

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-256084

Date

February 10, 2020

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
Mercy Health Partners Hackley Campus

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
1700 Clinton St. Muskegon MI 49442

3a. Employer Representative - Name and Title
Robin Belcourt, Labor Relations Director

3b. Address (if same as 2b - state same)
same

3c. Tel. No.
231-672-3718

3d. Cell No.

3e. Fax No.
231-672-6971

3f. E-Mail Address
robin.belcourt@mercyhealth.com

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

4b. Principal product or service
Health care

5a. City and State where unit is located
Muskegon

5b. Description of Unit Involved

Included: all full-time and regular part-time Emergency Department Technicians employed by the Employer at its Hackley campus

Excluded: guards and supervisors as defined by the Act and all other employees

6a. No. of Employees in Unit

15

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) n/a 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).
None - IAM decertified in 2014 07-RD-141493

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

Michigan Union of Healthcare Workers (MUHW)

3100 Giles Rd., Muskegon MI 49445

231-343-1528

same

10e. Fax No.

10f. E-Mail Address
hazardsh@icloud.com

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):

2-18-2020

11c. Election Time(s):

6A-10A; 2P-5P; 6P-8P

11d. Election Location(s):

1657 Getty St. Muskegon, MI 49442

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

SEIU Healthcare Michigan

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

1657 S. Getty St., Muskegon MI 49442

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

Service Employees International Union

12d. Tel. No.

same as above 313-303-9221

12e. Cell No.

313-303-9221

12f. Fax No.

12g. E-Mail Address Paul.Haag@seiu.org
robin.belcourt@mercyhealth.com

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

13a. Name and Title
Paul Haag

13b. Address (street and number, city, state, and ZIP code)
same as above

13c. Tel. No.

same as above

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)

Paul Haag

Signature

Paul Haag

Title

Regional Coordinator

Date

2-4-2020

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.
07-RC-256270Date Filed
2/13/2020

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: West Michigan Auto Auction		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4758 Division St. Wayland MI 49348	
3a. Employer Representative - Name and Title: Carl Musjian- General Manager		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 616-877-2020	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automobile Transport		4b. Principal Product or Service Delivery	5a. City and State where unit is located: Wayland MI
5b. Description of Unit Involved: Included: Tractor Trailer Drivers (delivering multiple vehicles), Rollback Driver Excluded:			6a. Number of Employees in Unit: 11 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) 02/13/20 and Employer declined recognition on or about (Date) 02/13/20 (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) International Brotherhood of Teamsters Local 406		8b. Address: 3315 Eastern Ave. S.E. Grand Rapids MI 49508	
8c. Tel. No. 616-452-1551	8d. Cell No. 616-204-6410	8e. Fax No. 616-452-6364	8f. E-Mail Address tom@teamsters406.org
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): T.B.D.	11c. Election Time(s): T.B.D.	11d. Election Location(s): 4758 Division St. Wayland MI 49348	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 406		12b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave S.E. Grand Rapids MI 49508	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local 406			
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: Thomas Sidebotham-Business Agent		13b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave. S.E. Grand Rapids MI 49508	
13c. Tel. No. 616-452-1551	13d. Cell No. 616-204-6410	13e. Fax No. 616-452-6364	13f. E-Mail Address tom@teamsters406.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) Thomas Sidebotham	Signature 	Title Business Agent	Date 02/12/20

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.

07-RC-256592

Date Filed

2-18-2020

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
Henry Ford Macomb Hospital - Mt Clemens

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
215 North Ave.
MI Mt Clemens 48043-

3a. Employer Representative - Name and Title
Dan Kilbourne

3b. Address (If same as 2b - state same)
15855 Nineteen Mile Rd.
MI Clinton Township 48038-

3c. Tel. No.
(586) 263-2720

3d. Cell No.
(810) 488-1777

3e. Fax No.
(586) 263-2803

3f. E-Mail Address
dkilbou1@hfhs.org

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

4b. Principal product or service
Behavioral Health

5a. City and State where unit is located:
Mount Clemens, MI

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
75

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).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Thursday March 5th 2020 and Friday March 6th

11c. Election Time(s):
6:00am - 8:30am and 2:00pm - 4:30pm both days

11d. Election Location(s):
Henry Ford Macomb - Mt Clemens

12a. Full Name of Petitioner (including local name and number)
Jimmy Alan Marsh
Jimmy A. Marsh Vice President UAW Local 9699

