UNITED STATES					T WRITE IN THI	· · · · · · · · · · · · · · · · · · ·
NATIONAL LABOR F		ARD .	18ª₽€º225	102	Path	fust 06, 2018
INSTRUCTIONS: Unless e-Filed us	ina the Aaenc	v's website. W	พพ.nlrb.gov. รบธิทาง	an original of this	s Petition to a	an NLRB office in the Region
in which the employer concerned i						
of service showing service on the						
(Form NLRB-505); and (3) Descript				KD 4012). The S	nowing or in	terest should only be med
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CEI				ef ampleus a wich t	a ha rannaanta	d for purpages of collective
bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certifi	ed as representati	ve of the employees. The	Petitioner alleges t	hat the followin	ig circumstances exist and
2a. Name of Employer	ions board proc		dress(es) of Establishmen			
Kinnic Health & Rehab			E Division Street, Ri	• •		,,, ,,,
3a. Employer Representative - Name and	Title		3b. Address (If same a	•		
Kim Szymanski, Administrator			Same	,	1	
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
715-426-6000			715-426-6007			racehc.com
4a. Type of Establishment (Factory, mine, w Healthcare	/holesaler, etc.)	4b. Principal pro	duct or service center and nursing c	are	· ·	and State where unit is located: Falls, WI
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All full and part time dietary aides and cooks						
All full and part tim	ne dietary	aldes and (COOKS			6b. Do a substantial number (30%
Excluded: or more) of the employees in the						
All supervisors and	l managem	ient as defi	ned by the ACT			unit wish to be represented by the Petitioner? Yes V No
			tive was made on (Date) (2/0/40	-d Employer des	
Check One: 7a. Request for re			ative was made on (Date) {	5/6/18ai	na Employer dec	lined recognition on or about
		It no reply receive	^{d, so state).} None			
8a. Name of Recognized or Certified Barg			epresentative and desires 8b. Address	certification under the	e Aci.	
		none, so state).			. <u> </u>	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress
8g. Affiliation, if any	[8h. Date of Recognition o	r Certification		Date of Current or Most Recent
					Contract, if an	iy (Month, Day, Year)
9. Is there now a strike or picketing at the Er		hmont(a) involued	2 If an approx	imotoly how many o		uticipatine?
(Name of labor organization)						
10. Organizations or individuals other than F					presentatives an	d other organizations and individuals
known to have a representative interest in a	ny employees in	the unit described	in item 5b above. (If none	, so state)		
none	405 61			10a Tal Na		10d. Cell No.
10a. Name	10b. Ad	aress		10c. Tel. No.		Tod. Cell No.
				10e, Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state you	r position with respect to	11a. Election Type	e: 🗸 Manual [Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Loca	ation(s):	
8/29/18		to 3:30pm		Conference room		
12a. Full Name of Petitioner (including lo United Food and Commercial Workers Un		ımber)		12b. Address (stre 266 Hardman Ave		city, state, and ZIP code)
12c. Full name of national or international la		of which Petitioner	is an affiliate or constituer		- N, SOULT SL F	
United Food and Commercial Workers Inte	ernational Union					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	
651-451-6240	651-402-7925		651-451-8227		dtastad@ufcw	/1189.org
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	sentation proceedin	ıg.	
^{13a. Name and Title} Diana Tastac	l-Damer, (Drganizer	13b. Address (street an 266 Hardman Ave N, South		and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ac	Idress
651-451-6240	651-402-7925		651-451-8227		dtastad@ufcw	/1189.org
I declare that I have read the above petiti	on and that the	statements are tri	ue to the best of my know	vledge and belief.		
Name (Print)	mature D	~	Title		Date	
Diana Tastad-Damer	Aller Astak	men	Organizer		8/6/18	
WILLFUL FALSE STATE		TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (L	J.S. CODE, TITL	E 18, SECTION 1001)
(PRIV	ACY ACT STATEMENT			

f 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.

