.

		UNITED STATES OF AMERICA				······		WRITE IN THIS	SPACE			
FORM NLRB-502 (RC) UNITED STATES OF A (2-18) NATIONAL LABOR RELATION RC PETITION						Саве No 07-	abe No 07-RC-245108		Cate Filed 7-18-2019			
INSTRUCTIONS: Unless a-filma amployer concerned is toopled the employer and all other part Case Procedures (Farm NLRB	. The potitic les named l	n must be eacom n the petition of: (paniod by 1) the pe	y baih à lition: (2	showing of interest (i) Statement of Positio	saa db halow) (In farm (Ferm :	nd e corunc NLRB-0001: 4	ale of service a Ind (3) Desoridi	hawing zorvice an ion of Representation			
1. PURPOSE OF THIS PETITION bargaining by Petilioner and Pe requests that the National La	úttoner dasi	res to ba certilied a	is represe	ntative o	l the employees. The P	etitioner elleg	as that the fo	liewing etrourn	stances oxist and			
2a. Name of Employer:				2b. Address(es) of Establishment(s) Involved (Street and number, City. State. ZIP code):								
123Net	2470(24700 Northwestern Hwy, Suite 700 Southfield MI 48315										
3a. Employar Representative - N	ame and Till	e;	3b. Addr		me as 2b - stete same): 						
Dan Irvin / OWNEK	-		Same	•								
3c. Tel. No.	3d. Cell N	ła.	<u> </u>	je. Fex l	No.	3/. E-Me	Address		· · · · · · · · · · · · · · · · · · ·			
248-228-8204			1	248-2	68-8169	danirv	danirvin@123.net					
4a. Type of Establishment (Factory	, mina, who	esoler, eloj		4b. Princ	Ipal Product or Service		5a. City and State where unit is located:					
Underground Constructi	on '			Fiber	Optic Installation Southfield Michigan							
Sb. Description of Unit Involved:							Be. Numt	ar of Employees	ı in Unit:			
Included:							43					
Please see attached 🕶												
Excluded:							6b. Do a	substantial numt	e unit wish to be			
Please see attached							rapros	ented by the Pe	tilloner? 🗵 Yee 📋 No			
Check One: [x] 7s. Request for re	cognition ar					7-2019	ind Employer	declined recogn	tion			
on or about (Date			o reply rec		atata). and desires certificatio	n under the As						
Ba. Name of Recognized or Certif					ddress:		<u>. </u>					
None	- B	1	,									
Bc. Tel. No.	8d. Cell N	0.		le. Fax N	0.	81. E-Mail	Address					
8g. Alfiliation, if any:	4		8n.	Oale of F	Recognition or Certifica	IION 8). Expiration Date of Current or Most Recent Cuntract, if any (Month, Duy, Yeor)						
9. Is there now a strike or pickeling a	al lhe Emplo	yer'e establishmen	((s) Involv	ed? No	VI If so, approx	imately how m	any employee	s are participalir	197			
(Name of Labor Organization)	•	•				, has ofckete	d the Employ	rer since (Month	Day Yeer			
10. Organizations or individuals othe	r Ibaa Polili	oter and these one	And in Ner	ne B with	9 which have claimed							
Individuale known to have a repr	esentative in	iterest in any emplo	oyees in ti	he unit de	eachbed in flem 60 abo	vo: (if none, so	state)	69 6112 61121 CIA	ginzana ana			
None					-							
10s. Name	••••	10b. Address				10o. Tel. 1	10.	100, Çell No.	·			
						10e. Fax I	vo.	10f. E-Mell Add	frees			
11. Election Details: If the NLRB co	inducts and	election in this mail	lor, etalė)	lead mov	tion with respect to any	/ auch election;	11a. Electio	п Туре:	· · · · · · · · · · · · · · · · · · ·			
Most workers meet at yar	d to pick	up supplies					🕅 Manua	al 🗍 Malil 🖸	K] Mixed Manual/Mail			
t ib. Election Date(s):		11o. Election Time	9(8);			11d. Eleol	on Loostion(
Monday-Friday		6:30am-8:30	ain 4:0) 0pm- (5:00pm	2273 Fyke Drive Milford Michigan 48381						
2a. Full Name of Pelitioner (Includ	ling local na	me and number):			12b. Address (siree)							
Laborers Local 1076					760 Joslyn, Po	ntiae Mf 4	8340					
William BASS					}							
12a. Full name of national or internet	Ional labor o	reanization of which	h Pellion	er la an o	I Ifiliate of constituent //	I none so state	<u></u>					
Laborers International Un						· · · · · · · · · · · · · · · · · · ·	r-					
Zd. Tel. No.	12e. Call N			21. Fax N	0.	12g. E-Ma	Address	· · · · ·				
248-334-0509	517-20				4-0584	-		groc.com				
3. Representative of the Petitione												
3a. Nome and Tide:			iss (sireet and number)									
Chris Chwalek					entennial Way Sui			917				
Ĵć. Tel, No.	13d. Call N	o.	11	e. Fax N	lo.	13f. E-Mail	Addrees					
517-321-2349	517-202				1-3266	cchwal	ek@liuna	groc.com				
declare that I have read the above	petition or	d that the statem	aute are i	rye-to.U	a host of my knowled	tgo and bellef.			·····			
lame (Print)		Signaturo	07	IN:		Tille			Dete			
Chris Chwałek		/_	-4/	Van	Num 1	Organizer			7-17-2019			
			····									