12b. Address (street and number, city, state, and ZIP code)
6038 E. Marlette Rd.
MI Marlette 48453-0355

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Automobile, Aerospace and Agricultural Workers of America (UAW)

12d. Tel No.
(989) 635-3509

12e. Cell No.
(810) 252-6754

12f. Fax No.
(989) 635-5577

12g. E-Mail Address
jimymarshuawlocal9699@gmail.com

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

13a. Name and Title

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

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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)
Jimmy Alan Marsh

Signature
Mr. Jimmy Alan Marsh

Title
Vice President UAW Local 9699

Date
02/18/2020 12:47:12

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

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-RC-256592	2-18-2020

Employees Included

All Full Time, Part Time and Contingent Registered Nurse, Licensed Practical Nurses, Mental Health Technicians and Health Unit Clerks

Employees Excluded

Occupational Therapist, Activity Therapist, Social Workers, Utilization Review, Discharge Planners, Managers, Supervisors, Security Guards as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 07-RC-257046 Date Filed Feb 25, 2020

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: PACE Southeast Michigan
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 24463 W 10 mile rd Southfield, MI 48033

3a. Employer Representative - Name and Title: Raymond Pope HR
3b. Address (if same as 2b - state same): Same

3c. Tel. No. 248-556-9324
3d. Cell No. 248-320-6279
3e. Fax No.
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Healthcare facility
4b. Principal Product or Service: Preventive Healthcare
5a. City and State where unit is located: Southfield Michigan

5b. Description of Unit Involved:
Included: All CNA's / PCA's and Dietary employee's
6a. Number of Employees in Unit: 115

Excluded: Ann & MI office personnel, Supervisors, Dispatchers, Guards
RN's & LPN's
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)** 2-24-20 **and Employer declined recognition**
on or about (Date) 2-24-20 (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
8b. Address:

8c. Tel. No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any:
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 3-20-20
11c. Election Time(s): 5am - 7am
11d. Election Location(s): In a Secluded area

12a. Full Name of Petitioner (including local name and number): Teamsters Local 337
12b. Address (street and number, city, State and ZIP code): 2801 Trumbull ave Det, MI 48216

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

International Brotherhood of Teamsters (IBT)

12d. Tel. No. 313-828-4330
12e. Cell No. Same
12f. Fax No. 313-965-0570
12g. E-Mail Address Dave@teamsterslocal337.com

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

13a. Name and Title: Dave Hughes - Organizer
13b. Address (street and number, city, State and ZIP code): Same

13c. Tel. No. Same
13d. Cell No. Same
13e. Fax No. Same
13f. E-Mail Address Same

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) David Hughes
Signature [Signature]
Title Organizer
Date 2-25-20

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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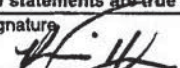
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-257047Date Filed
Feb 25, 2020

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.

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2a. Name of Employer: PACE Southeast Michigan		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 24463 W 10 mile rd Southfield, MI 48033	
3a. Employer Representative - Name and Title: Raymond Pope HR		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 248-556-4324	3d. Cell No. 248-320-6279	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare facility		4b. Principal Product or Service Preventive Healthcare	5a. City and State where unit is located: Southfield Michigan
5b. Description of Unit Involved: Included: All Driver's and Transportation employees Excluded: Any & all office personnel, Supervisors, Dispatchers, Guards as defined in act.			6a. Number of Employees in Unit: 65
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) 2-24-20 on or about (Date) 2-24-20 (If no reply received, so state). Q-24-20 and Employer declined recognition <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? NO <input checked="" type="checkbox"/> If so, approximately how many employees are participating? NO <input type="checkbox"/> If so, 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 3-20-20		11c. Election Time(s): 5am - 7am	11d. Election Location(s): In a secluded area
12a. Full Name of Petitioner (including local name and number): Teamsters Local 337		12b. Address (street and number, city, State and ZIP code): 2801 Trumbull ave Det, MI 48216	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters (IBT)			
12d. Tel. No. 313-828-4330	12e. Cell No. Same	12f. Fax No. 313-965-0570	12g. E-Mail Address Dave@teamsterslocal337.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dave Hughes - Organizer		13b. Address (street and number, city, State and ZIP code): Same	
13c. Tel. No. Same	13d. Cell No. Same	13e. Fax No. Same	13f. E-Mail Address Same
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) David Hughes		Signature 	Title Organizer
Date 2-25-20			

