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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT W	RITE IN THIS SPACE
07-RC-254513	1-13-2020

RUFE	NOTHE			0/-1	10-234313	. 1	1-13-2020	
INSTRUCTIONS: Unless e-Filed u								
in which the employer concerned	is located. Th	e petition i	must be	accompanied by b	oth a showing of	f interest (see	6b below) and a certificate	
of service showing service on the	e employer and	all other p	arties n	named in the petitio	n of: (1) the petit	lon; (2) Stater	nent of Position form	
(Form NLRB-505); and (3) Descrip					RB 4812). The sh	owing of inte	rest should only be filed	
with the NLRB and should not be	served on the	employer o	or any o	other party.				
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certifi	ed as represe	entative of	of the employees. The F	Petitioner alleges th	at the following	circumstances exist and	
2a. Name of Employer	ations board proc	2	2b. Addre	ess(es) of Establishment	(s) involved (Street a	nd number, city.	Slafe, ZIP code)	
Sunbelt Rentals, Inc.		4	7515 R	Ryan Rd., Shelby To	wp., MI 48317			
3a. Employer Representative - Name a	nd Title		13	3b. Address (If same as	2b - state same)		Injury City Company	
Thomas Losiewski	4 1		s	ame		0.55277		
3c. Tel. No. 3d. Cell No. 586 884-9270				3e. Fax No. 86 884-9271		3f. E-Mail Address pcm1014@sunbeltrentals.com		
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)			ot or service	il.	5a. City ai	nd State where unit is located:	
Equipment rental	1	Equipme	ent rent	al				
5b. Description of Unit Involved Included: All full-time and regular part-time 47515 Ryan Rd., Shelby Twp., Mi	mechanics, drivers, and	d yard employe	es employ	ed by the Employer in and o	ut of its facility at		6a. No. of Employees in Unit: 5	
Excluded: Guards and supe							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 Baro	aining Repre	asentative	e was made on (Date)	an		ned recognition on or about	
₩	(Date)	(If no reply re	eceived, s				incorposition of accar	
Ba. Name of Recognized or Certified Ba				8b. Address	enincation under the	ACI.		
None				3 100000,10000,000				
3c. Tel No. 8d Cell No.				8e. Fax No.	117000000000000000000000000000000000000	8f. E-Mail Addre	988	
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 establis	shment(s) inv	/olved?	No If so, approx	imately how many em	nployees are part	ticipating?	
(Name of labor organization)		, ha	as pickete	ed the Employer since (A	Month, Day, Year)			
Organizations or individuals other than known to have a representative interest in None known	Petitioner and tho any employees in	se named in the unit desc	items 8 a	and 9, which have claime tem 5b above. (If none,	ed recognition as repl so state)	resentatives and	other organizations and individuals	
10a. Name	10b, Ad	dross	*****		10c. Tel. No.		10d. Cell No.	
					10e, Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conductions any such election.	cts an election in th	is matter, sta	ite your p	osition with respect to	11a. Election Type:	Mall Mixed Manual/Mall		
11b. Election Date(s): Tuesday February 4, 2020		lection Time(n to 9:00 am		11d. Election Location(s): Shelby Township, MI			The second secon	
12a. Full Name of Petitioner (Including International Union of Operating Engine		umber)			12b. Address (stree 500 Hulet Drive, Bl		ity, state, and ZIP code) hip, MI 48302	
12c. Full name of national or international International Union of Operating Engine		of which Peti	itioner is	an affiliate or constituen	(if none, so state)	-		
12d. Tel No. 248 451-0324	12c, Cell No.	,	1000	12f. Fax No. 48 454-1766		12g. E-Mail Add	dress	
13. Representative of the Petitioner wh	o will accept servi	ice of all par	pers for p	purposes of the repres	entation proceeding	g.		
13a. Name and Title Amy Bache	elder, Attor	ney		13b. Address (street end 333 W Fort Suite 1400, Detro		and ZIP code)		
13c. Tel No. 313 496-9408	13d. Cell No. 248 224-4600	-0 W - FM-0		13e. Fax No. 113 965-4602		13f, E-Mail Add abachelder@m		
I declare that I have read the above pet		statements :			rledge and belief.	23001000000111		
	ighature/	100	and the Market	Title		Date 1	61	
Amy Bachelder (1)	3 - 1	Attorney		1	13/2020			

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. Rog. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA

DO NOT WRITE II	IN THIS SPACE			
Case No. 07-RC-255061	Date Filed 1-23-2020			

NATIONAL LABOR RELATIONS BOARD (2-18)RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov/4], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: **CEVA Freight LLC** 10049 Harrison # 100 Romulus, MI 48174 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Dave Atvoll 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 743-229-1832 743-755-7449 david.atwell@cevalogistics.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Freight Delivery Retail goods Romulus, MI 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All regular full time and part time delivery drivers Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All office clerical, managerial, administrative employees, guards & supervisors defined in the Act. ☐ No Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) serve request (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: 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 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) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address

			Maridai Diwaii Diwixed Maridai/Maii
11b. Election Date(s):	11c. Election Time	(s):	11d. Election Location(s):
February 14, 2020	5:00am to 6:00	am & 6:30am to 7:15am	Drivers Lounge
12a. Full Name of Petition Teamsters Local Uni	er (including local name and number): on No. 299	122.202.0000000000000000000000000000000	eet and number, city, State and ZIP code): III Ave., Detroit, MI 48216
	or international labor organization of which	h Petitioner is an affiliate or constitue	nt (if none, so state):
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
313-946-8750	734-771-1376	313-965-0301	glubamike@gmail.com
13. Representative of the 13a. Name and Title: Michael Gluba, Trust	Petitioner who will accept service of a ee, Business Agent		nber, city, State and ZIP code):
13c. Tel. No.	13d, Cell No.	13e, Fax No.	13f. 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:

734-771-1376

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

Signature

313-946-8750

Michael Gluba

Name (Print)

glubamike@gmail.com

Trustee, Business Agent

Date

1/23/20

Title

313-965-0301

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 07-RC-255073	Date Filed (1-24-2020					

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. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): opentions Same 3e. Fax No. operationse midwest freis 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is wavehouse-Freight mi Warren 5b. Description of Unit Involved: 6a. Number of Employees in Unit Included: All Fill & Part-time local-city Drivess E MI office personal, Supervisors, gends, dispatches 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? To Yes No Check One: 74. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) 1-13-20 (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. Se. 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) 10d. Cell No. 10a, Name 10b. Address 10c. Tel. 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: Manual Mail Mixed Manual/Mail 48089 11b. Election Date(s): 11c. Election Time(s): DI Level 1 00 PIL 12a. Full Name of Petitioner (including local name and number 12b. Address (street and number, city, State and ZIP code) 2801 Trumbull are Det 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Brotheshood of Teamsless 313- 828-9330 313-965-0570 Dave @ Teamslessloca 513-465-4833 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): Olganiza 2801 Trumbull are 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e Fax No. SEME same Same I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signatur Name (Print) 1-23-20 Organize

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 07-RC-255234 DO NOT WRITE IN THIS SPACE

Date Filed

1-28-2020

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Michigan Paving & Materials 2575 Haggerty Rd., Canton, MI 48188 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Richard Becker, President same 3f. E-Mail Address 3c Tel No 3d. Cell No. 3e. Fax No. 734 397-2050 rbecker@mipmc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Asphalt production and paving Asphalt production and paving various locations in Michigan 5b. Description of Unit Involved 6a. No. of Employees in Unit: 63 Included: see attachment 6h. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 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 8: 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? , 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 11a. Election Type: Manual V Mail J Mixed Manual/Mail any such election. 11b Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Mail ballot Mail ballot Mail ballot 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers, Local 324 500 Hulet Drive, Bloomfield Township, MI 48302 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d Tel No 12e, Cell No. 12g. E-Mail Address 248 451-0324 248 454-1766 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title Amy Bachelder, Attorney 13b. Address (street and number, city, state, and ZIP code) 333 W Fort Suite 1400, Detroit, MI 48226 13d, Cell No. 13e Fax No 13f. E-Mail Address 313 496-9408 248 224-4600 313 965-4602 abachelder@michlabor.legal I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title 2020 Amy Bachelder Attorney WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, FITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
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Attachment:

5(b) Description of Unit Involved:

Included: All full-time and regular part-time asphalt plant employees; paving and grading employees; and mechanics; employed in and out of the Employer's facilities located in Michigan

Excluded: Guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
07-RC-255329	1-29-2020						

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. 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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 401 N. Hooper St. MI Caro 48723-McLaren Caro Region 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 401 N. Hooper St. MI Caro 48723-Marc Augsburger 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address marc augsburger@mclaren org (989) 673-3141 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Caro, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 11 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 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 curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. 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 recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 7, 2020 Mail Ballot to employees 9 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 7700 Second Ave. Suite #314 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
AFSCME International 12g. E-Mail Address rthompson@miafscme.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (313) 477-8044 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 F-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) Signature Title Date Reno Thompson Organizer 01/28/2020 11:47:16 Reno Thompson

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-255329	1-29-2020				

Employees Included

All full-time and regular part-time Registered Nurses engaged in routine patient care.

