

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-225102	Date Filed August 06, 2018

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 Kinnic Health & Rehab	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1663 E Division Street, River Falls, WI 54022
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3a. Employer Representative - Name and Title Kim Szymanski, Administrator	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. 715-426-6000	3d. Cell No.	3e. Fax No. 715-426-6007	3f. E-Mail Address rivadmi@gracehc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service rehabilitation center and nursing care	5a. City and State where unit is located: River Falls, WI
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5b. Description of Unit Involved Included: All full and part time dietary aides and cooks Excluded: All supervisors and management as defined by the ACT	6a. No. of Employees in Unit: 9 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"/>
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Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 8/6/18 and Employer declined recognition on or about** _____ (Date) (If no reply received, so state). **None**
☐ **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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)
none

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 8/29/18	11c. Election Time(s): 2:30pm to 3:30pm	11d. Election Location(s): Conference room
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12a. Full Name of Petitioner (including local name and number) United Food and Commercial Workers Union Local 1189	12b. Address (street and number, city, state, and ZIP code) 266 Hardman Ave N, South St. Paul, MN 55075
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union


12d. Tel No. 651-451-6240	12e. Cell No. 651-402-7925	12f. Fax No. 651-451-8227	12g. E-Mail Address dtastad@ufcw1189.org
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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 Diana Tastad-Damer, Organizer	13b. Address (street and number, city, state, and ZIP code) 266 Hardman Ave N, South St. Paul, MN 55075
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13c. Tel No. 651-451-6240	13d. Cell No. 651-402-7925	13e. Fax No. 651-451-8227	13f. E-Mail Address dtastad@ufcw1189.org
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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) Diana Tastad-Damer	Signature 	Title Organizer	Date 8/6/18
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-225515

Date Filed
August 13, 2018

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 Northwestern Energy		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 600 Market Street SD Huron 57350-	
3a. Employer Representative - Name and Title Michael J O'Neill		3b. Address (If same as 2b - state same) 11 E Park St MT Butte 59701-1711	
3c. Tel. No. (406) 497-2782	3d. Cell No. (406) 490-0560	3e. Fax No. (406) 497-2048	3f. E-Mail Address mike.oneill@northwestern.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utilities		4b. Principal product or service Electric and Natural Gas Provider	
		5a. City and State where unit is located: Huron, SD	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 3
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) 08/02/2018 and Employer declined recognition on or about 08/07/2018 (Date) (If no reply received, so state). Yes
☐ 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). IBEW Local 766 & System Council U26 Kory Rawstern		8b. Address 3509 S Norton Ave SD Sioux Falls 57105-6392	
8c. Tel No. (605) 336-0370	8d. Cell No. (605) 366-5823	8e. Fax No. (605) 335-7672	8f. E-Mail Address kory@ibew426.com
8g. Affiliation, if any International Brotherhood of Electrical Workers AFL-CIO		8h. Date of Recognition or Certification 12/31/2019	

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

10. Organizations or individuals other than 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): September 12, 2018	11c. Election Time(s): 12:00 noon	11d. Election Location(s): NLRB Office
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12a. Full Name of Petitioner (including local name and number) Jerry L. Gulizia Jerry Gulizia Lead Organizer IBEW Local 766 & System Council U26	12b. Address (street and number, city, state, and ZIP code) 5520 S 80th St NE Lincoln 68516-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers AFL-CIO

12d. Tel No. (402) 730-3802	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jerry_gulizia@ibew.org
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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) Jerry L. Gulizia	Signature Jerry L. Gulizia	Title IBEW Lead Organizer	Date 08/13/2018 09:35:20
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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.