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is sufficiented 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 filigation. The routine uses for the information are fully set forth in the Foderal Register, 71 Fed. Reg. 74942-43 (Dac. 13, 2008). The MLRB will further explain these uses upon request. Disclosure of the Information to the NLRB is voluntary; however, failure to aupply the information may cause the NLRB to decline to invoke its processes.

*

5b. Description of Unit Involved:

Employees Included: All full time and regular part time Laborers, Drilling Operators, Machinery Operators, Locators, Aerial Workers, and working foreman with the field underground "Fiber Team" working for 123NET

Employees Excluded: All Managers, Supervisors, Facilities Team, Network Operations Employees and Office Personnel

FORM NLRB-502 (RC)	UNITE	D STATES OF		4			DO NOT V	WRITE IN THIS SP	PACE			
(2-18) NATIONAL LABOR RELATIONS BC RC PETITION						Case No. Date Filed 07-RC-245144 7-19-20			-			
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: I bargaining by Petitioner and Petit requests that the National Labo	tioner desires	to be certified a	as represe	entative of th	ne employees. The P	etitioner all	eges that the fol	lowing circumsta	inces ex			
2a. Name of Employer: Valeo -Thermal Systems Fro	ont End Me	odules		Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 240 Oakland Park Highland Park MI 48203								
3a. Employer Representative - Nar Dwayne L. Hayes : Plant Ma	- I	3b. Address (if same as 2b - state same): Same										
3c. Tel. No.	3d. Cell No.			3e. Fax No	<u></u>	3f F-	Mail Address			. <u>.</u>		
1-313-883-8813	54. Cell 140.				<i>.</i>	Dwayne.hayes@valeo.com						
4a. Type of Establishment (Factory,	nine, wholes	aler, etc.)		4b. Princip	al Product or Service	i >	5a. City a	nd State where uni	it is loca	ted:		
Automotive Supplier				Thermal	Systems Front E	nd Module	es Highlan	d Park MI				
5b. Description of Unit Involved:				· · · · · · · · · · · · · · · · · · ·			6a. Numb	er of Employees in	n Unit:			
Included:	ance Too	Room Mate	rial Har	ndlers Team Leaders			90					
Excluded:	Inty Production, Maintenance, 1001 Room, Material Handlers, Team Leaders d: hporary Workers, Supervisors, Managers, Clerical, Plant guards, Salaried Personnel b Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?							r more)				
	ervisors, Ma	anagers, Cler	ical, Pl	ant guard	s, Salaried Perso	onnel		of the employees in the unit wish to be				
Check One: 7a. Request for rec	ognition as E	Bargaining Repre	esentativ	e was made	on (Date) 07/2	19/2019		declined recognition				
on or about (Date)				eceived, so		on under the	- Act					
8a. Name of Recognized or Certific												
	-											
8c. Tel. No.	8d. Cell No.			8e. Fax No.			8f. E-Mail Address					
8g. Affiliation, if any:				8e. Fax No. 8f. E-Mail Address 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 a	t the Employ	er's establishme	ent(s) invo	olved?	If so, appro	•	• • • •			<u> </u>		
(Name of Labor Organization)									-			
10. Organizations or individuals othe individuals known to have a repre	r than Petitio esentative int	ner and those na erest in any emp	amed in i ployees ir	tems 8 and 1 In the unit de	9, which have claime scribed in item 5b ab	d recognition love. (If none	n as representativ e, so state)	es and other organ	nizations	s and		
10a. Name		10b. Address		<u></u>		10c. 1	ſei. No.	10d. Cell No.				
						10e. l	Fax No.	10f. E-Mail Addro	ess			
11. Election Details: If the NLRB co	nducts and e	ection in this m	atter, stat	te your posit	ion with respect to ar	ny such elec	tion: 11a. Electic	n Type:		· <u> </u>		
	······	11c. Election Til				114 1	Election Location(Mixed	and Manual/Mail		
11b. Election Date(s): Asap on a Tuesday And Wed			• •	n -430pm		1		•	Park M	I 48203		
Asap on a Tuesday And Wednesday 3am- 6am and 2pm -430pm 12240 Oakland Park ct. Highland Park MI 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code):					······							
U.A.W. Local 7	A.W. Local 7 2600 Conner St. Detroit MI .48215											
12c. Full name of national or internat						(if none, so	state):					
United Automobile ,Aerospace and Agricultural Implement Workers of America 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address												
			7 - 11				anding			<u> </u>		
13. Representative of the Petitione 13a. Name and Title:	er who will a	ccept service o	or an pap	13b. Addre	ess (street and number	er, city, Stat	e and ZIP code):					
Gary Grant	rant 2600 Conner St. Detroit Mi 48215											
13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (313) 822-1744 586 350 7753 313 -822-3730 ggrant7684@gmail.com												
(313) 822-1744 586 350 7753 I declare that I have read the above petition and that the statements a				1	100							
I declare that I have read the above Name (Print)	e petition an	d that the state Signature		re true to the formation of the formatio	ne best of my knowl	Title	eilet.			Date		
Gary Grant			Inf	A	w		e Board Memi	per / Organizer	1	7/19/19		
			11									