	S GOVERNMENT			DO NOT	WRITE IN TH		
NATIONAL LABOR		ARD	Case No. 18-RC-2	25515		Filed	
	TITION					igust 13, 2018	
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descrip				RB 4812). The sh	owing of in	terest should only be filed	
with the NLRB and should <u>not</u> be							
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	lesires to be certif	ied as representa iv	e of the employees. The	Petitioner alleges th	at the followin	ng circumstances exist and	
2a. Name of Employer	alono Doura proc		dress(es) of Establishmen				
Northwestern Energy	600 Market Street						
3a. Employer Representative - Name an	d Title		3b. Address (If same as				
Michael J O'Neill			11 E Park St MT Butte 59701-1	711			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad	dress	
(406) 497-2782	(406) 490-0560)	(406) 497-2048		mike.oneill@no	orthwestern.com	
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal proc			5a. City	and State where unit is located:	
Utilities Electric and Natural Gas Provider Huron, SD							
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	onal details					3 6b. Do a substantial number (30%	
or more) of the employees in he							
Excluded: See Attached Page 2 for addition	onal details					unit wish to be represented by the	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 08/02/2018 and Employer declined recognition on or about							
				<u>8/02/2018</u> ano	d Employer de	clined recognition on or about	
		(If no reply received	epresentative and desires	contification under the	Act		
8a. Name of Recognized or Certified Ba			8b. Address		Au.		
IBEW Local 766 & System Council U26 Kor	y Rawstern	,	3509 S No SD Sioux F	rton Ave Falls 57105-6392		-	
8c. Tel No. (605) 336-0370	8d Cell No.	,	8e. Fax No.		8f. E-Mail Add kory@ibew426.com		
8g. Affiliation, if any	(605) 366-5823		(605) 335-7672 8h. Date of Recognition or	Certification		Date of Current or Most Recent	
			on. Date of Recognition of	Continuation		ny (Month, Day, Year)	
International Brotherhood of Electrical Work						12/31/2019	
9. Is there now a strike or picketing at the E	Employer's establis	shment(s) involved	No If so, approx	imately how many en	ployees are p	articipating?	
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)		·	
10. Organizations or individuals other than	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as repr	resentatives ar	d other organizations and individuals	
known to have a representative interest in	any employees in	the unit described i	n item 5b above. (If none,	so state)			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
ioa. Name	100. Au	uic35		100. 101. 100.			
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conduct any such election. 	s an election in th	is matter, state you	r position with respect to	11a. Election Type:	<u>Manual</u>	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca	ion(s):		
September 12, 2018	12:00 r			NLRB Office			
12a. Full Name of Petitioner (including la Jerry L Gulizia Jerry Gulizia Lead Organizer IBEW Local 766 & Sy	stem Council U26	,		5520 S 80 h St NF Lincoln 68516-	et and number,	city, state, and ZIP code)	
12c. Full name of national or international I International Brotherhood of Electrical Work		of which Detitioner	is an affiliate or constituen	t (if none, so state)			
12d. Tel No.	abor organization ers AFL-CIO	or which reduotier					
	abor organization ers AFL-CIO 12e. Cell No.	or which reduotier	12f. Fax No.		12g. E-Mail A	ddress	
(402) 730-3802	ers AFL-CIO				12g. E-Mail A jerry_gulizia@	ddress ∂ibew.org	
(402) 730-3802 13. Representative of the Petitioner who	ers AFL-CIO 12e. Cell No.		12f. Fax No. or purposes of the repres		jerřy_gulizia@ J.	ddress ĝibew.org	
(402) 730-3802	ers AFL-CIO 12e. Cell No.		12f. Fax No.		jerřy_gulizia@ J.	ddress ĝibew.org	
(402) 730-3802 13. Representative of the Petitioner who 13a. Name and Title	ers AFE-CIO 12e. Cell No. will accept servi		12f. Fax No. r purposes of the repres 13b. Address (street and		jerřy_gulizia@ j. and ZIP code)	ĝibew.org	
(402) 730-3802 13. Representative of the Petitioner who	ers AFL-CIO 12e. Cell No.		12f. Fax No. or purposes of the repres		jerřy_gulizia@ J.	ĝibew.org	
(402) 730-3802 13. Representative of the Petitioner who 13a. Name and Title	ers AFL-CIO 12e. Cell No. will accept servi 13d. Cell No.	ice of all papers fo	12f. Fax No. r purposes of the repres 13b. Address (street and 13e. Fax No.	d number, city, state, a	jerřy_gulizia@ j. and ZIP code)	ĝibew.org	
(402) 730-3802 13. Representative of the Petitioner who 13a. Name and Title 13c. Tel No. I declare that I have read the above petiti	ers AFL-CIO 12e. Cell No. will accept servi 13d. Cell No.	ice of all papers fo	12f. Fax No. r purposes of the repres 13b. Address (street and 13e. Fax No. le to the best of my know Title	d number, city, state, a	jerřy_gulizia@ j. and ZIP code)	ĝibew.org	
(402) 730-3802 13. Representative of the Petitioner who 13a. Name and Title 13c. Tel No. I declare that I have read the above petitioner Name (Print) S	ers AFL-CIO 12e. Cell No. will accept servi 13d. Cell No. ion and that the ignature erry L Gulizia	ice of all papers fo statements are tru	12f. Fax No. r purposes of the repres 13b. Address (street and 13e. Fax No. le to the best of my know Title IBEW Lead Organizer	d number, city, state, a	jerřy_gulizia@ J. and ZIP code) 13f. E-Mail A Date 08/13/201	2///ddress	

