Bakery, Confectionery, Tobacco and Grain Millers International Union, Local No. 26		12b. Address (street and number, city, state, and ZIP code) 2201 W. 52nd Ave., Denver, CO 80221	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Bakery, Confectionery, Tobacco and Grain Millers International Union AFI-CIO, CLC			
12d. Tel No. 303-458-0621 x 17	12e. Cell No.	12f. Fax No.	12g. E-Mail Address horton.bctgm26@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Caren P. Sencer, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net CSencer@unioncounsel.net
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) Caren P. Sencer	Signature 	Title Attorney	Date April 1, 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

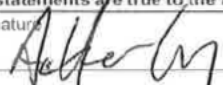
27-RC-238829

Date Filed

April 1, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Salt Lake Film Society		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 111 E Broadway (300 S), Suite 99 Salt Lake City, Utah 84111	
3a. Employer Representative - Name and Title: Tori A. Baker President & CEO		3b. Address (if same as 2b - state same): Same as 2b	
3c. Tel. No. 801-321-0310	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tori_baker@saltlakefilmsociety.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Motion picture theaters		4b. Principal Product or Service Entertainment	
5a. City and State where unit is located: Salt Lake City, UT		5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Number of Employees in Unit: 22			
6b. Description of Unit Involved: Included: SEE ATTACHMENT Excluded: SEE ATTACHMENT			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>Mar. 29, 2019</u> and Employer declined recognition on or about (Date) <u>no reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <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 any employees in the unit described in item 5b above. (If none, so state) 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 any such election: To be held at Employer's Broadway Centre Cinemas & Tower Theatre facilities in Salt Lake City; addresses in 11d <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): April 22, 2019		11c. Election Time(s): 4:00pm - 7:00pm local time	
11d. Election Location(s): 111 E Broadway & 876 East 900 South			
12a. Full Name of Petitioner (including local name and number): International Alliance of Theatrical Stage Employees (IATSE)		12b. Address (street and number, city, State and ZIP code): 207 W.25th St. 4th Fl. New York, NY 10001	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, AFL-CIO			
12d. Tel. No. 212-730-1770	12e. Cell No.	12f. Fax No. 212-730-7809	12g. E-Mail Address ahealy@iatse.net; ldepree@iatse.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Allison Smartt International Representative		13b. Address (street and number, city, State and ZIP code): IATSE West Coast Office 10045 Riverside Dr., Toluca Lake, CA 91602	
13c. Tel. No. 818-980-3499	13d. Cell No.	13e. Fax No. 818-980-3496	13f. E-Mail Address asmartt@iatse.net
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) Adrian D. Healy		Signature 	Title IATSE Associate Counsel
		Date 04/01/19	

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

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

ATTACHMENT TO FORM NLRB-502 (RC)

International Alliance of Theatrical Stage Employees, Petitioner
and
Salt Lake Film Society, Employer

Included:

All full-time and regular part-time front of house employees, including Operations Crew and Assistant Managers employed at the following facilities in Salt Lake City, Utah: Broadway Centre Cinemas and Tower Theatre.

Excluded:

All other employees, office clerical employees, and guards, professional employees and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

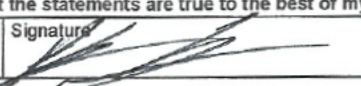
27-RC-238832

Date Filed

4-1-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Brand Safway Solutions LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 120 Moore Lane Suite 1, Billings, MT 59101	
3a. Employer Representative - Name and Title: Brian Veasman Construction Manager		3b. Address (If same as 2b - state same): Same	
3c. Tel. No. (406) 252 - 2284	3d. Cell No. (406) 298 - 0945	3e. Fax No. None	3f. E-Mail Address Bveasman@brandsafway.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Scaffolding Company		4b. Principal Product or Service Scaffolding Erection	
5a. City and State where unit is located: Billings, Montana		5b. Description of Unit Involved: Included: All Regular Full Time And Regular Part Time Carpenters, Apprentices, and Foreman Employed out of the Billings, MT Facility and working in the State Of Montana Excluded: All out of state traveling workers, site superintendent's and Guards as defined by the ACT.	
6a. Number of Employees in Unit: 63		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 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) Pacific Northwest Regional Council Of Carpenters		8b. Address: 530 South 27th Street, Billings, Montana 59101	
8c. Tel. No. (253) 945 - 8800	8d. Cell No. None	8e. Fax No. (253) 839 - 4908	8f. E-Mail Address None
8g. Affiliation, if any: United Brotherhood Of Carpenters And Joiners Of America		8h. Date of Recognition or Certification None	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None		9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> No <input type="checkbox"/> If so, approximately how many employees are participating? <u>N/A</u> (Name of Labor Organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u>	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
10e. Fax No. N/A		10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11a. Election Type:	11b. Election Date(s): ASAP	11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (Including local name and number): PACIFIC NORTHWEST REGIONAL COUNCIL OF CARPENTERS		12b. Address (street and number, city, State and ZIP code): 25120 PACIFIC HWY S SUITE 200, KENT, WASHINGTON 98032	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA			
12d. Tel. No. (253) 945 - 8800	12e. Cell No. NONE	12f. Fax No. (253) 839 - 4908	12g. E-Mail Address NONE
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: RILEY MCCAULEY ORGANIZER		13b. Address (street and number, city, State and ZIP code): 530 SOUTH 27TH STREET BILLINGS, MT 59101	
13c. Tel. No. NONE	13d. Cell No. (406) 200 - 4940	13e. Fax No. NONE	13f. E-Mail Address Rmccauley@nwcarpenters.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) Riley McCauley	Signature 	Title Organizer	Date 04/01/2019