DO NOT WRITE IN THIS SPACE	
Case 18-RC-225515	Date Filed August 13, 2018

Employees Included

Please consider this a notice of IBEW's intent to pursue an Armor-Globe type self-determination election in regard to the attached petition. Currently, IBEW Local 766/U26 represents a large mixed group of Northwestern employees in Huron SD. Meter and Relay Technicians employees are seeking representation by IBEW Local 766 and System Council U26 and to be included in the current unit in collective bargaining agreement dated 31st day of December 2019 between Northwestern Corporation and Local Union 766/U26 of the International Brotherhood of Electrical Workers. All full time and regular part time Meter and Relay Technicians employed by employer at the Huron SD facility, to be included in current unit in collective bargaining agreement dated the 31st day of December 2019 between NORTHWESTERN CORPORATION, doing business as NORTHWESTERN ENERGY for its South Dakota, its successors and assigns, who may be hereinafter referred to as the Company, and System Council U-26, representing Local Unions 766 (Huron, S.D.), who may be hereinafter referred to individually and collectively as the Union.

Employees Excluded

All other employees, confidential employees, guards and supervisors as defined by act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-225636

Date Filed
August 14, 2018

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 Verso Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) W6791 US Highway 2 MI Quinnesec 49876-9703	
3a. Employer Representative - Name and Title Lourinda St. John		3b. Address (If same as 2b - state same) 8540 Gander Creek Dr OH Miamisburg 45342-5439	
3c. Tel. No. (937) 242-9132	3d. Cell No. (207) 557-7906	3e. Fax No.	3f. E-Mail Address rindi.stjohn@yahoo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paper & Paper Products		4b. Principal product or service paper and pulp; coated freesheet	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Quinnesec, MI	
		6a. No. of Employees in Unit: 300	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): as soon as practical		11c. Election Time(s): 4am-7am; 4pm-7pm		11d. Election Location(s): at a suitable location at the mill			
12a. Full Name of Petitioner (including local name and number) Geno Alessandrini Jr. Laborers' Local Union 1329				12b. Address (street and number, city, state, and ZIP code) PO Box 863 1800 North Stevenson Avenue MI Iron Mountain 49801-0863			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Laborers' International Union of North America (LIUNA)							
12d. Tel No. (906) 774-6070		12e. Cell No. (906) 396-0993		12f. Fax No. (906) 774-1199		12g. E-Mail Address alessandrinijr@gmail.com	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title John G. Adam Attorney Legghio & Israel, PC		13b. Address (street and number, city, state, and ZIP code) 306 S Washington Ave Ste 600 MI Royal Oak 48067-3837	
13c. Tel No. (248) 398-5900	13d. Cell No.	13e. Fax No. (248) 398-2662	13f. E-Mail Address jga@legghioisrael.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) John G. Adam	Signature John G. Adam	Title Attorney	Date 08/14/2018 12:05:52
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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

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 18-RC-225636	Date Filed August 14, 2018

Employees Included

All regular full-time and regular part-time production and maintenance employees employed by the Employer

Employees Excluded

Office clerical employees, managerial employees, 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.
18-RC-226389

Date Filed
August 28, 2018

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 Americold		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 230 Collins Rd WI Jefferson 53549-2022	
3a. Employer Representative - Name and Title Keith Meske		3b. Address (If same as 2b - state same) 230 Collins Rd WI Jefferson 53549-2022	
3c. Tel. No. (920) 674-3035	3d. Cell No.	3e. Fax No.	3f. E-Mail Address keith.meske@americold.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Freezer Warehouse	
5a. City and State where unit is located: Jefferson, WI		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 39	
Excluded: 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"/>	

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): 9/27/2018	11c. Election Time(s): 1:00 - 5:00 p.m.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): Front Dock Break Room		12b. Address (street and number, city, state, and ZIP code) 1314 N Stoughton Rd WI Madison 53714-1213

12a. Full Name of Petitioner (including local name and number)
Vangie Moreno
Teamsters Union Local No. 695

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

12d. Tel No. (608) 244-6207	12e. Cell No. (608) 212-4360	12f. Fax No. (608) 244-8730	12g. E-Mail Address madison@teamsters695.org
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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 Scott Soldon Attorney Soldon Law Firm		13b. Address (street and number, city, state, and ZIP code) 3934 N Harcourt Pl WI Milwaukee 53211-2444	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address scott@soldonlawfirm.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) Vangie Moreno	Signature Vangie Moreno	Title Business Representative/Organizer	Date 08/28/2018 08:53:10
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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

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 18-RC-226389	Date Filed August 28, 2018

Employees Included

All regular full-time and regular part-time warehouse employees, maintenance drivers, office CSR, shipping/receiving clerks, office lead employed by Americold.