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 selfdetermination 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.

	S GOVERNMENT			DO NOT W	RITE IN THIS	
NATIONAL LABOR	Case No. 18-RC-2	25636	Date F Aus	filed gust 14, 2018		
INSTRUCTIONS: Unless e-Filed us		v's website. w	vw.nlrb.gov. submit a	n original of this P		
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be	served on the	employer or an	y other party.	·	-	-
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela	RTIFICATION OF esires to be certif	REPRESENTATI	VE - A substantial number ve of the employees. The	Petitioner alleges that	the following	circumstances exist and
2a. Name of Employer	dons board proc		dress(es) of Establishment			
Verso Corporation			6791 US Highway 2 I Quinnesec 49876-9703			
3a. Employer Representative – Name and	d Title		3b. Address (If same as			
Lourinda St. John	-		8540 Gander Cree OH Miamisburg 45	ek Dr 5342-5439		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addr	
(937) 242-9132	(207) 557-7906	-		r	ndi stjohn@yah	
4a. Type of Establishment (Factory, mine, u	wholesaler, etc)	4b. Principal proc		aaabaat	5a. City a	and State where unit is located:
Paper & Paper Products 5b. Description of Unit Involved			paper and pulp; coated fr	eesneet		Quinnesec, MI 6a. No. of Employees in Unit:
Included: See Attached Page 2 for additio	nal dataila					300
See Allached Fage 2 for additio	nai uetaiis				ľ	6b. Do a substantial number (30%
Excluded: See Attached Page 2 for additional details or more) of the employees in he unit wish to be represented by the						or more) of the employees in he unit wish to be represented by the
Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [Von []						
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about						
	-	(If no reply received				-
			epresentative and desires	certification under the A	ct.	
8a. Name of Recognized or Certified Bar	gaining Agent (li	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or	Certification 8	i Expiration [Date of Current or Most Recent
og. Aniliation, il any			on. Date of Necognition of			(Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	imately how many empl	oyees are par	ticipating?
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)		
10. Organizations or individuals other than					entatives and	other organizations and individuals
known to have a representative interest in a	any employees in	the unit described i	n item 5b above. (If none,	so state)		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct:	s an election in th	is matter state you	r position with respect to	44 - Florting Trace	7	
any such election.	s an election in th	is matter, state you	position with respect to	11a. Election Type: 1	✓ Manual	_ Mail Mixed Manual/Mail
11b. Election Date(s): as soon as practical		lection Time(s):		11d. Election Loca ior		
12a. Full Name of Petitioner (including lo		am; 4pm-7pm umber)		at a suitable location a		ity, state, and ZIP code)
Geno Alessandrini Jr. Laborers' Local Union 1329		-		PO Box 863 1800 Nor Mi Iron Mountain 4980	h Stevenson A 1-0863	venue
12c. Full name of national or international la Laborers' International Union of Nor h Ameri	abor organization ica (LiUNA)	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (906) 774_6070 (906) 396_0993 (906) 774_1199 alessandrinijr@gmail.com						
(906) 774-6070 13. Representative of the Petitioner who	(906) 396-0993		(906) 774-1199		e e e e e e e e e e e e e e e e e e e	<u>, , , , , , , , , , , , , , , , , , , </u>
13a. Name and Title	will accept servi	ice of all papers ic	13b. Address (street and	• •	d 7ID code)	
John G. Adam Attorney						
13c. Tel No.	John G. Adam Attorney 306 S Washington Ave Ste 600 Legghio & Israel, PC 13c. Tel No. 13e. Fax No. 13f. E-Mail Address					
(248) 398-5900			(248) 398-2662		a@legghioisr	
I declare that I have read the above petit	ion and that the	statements are tru	le to the best of my know	ledge and belief.		
	gnature		Title		Date	
John O. Adam	hn G. Adam				08/14/2018	
WILLFUL FALSE STATEME			UNISHED BT FINE AND	INFRISCINIVIENT (U.S.	CODE. IIIL	