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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
Amended **RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Amended Case 27-RC-238832

Date Filed

04 April 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:

Brand Safway Solutions LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

120 Moore Lane Suite 1, Billings, MT 59101

3a. Employer Representative - Name and Title:Brian Veasman
Construction Manager**3b. Address (if same as 2b - state same):**

Same

3c. Tel. No.

(406) 252 - 2284

3d. Cell No.

(406) 298 - 0945

3e. Fax No.

None

3f. E-Mail Address

Bveasman@brandsafway.com

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

Scaffolding Company

4b. Principal Product or Service

Scaffolding Erection

5a. City and State where unit is located:

Billings, Montana

5b. Description of Unit Involved:**Included:**

All Regular Full Time And Regular Part Time Scaffold Erectors, Apprentices, and Foreman Employed out of the Billings, MT Facility and working in the State Of Montana

Excluded:

All Insulators, helpers, laborers, out of state traveling workers, site superintendent's and Guards as defined by the ACT.

6a. Number of Employees in Unit:

63

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:**☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

Pacific Northwest Regional Council Of Carpenters

8b. Address:

530 South 27th Street, Billings, Montana 59101

8c. Tel. No.

(253) 945 - 8800

8d. Cell No.

None

8e. Fax No.

(253) 839 - 4908

8f. E-Mail Address

None

8g. Affiliation, if any:

United Brotherhood Of Carpenters And Joiners Of America

8h. Date of Recognition or Certification

None

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

None

9. Is there now a strike or picketing at the Employer's establishment(s) involved?

No

If so, approximately how many employees are participating?

N/A

(Name of Labor Organization) N/A

, has picketed the Employer since (Month, Day, Year) N/A

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

NONE

10a. Name

N/A

10b. Address

N/A

10c. Tel. No.

N/A

10d. Cell No.

N/A

10e. Fax No.

N/A

10f. E-Mail Address

N/A

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):**

ASAP

11c. Election Time(s):

ASAP

11d. Election Location(s):

By Mail

12a. Full Name of Petitioner (including local name and number):

PACIFIC NORTHWEST REGIONAL COUNCIL OF CARPENTERS

12b. Address (street and number, city, State and ZIP code):

25120 PACIFIC HWY S SUITE 200, KENT, WASHINGTON 98032

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

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

12d. Tel. No.

(253) 945 - 8800

12e. Cell No.

NONE

12f. Fax No.

(253) 839 - 4908

12g. E-Mail Address

NONE

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**13a. Name and Title:**RILEY MCCAULEY
ORGANIZER**13b. Address (street and number, city, State and ZIP code):**530 SOUTH 27TH STREET
BILLINGS, MT 59101**13c. Tel. No.**

NONE

13d. Cell No.

(406) 200 - 4940

13e. Fax No.

NONE

13f. E-Mail Address

Rmccauley@nwcarpenters.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)

Riley McCauley

Signature



Title

Organizer

Date

04/04/2019

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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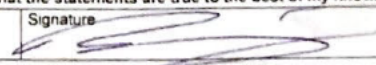
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 27-RC-239630 Date Filed 4-12-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Nemont Telephone Cooperative Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code) PO Box 600, Scobey MT 59263	
3a. Employer Representative - Name and Title Laura Christoffersen: Attorney		3b. Address (if same as 2b - state same) PO Box 650 Culberston, MT 59218	
3c. Tel. No. (406) 787-5700	3d. Cell No.	3e. Fax No. (406) 787-5842	3f. E-Mail Address 2laurac@nemont.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecommunications		4b. Principal Product or Service Telecommunications Utility	5a. City and State where unit is located Northeast Montana
5b. Description of Unit Involved: Included: See Attached Excluded: See Attached		6a. Number of Employees in Unit 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/28/2019 and Employer declined recognition on or about (Date) No reply (if no reply received, so state). <input type="checkbox"/> 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) None for petitioned-for unit		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 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 any such election. With geography of workforce involved, a mail ballot election is preferable.		11a. Election Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s) 04/26/2019		11c. Election Time(s)	
11d. Election Location(s)			
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers Local 758		12b. Address (street and number, city, State and ZIP code) 4823 SG2 Drive Poplar, MT 59255	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers AFL-CIO, CLC			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Brad Grainger Business Manager IBEW 758		13b. Address (street and number, city, State and ZIP code) 4823 SG2 Drive Poplar, MT 59255	
13c. Tel. No.	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
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) Brad Grainger		Signature 	Title Business Manager
			Date 4/10/2019