Employees Excluded

Managers and supervisors, as defined in the National Labor Relations Act.

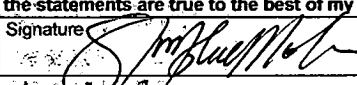
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-226443Date Filed
August 29, 2018

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.

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2a. Name of Employer: Hormel		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 209 North Godfrey Lane, Knoxville, IA 50138	
3a. Employer Representative - Name and Title: Pat Kranz		3b. Address (if same as 2b - state same): same as above	
3c. Tel. No. 641-842-6841	3d. Cell No. 402-720-0801	3e. Fax No. 641-842-3354	3f. E-Mail Address patkranz@hormel.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) food processing		4b. Principal Product or Service pepperoni	5a. City and State where unit is located: Knoxville, IA
5b. Description of Unit Involved: Included: Quality Control Employees (Globe Election) Excluded: Supervisors, Managers, and Guards, as defined under the NLRA as amended			6a. Number of Employees in Unit: 6 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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		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 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 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): 9/11/2018		11c. Election Time(s): 1:00 pm to 3:00 pm	11d. Election Location(s): Lunch Room
12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers District Local 431 Simplice M. Kuelo		12b. Address (street and number, city, State and ZIP code): 2411 West Central Park Ave., Davenport, IA 52804	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers			
12d. Tel. No. 563-323-3655	12e. Cell No. 515-577-7755	12f. Fax No. 563-323-8763	12g. E-Mail Address skuelo@ufcw431.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Simplice M. Kuelo		13b. Address (street and number, city, State and ZIP code): 2411 West Central Park Ave., Davenport, IA 52804	
13c. Tel. No. 563-323-3655	13d. Cell No. 515-577-7755	13e. Fax No. 563-323-8763	13f. E-Mail Address skuelo@ufcw431.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) SIMPLICE M KUELO		Signature 	Title UNION REPRESENTATIVE/ORGANIZER Date 08/28/2018

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RD-225473Date Filed
August 13, 2018

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 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
UNIFIED SCREENING & CRUSHING-MN INC 3350 0000 RD, EAGAN MN 55121

3a. Employer Representative - Name and Title
JOHN D. GROSS - CFO 3350 0000 RD, EAGAN MN 55121

3c. Tel. No. 651-454-8835 3d. Fax No. 651-405-1626 3e. Cell No. — 3f. E-Mail Address john.gross@UNIFIEDSCREENING.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
FACTORY 4b. Principal product or service
WOVEN WIRE CLOTH

5a. Description of Unit Involved
Included:
SHOP EMPLOYEES
Excluded:
OFFICE, SALES AND ADMIN

5b. City and State where unit is located:
EAGAN, MN

6. No. of Employees in Unit 20 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
International Association of Bridge Structural A.F.L. - C.I.O.

8c. Address Edward URBauer 8d. Tel. No. 708 8e. Cell No. 708 926-5864
10035 Grand Ave #203 Franklin IL 60131 8f. Fax No. — 8g. E-Mail Address eubauer@iwi.net

9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
10/31/2018

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) 8-23-18 13c. Election Time(s) 2:30 - 3:00 PM 13d. Election Location(s) Lunch Room

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

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

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

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

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

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

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

Date Filed

8-10-18

ON CAN BE PUNISHED BY FINE AND
PRIVACY ACT STATEMENT

SECTION 1001)

Solicitation of the information on this form is authorized by the (b) (7) Privacy Act (5 U.S.C. 552a). The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings of (b) (7)(C). 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.