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	Date Filed			
Attachment	18-RC-225636	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

	ES GOVERNMENT			DO NOT	WRITE IN TH	IS SPACE	
	R RELATIONS BOA	ARD	Case No.				
RC PE	TITION	18-RC-2	26389	A	ugust 28, 2018		
INSTRUCTIONS: Unless e-Filed	ising the Agenc	y's website, <mark>ww</mark>	w.nlrb.gov, submit a	an original of this	Petition to	an NLRB office in the Region	
in which the employer concerned							
of service showing service on th							
(Form NLRB-505); and (3) Descri							
				ND 4012j. The Sh	owing of in	nerest should only be med	
with the NLRB and should not be	e served on the	employer or any	other party.	of employees with to	h		
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be certifi	ied as representa ive	e of the employees. The	Petitioner alleges th	at the followi	ng circumstances exist and	
2a. Name of Employer	iations Board proc		lress(es) of Establishmen				
Americold		230) Collins Rd		na namber, on	y, State, 21 code)	
3a. Employer Representative – Name a	nd Titlo	W	Jefferson 53549-2022 3b. Address (If same as	c 2h ctato camo)			
Keith Meske 230 Collins Rd WI Jefferson 53549-2022							
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad		
(920) 674-3035					keith.meske@a		
4a. Type of Establishment (Factory, mine	, wholesaler, etc)	4b. Principal produ			5a. City	and State where unit is located:	
Others			Freezer Warehous	se		Jefferson, WI	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addi	tional details					39 St. Dan extertaction exception (200)	
						6b. Do a substantial number (30% or more) of the employees in he	
Excluded: See Attached Page 2 for additional details 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							
		(If no reply received,					
7b Petitioner is			presentative and desires	certification under the	Act		
8a. Name of Recognized or Certified B			8b. Address		/101.		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	droce	
oc. renvo.	ou ceil No.		OC. I AX NO.		OI. L-IVIAII AU	01655	
8g. Affiliation, if any		8	3h. Date of Recognition o	r Certification	8i. Expiration	Date of Current or Most Recent	
			-		Contract, if a	ny (Month, Day, Year)	
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved?	If so, approx	kimately how many em	ployees are p	articipating?	
(Name of labor organization)		, has picke	eted the Employer since (Month, Day, Year)			
10. Organizations or individuals other that						nd other organizations and individuals	
known to have a representative interest in					cschlauves a		
				,,			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB condu- any such election. 	cts an election in thi	s matter, state your	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca	ion(s):		
9/27/2018		5:00 p.m.		Front Dock Break R	• •		
12a. Full Name of Petitioner (including Vangie Moreno Teamsters Union Local No. 695	local name and n	umber)		12b. Address (stree 1314 N Stoughton R WI Madison 53/14-1	t and number,	, city, state, and ZIP code)	
12c. Full name of national or international International Brotherhood of Teamsters	l labor organization	of which Petitioner is	s an affiliate or constituer		213		
12d. Tel No.	12e, Cell No.		12f. Fax No.	r	12g. E-Mail A	Adress	
(608) 244-6207	(608) 212-4360		(608) 244-8730		madison@tea	amsters695.org	
13. Representative of the Petitioner wh			· · ·	sentation proceeding			
13a. Name and Title			13b. Address (street an				
Scott Soldon Attorney 3934 N Harcourt PI							
Soldon Law Firm Wi Milwaukee 53211-2444 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address							
ioo. romo.	TOU. CONTINU.		100. F 0A NU.		scott@soldor		
I declare that I have read the above pe	tition and that the	statements are true	e to the best of my know	vledge and belief.			
Name (Print)	Signature		Title		Date		
	Vangie Moreno		Business Representative	e/Organizer	08/28/201	18 08:53:10	
WILLFUL FALSE STATE	IENTS ON THIS PE	TITION CAN BE BI	INISHED BY FINE AND	IMPRISONMENT (II			