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.
07-RC-257057Date Filed
2/27/2020

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: Aramark Uniform Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4384 Commercial Ave, Portage, MI 49002	
3a. Employer Representative - Name and Title: Lonnie Glenn		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 269-329-7995	3d. Cell No. 585-857-6552	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Uniform and garment service		4b. Principal Product or Service Provide and service Uniforms	5a. City and State where unit is located: Portage, MI
5b. Description of Unit Involved: Included: Route Sales Representatives Excluded: Managers, Supervisors, office clerical		6a. Number of Employees in Unit: 11 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) <u>2/26/20</u> on or about (Date) <u>2/26/20</u> (If no reply received, so state). <u>2/26/20</u> and Employer declined recognition. <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) International Brotherhood of Teamsters Local 406		8b. Address: 3315 Eastern Ave. S.E. Grand Rapids MI 49508	
8c. Tel. No. 616-452-1551	8d. Cell No. 616-204-6410	8e. Fax No. 616-452-6364	8f. E-Mail Address tom@teamsters406.org
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> <input checked="" type="checkbox"/> 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 and 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): Any Friday	11c. Election Time(s): Approximately 3 p.m.	11d. Election Location(s): 4384 Commercial Ave. Portage MI 49002	
12a. Full Name of Petitioner (including local name and number): T-55 International Brotherhood of Teamsters Local 406 General Teamsters Local Union No. 406		12b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave. S.E. Grand Rapids MI, 49508	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local 406			
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: Thomas Sidebotham-Business Agent		13b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave. S.E. Grand Rapids MI 49508	
13c. Tel. No. 616-452-1551	13d. Cell No. 616-204-6410	13e. Fax No. 616-452-6364	13f. E-Mail Address tom@teamsters406.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) Thomas Sidebotham	Signature 	Title Business Agent	Date 2/26/20

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-257074

Date Filed
Feb 27, 2020

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
FAURECIA 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) **13000 OAKLAND PARK BLVD HIGHLAND PARK MI 48203**

3a. Employer Representative - Name and Title
JUSTIN JENKINS HR MANAGER 3b. Address (If same as 2b - state same)
SAME

3c. Tel. No.
(205) 650-9204 3d. Cell No. 3e. Fax No. 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
FACTORY 4b. Principal product or service
SEATING (AUTOMOTIVE) 5a. City and State where unit is located:
HIGHLAND PARK MI

5b. Description of Unit Involved
Included: **ALL FULL TIME PRODUCTION, MAINTENANCE, SHIPPING, QUALITY CONTROL**
GAZ LEADERS & MATERIALS
Excluded:
ALL OFFICE, CLERICAL, TECHNICAL, PARAPROFESSIONALS, WATCHMEN & SUPERVISORS 6a. No. of Employees in Unit:
16 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) **02/25/2020** 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). 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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **ON A MONDAY, ASAP.** 11c. Election Time(s): 11d. Election Location(s): **13000 OAKLAND BLVD HIGHLAND PARK**

12a. Full Name of Petitioner (including local name and number)
U.A.W. LOCAL 155 12b. Address (street and number, city, state, and ZIP code)
7420 MURTHOM AVE WARREN MI 48092

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
UNITED AUTOMOBILE, AEROSPACE AND AGRICULTURAL IMPLEMENT WORKERS OF AMERICA

12d. Tel No. **313-926-5000** 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
WAYMON HALTY ORGANIZER LOCAL 155 13b. Address (street and number, city, state, and ZIP code)
7420 MURTHOM AVE WARREN MI 48092
13c. Tel No. **586-264-5780** 13d. Cell No. **313-600-1977** 13e. Fax No. **586-264-6191** 13f. E-Mail Address
RAZZZ1271@GMAIL.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) **WAYMON HALTY** Signature **[Signature]** Title **ORGANIZER** Date **2/25/2020**