Employees Excluded

Vice President of Nursing, Directors, Associate Directors, Assistant Directors, Nurse Managers, Assistant Nurse Managers, all temporary and casual Registered Nurses, Managerial Registered Nurses, supervisors as defined by the NLRB Act, and all other employees, including all Registered Nurses not engaged in routine patient care and /or supervisory nurses.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT	WRITE IN THIS SPACE	
Case No.	Date Filed	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 5252 Clay Ave S.W. Grand Rapids MI 49548 Agropur 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Darren Standorf-Plant Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 616-538-3822 616-538-3844 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Food Manufacturer Milk Grand Rapids, MI 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 160 Approximately All hourly production workers, hilos, recievers, shippers, leadmen 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes Lab Tech, Maintenance, supervisors, management, clerks, office personel Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 1/29/20 and Employer declined recognition 1/29/20 (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: International Brotherhood of Teamsters Local 406 3315 Eastern Ave. S.E., Grand Rapids, MI, 49508 8f. E-Mail Address 8c. Tel. No. 8d Cell No. 8e. Fax No. 616-446-0455 800-452-6364 616-452-1551 terry@teamsters406.org 8g. Affiliation, if any: 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. None 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 5252 Clay Ave. S.W. Grand Rapids MI 4950. T.B.D. 2 Dates T.B.D. 2 Dates 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 3315 Eastern Ave, S.E. Grand Rapids MI 49548 International Brotherhood of Teamsters Local 406 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 12q. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 3315 Eastern Ave. Grand Rapids MI 49508 Terry Hoogerhyde- Business Agent 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 616-446-0455 800-452-6364 terry@teamsters406.org 616-452-1551 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Title Name (Print) 1/29/20 **Business Agent** Terry Hoogerhyde

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

***** Armour-Globe Election ***** Bargaining Unit Case # 07-RC-19852

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
O7-RC-255491	Date Filed 1-31-2020						

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. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Farmington OPOCO LLC, d/b/a/ MediLodge of Farmington 34225 Grand River, Farmington, MI 48335 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Monica Morris, Administrator Same 3c. Tel. No. 3d, Cell No. 3e. Fax No. (248) 477-7373 (313) 408-8535 (248) 477-0622 mmorris@medilodgeoffarmington.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Farmington, MI Health Care Nursing Home 5b. Description of Unit Involved 6a. No. of Employees in Unit: 19 Included: All full-time and regular part-time Respiratory Therapists 6b. Do a substantial number (30% or more) of the employees in the Excluded: All office clerical employees, licensed practical nurses, registered nurses, managerial employees, guards and unit wish to be represented by the supervisors as defined in the Act. Petilioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about _(Date) (If no reply received, so state). Let petition serve as request 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 Bf. E-Mail Address Bc, Tel No. 8d Cell No. 8e, Fax No. 8h. Date of Recognition or Certification Ri. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail [Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): February 21, 2020 and February 22, 2020 5:15 p.m. to 8:15 p.m. Fish Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 39420 Schoolcraft Rd., Plymouth Township, MI 48170 Teamsters Local Union No. 243 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 12f. Fax No. 12d. Tel No. 12e, Cell No. 12g. E-Mail Address (734) 420-6900 (734) 420-2610 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Phil Turner, Recording Secretary 13b. Address (street and number, city, state, and ZIP code) 39420 Schoolcraft Rd., Plymouth Township, MI 48170 13c. Tel No. 13d. Celi No. 13e. Fax No. 13f. E-Mail Address (743) 420-6900 (734) 244-2929 (734) 420-2610 Phil@Teamsters243.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) Date Phil Turner Recording Secretary January 31, 2020

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

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.

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

O7-RD-254636

Date Filed 1/14/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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.

PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board process	entative is no longe	er their represent	ative. The Petitione	er alleges that	the followi	ng circumstances es	es assert that the c xist and requests	ertified or currently that the National		
2a. Name of Employer Sheridan Publishing Gran	d Rapids		2b. Address(es) of 5100 33rd Str	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 5100 33rd Street S.E. Grand Rapids Mi 49512						
3a. Employer Representative - I Jason Nelson	Name and Title		3b. Address (If sail Same	Address (If same as 2b - state name) me						
3c. Tel. No. 3d. Fax No. 3e. Cell No. 3e. Cell No.				3f. E-Mail Address jason.nelson@sheridan.com						
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Printer					4b. Principal product or service Book					
5a. Description of Unit Involved							5b. City and	State where unit		
Included: Lithographic Production e Excluded:	employees						Grand Ra Michigan	apids,		
6. No. of Employees in Unit 24			er (30% or more) of t		n the unit r	no longer wish to be re	epresented by the c	ertified or currently		
8a. Name of Recognized or Certif Graphics Communication	fied Bargaining Ag	gent			13	8b. Affiliation, if any	1			
8c. Address 11420 East Nine Mile Roa	ad			8d. Tel. No.		8e. Cell No.				
Warren, Michigan 48089				8f. Fax No.	-	8g, E-Mail Address (b) (6), (b) (7)(C) or (b) (6), (b) (7)(C)				
9. Date of Recognition or Certifical October 5th 2018	ation		10. Expiration Date October 5th 20	e of Current or 018	Most Rece	nt Contract, if any (Mo	onth, Day, Year)			
11a. Is there now a strike or picke	eting at the Employ	ver's establishme	ent(s) involved?	Yes X No	11b. If so	, approximately how r	nany employees ar	e participating?		
11c. The Employer has been pick					10213132	1-27	,,,	a labor organization, of		
(Insert Address)	lotod by or on borr	an or (moore real				sin	ce (Month, Day, Ye			
12. Organizations or individuals o	ther those named	in items 8 and 1	1c which have claim	ned recognition	ae rantaea			ar,		
and individuals known to have	e a representative	interest in any er	mployees in the unit	described in ite	m 5 above	. (If none, so state)				
12a. Name	12b. Addre	988			12c. Tel.	No.	12d, Fax No.			
					12e. Cell	No.	12f. E-Mail Addres	SS		
13. Election Details: If the NLRE matter, state your position with					13a. Elec	tion Type: X Manua	l Mail	Mixed Manual/Mail		
13b. Election Date(s)	irrospoorto uny o	13c. Election Ti			13d. Election Location(s)					
February 7th 2020 14. Full Name of Petitioner		6:30-7:30 A	M and 2:30-3:0	0 PM	Employ	yer Facility				
(b) (6), (b) (7)(C)										
(b) (6), (b) (7)(C)	r, city, state, ZIP o	ode)			14b. Tel. No. (b) (6), (b) (7)(C)		14c. Fax No.			
					14d. Cell No. (b) (6), (b) (7)(C) (2) (b) (6), (b) (7)(C)					
14f. Affiliation, if any										
15. Representative of the Petition	oner who will acc	cept service of a	Il papers for purpo	ses of the rep		n proceeding.				
15a. Name					15b.Title					
15c. Address (Street and number	r, city, state, ZIP c	ode)			15d. Tel.	No.	15e. Fax No.			
					15f. Cell	No.	15g. E-Mail Addre	ss		
I declare that I have read the ab	ove petition and	(b) (6), (b) (7)(C)	best of my kn	owledge a	and belief.		-		
Name (Print) (b) (6), (b) (7)(C)	9	(-)-(-)-(-)-(-)			Title			Date Filed 01/14/20		
MILLELL FALSE S	TATEMENTO O			D DV FINE AL	D IMPOIO	ONNENT (ILE COD	TITLE 40 CECT	(ON 4004)		