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 ef seq. The principal use of the information is to assist the National Labor Relations Board

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TUE/JUL/23/2019 01 42 PM IBEW LOCAL 445 FAX No. 269 964 4040

P 004

FORM NLRB-502 (RC)	UNITE	UNITED STATES OF AMERICA				DO NOT WRITE IN THIS SPACE						
(2-18) NATIONAL LABOR RELATIONS BO RC PETITION				DARD Case			No. 7-R C- 24	45513	July 23, 2019			
INSTRUCTIONS: Unless e-Filed us employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48)	he petition i named in t	nust be accomp he petition of: ()	oanied b) 1) the pe	y both a s tition: (2)	howing of interest (a Statement of Positio	see 6b In form	helow) and n (Form NL)	l a certificate RB-505); and	e of service showing service on ((3) Description of Representation			
 PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo 	oner desires	to be certified a	s represe under its	ntative of S proper s	the employees. The F authority pursuant to	etitio Secti	ner alleges on 9 of the	that the folic National Lab	wing circumstances exist and for Relations Act.			
2a. Name of Employer. 2b. Addr Solution One Industries 412 N					Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2 N. Gray Street, Killeen, TX 76541							
3a, Employer Representative - Name and Title: 3b. Addr HR Department Same					Address (if same as 2b - state same): Me							
зс, Теі, No, 254-616-6600	3d. Cell No	•	l				31. E-Mail Address hr@lsoi.com					
4a. Type of Establishment (Factory, I National Support Services		aler, etc.)		4b. Principal Product or Service Avionics Technicians			5a. City and State where unit is located: Battle Creek, Michigan					
5b. Description of Unit Involved: Included: Avionics Technicians, Av	ionics Te	echnicians I	I, Avie	onics T	onics Technicians III			6a. Number of Employees in Unit 4				
Excluded: Supervisors, management				-	ng maintenance				. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Pettioner? ☑ Yes ☐ No			
Check Ohe: X 7a. Request for rec on or about (Date) 7b. Petitioner is cui	No R	eply (If n	to reply re	eceived, s	o state).	7-23-1 Ion un		d Employer d	eclined recognition			
8a, Name of Recognized or Certific	d Bargaini)	ng Agent (if non	e, so stat	æ) 8b./	Address:							
8c. Tal. No. 8d. Cell No.					8e, Fax No. 8f.			8f. E-Mail Address				
Bg. Affiliation, if any:	· · · · · · · · · · · · · · · · · · ·			<u></u>	Recognition or Certific	Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
 is there now a strike or picketing a (Name of Labor Organization) 	t the Employ	rer's establishme	ent(a) invo	olved? \underline{N}	O if so, appr				are participating? er since (Month, Day, Year)			
10. Organizations or individuals othat individuals known to have a repre	r than Politic esentative in	ner and those na terest in any emp	amed in i ployees b	tems 8 an n the unit (d 8, which have claim described in item 5b ai	ed reci	ognition as r	epresentative	· · · · · · · · · · · · · · · · · · ·			
10a, Name 10b. Address				·····			10c. Tel. No.		10d. Cell No.			
							10e, Fax N		10f. E-Mail Address			
11. Election Details: If the NLRB conducts and election in this matter, sta Prefer manual if the company will have the employed					to your position with respect to any au ee available on date of elec			In the election in the Election Type: (100) Xi Manual Mail Mixed Manual In the Mixed Manual Internation (5):				
12a. Full Name of Petitioner (inclue International Brotherhood	ling local ha 1 of Elect	rical Worke	: ers Loo	cal 445	12b. Address (stre 1375 W. Mic				eek, MI 49037			
12c. Full name of national or Interna International Brotherhood	l of Elec	trical Worke	hich Petit ers (IB	EW)-A	FL-CIO	nt <i>(if no</i>						
12d. Tel. No. 269-964-4545				12f. Fax No.12g. E-Mail Address269-964-40401dougherty@ibew445.com								
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Melanie Probst -IBEW Lead Organizer				ers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 17465 Mount Street, Lowell, IN 46356								
13c, Tel, No. 13d. Cell No. 219-302-1285			13e. Fax No. 13f. E-Mail Address mel_probst@ibew.org					w.org				
I declare that I have read the above Name (Print)	e petition a	nd that the stat		are true to	the best of my know		ie		Date			
Melanie Probst		N	مملاً	ie T	Probot			id Organi	zer 7-23-19			

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