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 may cause the NLRB to decline to invoke its processes.

Nemont Telephone Cooperative Inc. Petition Attachment


Included: All full-time and regular part-time Internet Coordinators to be included in presently represented unit of "all maintenance and construction employees of the Nemont Telephone Cooperative, Inc. employed in the area served by the Cooperative."

Excluded: All guards, supervisors, all other employees, and all employees excluded by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-239680	Date Filed 4-16-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Fior Di Latte, Inc. d/b/a Gelato Boy		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1433 Pearl St and 1021 Pearl St, Boulder, Colorado 80302	
3a. Employer Representative - Name and Title Bryce Licht, Owner		3b. Address (If same as 2b - state same) 4472 Greenbriar Blvd, Boulder, Colorado 80305	
3c. Tel. No. (720) 548-0416	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bryce@gelatofior.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Food Establishment		4b. Principal product or service Gelato and coffee	
5a. City and State where unit is located: Boulder, Colorado		5b. Description of Unit Involved Included: All full-time and regular part-time employees, including those with the "supervisor" job title. Excluded: All supervisors, guards, salaried, office clerical, confidential, professional, temporary, and contracted employees, as defined in the Act.	
6a. No. of Employees in Unit: 18		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>4/15/19</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <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 any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): April 24, 2019		11c. Election Time(s): 12pm to 2pm and 4pm to 6pm	
11d. Election Location(s): Back Room, 1021 Pearl St, Boulder, Colorado			
12a. Full Name of Petitioner (including local name and number) United Food and Commercial Workers Local 7		12b. Address (street and number, city, state, and ZIP code) 7760 W 38th Ave, Suite 400, Wheat Ridge CO 80033	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union			
12d. Tel No. (303) 425-0897 extension 429	12e. Cell No. (303) 250-0773	12f. Fax No. (303) 403-1387	12g. E-Mail Address rajaraghunath@ufcw7.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Randy Tiffey, Director of Organizing		13b. Address (street and number, city, state, and ZIP code) same as above	
13c. Tel No. (303) 425-0897 extension 302	13d. Cell No. (720) 439-0056	13e. Fax No. (303) 403-1387	13f. E-Mail Address rktiffey@ufcw7.com
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) Randy Tiffey	Signature 	Title Director of Organizing	Date April 15, 2019

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
27-RC-240417

Date Filed
4/29/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Circle K Stores Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
12801 Washington Street, Thornton, CO 80241

3a. Employer Representative Name and Title
Amarjit Singh

3b. Address (If same as 2b state same)
same

3c. Tel No.
303-452-5266

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
STR09850@circlek.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Gas Station/Convenience Store

4b. Principal product or service
Gasoline

5a. City and State where unit is located:
Thornton, CO

5b. Description of Unit Involved

Included: All full time and regular part-time employees at the _____ location.

Excluded: Store Manager, Assistant Store Manager, all supervisors, guards, salaried, office/clerical, professional, temporary, and contracted employees as defined by the Act.

6a. No. of Employees in Unit:
7

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:



7a. Request for recognition as Bargaining Representative was made on (Date) 04/25/19 and Employer declined recognition on or about NO REPLY (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).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

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

11b. Election Date(s):
May 13, 2019

11c. Election Time(s):
10:00-11:00 am and 4:00-5:00 pm

11d. Election Location(s):
12801 Washington Street, Thornton, CO 80241

12a. Full Name of Petitioner (including local name and number)
United Food and Commercial Workers, Local 7, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
7760 West 38th Avenue, Suite 400, Wheat Ridge, CO 80033

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union, AFL-CIO

12d. Tel No.
(303) 425-0897

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
tmcnamara@ufcw7.com

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

13a. Name and Title
Randy Tiffey, Director

13b. Address (street and number, city, state, and ZIP code)
7760 West 38th Avenue, Suite 400, Wheat Ridge, CO 80033

13c. Tel No.
(303) 425 0897

13d. Cell No.

13e. Fax No.

13f. E Mail Address
rtiffey@ufcw7.com

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)
Randy Tiffey

Signature

Title
Director

Date
4/29/19

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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