PRIVACY ACT STATEMENT

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	DO NOT WRITE IN THIS SPACE				
Attachment	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.

FORM NLRB-502 (RC)	UNITED STATES OF	AMERICA	4					DO NOT V	RITE IN THIS SP	ACE	
(2-18)	NATIONAL LABOR RELAT RC PETITIC	IONS BC	OARD Case		^{Cas} 18ºRC-226443			ata File	dst 29, 2018		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accom ; named in the petition of: (panied b (1) the pe	y bot tition	hash ; (2) S	owing of interest (s tatement of Positio	see 61 on fori	b below) an m (Form NL	d a certificat RB-505); an	e of service show d (3) Description	ving se of Rep	rvice on resentation
1. PURPOSE OF THIS PETITION: 8 bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be certified a	as réprese	entativ	ve of th	ne employees. The P	etitio	ner alleges	that the foll	owing circumstar	nces ex	
2a. Name of Employer: Hormel					Establishment(s) invo odfrey Lane, K				, State, ZIP code):		
3a. Employer Representative - Name and Title: 3b. Add Pat Kranz same					ne as 2b - state same C	;) :					
3c. Tel. No. 641-842-6841	3d. Cell No. 402-720-0801	ł		=ax No -842	2-3354		3f. E-Mail patkran	z@horme			· .
4a. Type of Establishment (Factory, I food processing	mine, wholesaler, etc.)			Princip Princip	al Product or Service Di	e		5a. City an Knoxv	d State where unit ille, IA	is loca	ted:
5b. Description of Unit Involved: Included:	· · · · · · · · · · · ·		I					6a. Numbe	r of Employees in	Unit:	
Quality Control Employee	es (Globe Election)							Ŭ			Airen
Excluded: Supervisors, Managers, ar						ed		of the e represe	ubstantial number mployees in the un inted by the Petitio	nit wish ner? 2	tó be
Check One: 7a. Request for rec on or about (Date)	(lf r	no reply re	eceive	ed,so:	state).			d Employer o	leclined recognitio	n	
8a. Name of Recognized or Certifie	rently recognized as Bargain ed Bargaining Agent (If non				ind desires certification Idress:	on un	der the Act.				
8c. Tel. No.	8d. Cell No.		8e. F	ax No).		8f. E-Mail A	Address			
8g. Affiliation, if any:	<u> </u>	81	n. Date	e of R	ecognition or Certific	ation			irrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employer's establishme	ent(s) invo	olved?	No	If so, appro		•	• • •	s are participating?		<u> </u>
(Name of Labor Organization) 10. Organizations or individuals other	than Petitioner and those na	amed in it	terns 8	8 and 1	9, which have claime		· · ·		er since (Month, D		
individuals known to have a repre	sentative interest in any emp	ployees in	n the u	init de	scribed in item 5b ab	ove. ((If none, so s	state)			
10a. Name	10b. Address			3	· ·· ··		10c. Tel. N	0.	10d. Cell No.		
							10e. Fax N	0.	10f. E-Mail Addre	SS ·	i graf
11. Election Details: If the NLRB co	nducts and election in this m	atter stat		r nosit	ion with respect to a		ch election:	11a. Election	Type.		5 -
								🔀 Manua	t 🗌 Mail 🔄	Mixed	Manual/Mail
11b. Election Date(s): 9/11/2018	11c. Election Tir 1:00 pm to		m				Lunch H	on Location(s):		
12a. Full Name of Petitioner (includ United Food and Commer Simplice M. Kuelo	ing local name and number): cial Workers Distric	t Loca	al 43	1	12b. Address (stree 2411 West Ce					804	
12c. Full name of national or internati United Food and Commer		nich Petiti	oner i	s an a	ffiliate or constituent	(if no	ne, so state)	:			
12d. Tel. No. 563-323-3655	12e. Cell No. 515-577-7755			Fax No 3-323	». 3-8763		12g. E-Mai skuelo@	I Address Uufcw43	.com		
13. Representative of the Petitione 13a. Name and Title: Simplice M. Kuelo	r who will accept service o	f all pape	13b.	Addre	oses of the represents (street and number est Central Park	er, city	y, State and	ZIP code):	804	·	
4 4	13d. Cell No. 515-577-7755		563		3-8763		-	Address Jufcw43	.com	,	
I declare that I have read the above Name (Print)	e petition and that the state Signature		re tru	e to th	e best of my knowl	ledge Title					Date
SIMPLICE M KUELO	Signature Signature	\sim	mf	Ul	1110-			RESENTA	TIVE/ORGANIZ		08/28/2018
	1 # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-11-	1					ŕ	1		