WILLFUL FALSE STATEMENTS OF THIS FETTION ON BET ONION BET ONION BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

NATIONAL LABOR RELATIONS BOARD RD PETITION

January 29, 2020

employer conserned is located the employer and all other par Case Procedures (Form NLRS	i. The petiti ties named i	in the patition of:(1	parsied by both a sh () the petition; (2) St	nowing of inter	est (see 7 sition form	balow) a	nd a certifica LRB-805); s	ete of service and (3) Desc.	riotion of Re	service on epresentatio	n
PURPOSE OF THIS PETITION recognized bargaining represent Labor Relations Board process	ritative is no i	onger their represen	ntative. The Petitions	er alleges that	the followi	ng circum	nstences ex	isn't hease to uper bus tol	the certified	or currently a Mational	
2s. Name of Employer			Zb. Address(es) of	Establishmen	eviavni (s)	(Street	nd number,	olly, state, Zi	P oode)		_
Transdev Services, Inc.			1415 Lake Lansing Road, Lansing, MI 48912								
Sa. Employer Representative - N	ame and Titl	0		3b. Address (If same as 2b - state same)						1	
Tim Sparks			Same as 2B		Name Assessed						
30, Tel. No.	3d. Fex No.		3e. Cell No.		31. E-Mail						
(517)940-7501	(517)582						@transde	V.COM			
4s, Type of Establishment (Fector)	r, mme, whol	essior, etc.)			Grand Control	pel produ	X OL WeLANDS				
Transportation Pacifity Ba. Description of Unit Involved					Transp	OTTALION		(65 C)	y and State	udama tank	_
Included: All full-time and regular p Excluded: Road supervisors, safety st	pervisors	, mechanics, di	spatchers, office	clerical and	profess	ional en	ployees.	Lans	ocated: ing, MI		
6. No. of Employees in Unit 100	7. Do	a substantial numb	er (30% or more) of t	he employees	n the unit n	o longer v	rish to be re	presented by	the certified	or ourrently	
Bs. Name of Recognized or Certific		The second secon	representative? X	Yes No		Tab Ami	ation, If any				77.5
Amalgamated Transit Unio	그림 사람이 아이를 가게 하면 되었다. 그렇게					00.7					
8c. Address	JU, ALLA	.10		Tad, Tel, No.		8e, Cell	NA				_
10000 New Hampshire Av	emie			(301)431-	7100		14-4219	•			
Silver Spring, Maryland 20				St. Fax No.			al Address				_
Water Dyring, arout Jinitia an	,305						@atu.or	g			
9. Date of Recognition or Certificat	ion		10. Expiration Date	s of Current or	Most Reces	nt Contrac	If any (Mo	nth, Day, Ye.	97		
November 5, 2018			N/A					- NE			
11a. Is there now a strike or picket	no at the Em	polovers establishm	ent(s) involved?	Yes X No	11b. If 60	, approxim	ately how m	any employe	es are partic	blpading?	
11c. The Employer has been picke							1		n inbo	or organizatio	n, of
	20 27 0. 5.						ainc	e (Month, De	y, Year)		
(Insert Address) 12. Organizations or Individuals of	arthase nos	mad in itama 8 and	Ito which have dain	ed recognition	SENTON RE	ntstives as					-
and individuals known to have	a representa	tive interest in any	employees in the unit	described in its	m 5 above	. (if none	so state)	CALLY SECTION SECTION			
12a Nerne	12b. A	ddress			12c. Tel.	No.	12d. Fax No.				
None						V					_
					12e. Cell No.		12f. E-Mail Address		ddress_		
									<u> </u>		-
 Election Details: If the NLRB matter, state your position with 	conducts an	election in this			13a. Elec	tion Type:	X Manual	☐ Mag	☐ Mixed	Marsun/Mail	
13b. Election Date(s)	adjust to at	13c. Election 1	lme(s)		13d. Election Location(e)						
February 14, 2020		5-7 AM a	nd 2 - 4 PM		Safety	Room					
14. Full Name of Petitioner											
(b) (6), (b) (7)(C)			***************************************								
14s. Address (Street and number,	city, stoto, Z	IP code)			14b, Tel, No. (b) (6), (b) (7)(0		7	14c. Fax No			
(b) (6), (b) (7)(C)											
					14d. Cell	No.	1 1	(b) (6).	(b) (7)	(C)	
							1	(D) (O),	(D) (1)	(0)	_
14f. Affiliation, if any							1				_
15. Representative of the Patition	nar who will	accept service of	all papers for purpo	ees of the rep	15b.Tise	u broceec	NRQ.				_
(b) (6), (b) (7)(C)											_
15c. Address (Street and number,	city, state, Zi	IP code)			15d. Tel. (b) (6), (15e. Fax No			
(b) (6), (b) (7)(C)	(b)(6)	, (b) (7)(C)					-	16g, E-Mail	Addmen		
					15f. Cell	NO.			(b) (7)(C		
				of my lo	icwiedge a	ind bellef	A Description of the Control of the	, , , ,		•	
I declare that I have read the abo	AB			Or all sug	Title (b)	(6), (b)	(7)(C)	7-	. Date	Flied	
Name (Print) (b) (6), (b) (7)(C)				-					111	JA LIK	2/
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WILLFUL FALSE 8	A			A TEMEN	T		The second second	NOT THE REAL PROPERTY.			
Solicitation of the information on this fo				and felly	and fronth in the	Faderal Ro	militar. 71 Fed.	Reg. 74842-43	Dec. 13, 200	or Relations Box 15). The NLRB	WIN
(NLRS) in processing representation a further explain these uses upon reques		BIES CHROSTINGENCE SO MISS IN	SELECT IS A PARTIES. L'ADMOS A	e to supply	the information	ou way cana	e se NR8 to	decline to involv	a its processes.		