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

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-257156

Date Filed

Feb. 28, 2020

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 Indiana Michigan Power		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) I cook Place MI bridgman 49108-	
3a. Employer Representative - Name and Title Thomas Dawson		3b. Address (If same as 2b - state same) po box 60 1 summit Square IN fort wayne 46801-	
3c. Tel. No. (260) 408-3544	3d. Cell No. (260) 341-2145	3e. Fax No. (260) 421-1434	3f. E-Mail Address thdawson@aep.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utilities		4b. Principal product or service electricity	5a. City and State where unit is located: Bridgman, MI

5b. Description of Unit Involved		6a. No. of Employees in Unit: 37
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

11b. Election Date(s): mar19 ?	11c. Election Time(s): 1500-1800	11d. Election Location(s): company premise
12a. Full Name of Petitioner (including local name and number) Bill Scally Bill Scally IBEW 1392		12b. Address (street and number, city, state, and ZIP code) 56436 Strasser Lane IN South Bend 46619-

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

12d. Tel No. (574) 287-0636	12e. Cell No. (574) 532-1203	12f. Fax No. (574) 204-2314	12g. E-Mail Address ibew1392@aol.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Bill Scally	Signature Bill Scally	Title Business Manager	Date 02/27/2020 15:43:13
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and regular part time Performance Technician (SR, TECH and JR), Instrumentation and Control Technician (SR, TECH and JR) and Predictive Engineering Technician (SR, TECH and JR) working at the employers Bridgman facility. To be included into an already existing unit of all full time and regular part time Indiana Michigan Power company DC Cook Nuclear Plant Maintenance department hourly personnel at the companies DC Cook nuclear plant located in Bridgman MI. Including Maintenance Mechanics, Welders, Electrician, HVAC technicians and utility workers.

Employees Excluded

professional employees, managerial employees, , office Clerical employees, guards and supervisors as defined by the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

07-RD-255897 Feb 4, 2020

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. This 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
BWB LLC / Builders Redi Mix

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
30701 W. 10 Mile Rd Ste. 500 Farmington Hills, MI 48336

3a. Employer Representative - Name and Title
Stephanie Moriarty HR

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

3c. Tel. No.
248-788-8000

3d. Fax No.
248-592-9130

3e. Cell No.

3f. E-Mail Address

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

4b. Principal product or service
Concrete Production

5a. Description of Unit Involved
Included:
Builders Redi-Mix Drives, Plant Tech., and Mechanic
Excluded:

5b. City and State where unit is located:
Lansing, MI

6. No. of Employees in Unit 8

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent
Teamster & Chauffeur Union 243 Local

8b. Affiliation, if any

8c. Address
5800 Executive Dr
Lansing, MI 48911

8d. Tel. No.
517-887-2944

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification
11-8-18

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

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?
a labor organization, of since (Month, Day, Year)

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address)

12. Organizations or individuals other than those named in Items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If none, so state)

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

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

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)
12-2-18

13c. Election Time(s)
5:00 PM

13d. Election Location(s)
Builders Redi-Mix Lansing, MI

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.
(b) (6), (b) (7)(C)

14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name

15b. Title

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

I declare that I have read the above petition and (b) (6), (b) (7)(C) to the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

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

Date Filed
2-5-20

STATEMENTS

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. § 351 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-256867

Date Filed

2-25-2020

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Alpha Baking company, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 24374 Crestview Ct. Farmington Hills, MI 48335	
3a. Employer Representative - Name and Title Gary Hibbert, Vice President H.R.		3b. Address (if same as 2b - state same) 5001 W. Polk St. Chicago, IL 60644	
3c. Tel. No. 773-261-6000	3d. Fax No.	3e. Cell No. 815-735-4900	3f. E-Mail Address ghibbert@alphabaking.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bkery		4b. Principal product or service Breaqd	

5a. Description of Unit Involved Included: Wholesale Route Sales Excluded: Costco delivery routes	5b. City and State where unit is located: Farmington Hills, MI
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6. No. of Employees in Unit 9 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Teamsters local 337		8b. Affiliation, if any	
8c. Address 2801 Trumbull Ave Detroit, MI 48216		8d. Tel. No. 313-965-9833	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification
10/15/2018 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)
2/27/2020 13c. Election Time(s)
12pm-4pm 13d. Election Location(s)
24734 Crestview Ct. Farmington Hills, MI 48335

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)
	15g. E-Mail Address

I declare that I have read the above petition of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 2-27-2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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