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RISONMENT (U.S. COUR, TION 1001)

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.

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				DON	OT WRITE	IN THIS SPAT	E }
FORM NLRB-502 (RD) (2-18)	UNITED STATES OF AM NATIONAL LABOR RELATION RD PETITION		Case No	18-RD-225	5473		e Filed gust 13, 2018
employer concerned is loca the employer and all other p	RD FEITHON filed using the Agency's website, ted. The petition must be accomp parties named in the petition of:(1) RB 4812). The showing of Interest	anled by both a showing of int the petition; (2) Statement of P	erest (see 7 be osition form (i	low) and a cei Form NLRB-50	rtificate of (5); and (3)	service showing Description of	ng service on f Representation
recognized bargaining repre	ON: RD-DECERTIFICATION (REM sentative is no longer their representa- ceed under its proper authority pu	ative. The Petitioner alleges that	t the following	circumstance			
2a. Name of Employer	······	2b. Address(es) of Establishme		Street and num			
UNIFIED SCREENIN	UG + CRUSHING-MNIN	~	0000	RD	EA61	IN MN	53721
3a. Employer Representative	- Name and Title $SS - CFD$	3b. Address (If same as 2b - sta 3350		RD,	BAGA-	Me	55121
3c. Tel. No.	3d. Fax No.	3e. Ceil No.	3f. E-Mail A			0	
651-454-8835	651-405-1626					SQUNIFIED	SCREENING. CO
4a. Type of Establishment (Factor)	ory, mine, wholesaler, etc.)		WOVEN	I product or ser		24	
5a. Description of Unit Involved			10000	00 /100		5b. City and Sta	ate where unit
Included:	· · · · · · · · · · · · · · · · · · ·					is located:	
9042	EMPLOYEES					EAG	AN,
Excluded:						M	N
OFFICE, SA	LES AND ADMI	N					
6. No. of Employees in Unit		r (30% or more) of the employees		onger wish to b	e represer	ted by the certif	fied or currently
8a. Name of Recognized or Cer	recognized bargaining n	epresentative? 🛃 Yes 🚺 Ne		Bb. Affiliation, if	anv		
TATHORNALIA	NAL Associatio	100 Standar Sta	Pacture) AF	Г —	C. 1	0.
Bc. Address		Jad. Tel. No.	CTO WAR	Be, Cell No.	<u> </u>	<u> </u>	
	Abauer	70	181	708	91	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	64 1
		8f. Fax No.		Sg. E-Mail Add	ess	لا ــــــــــــــــــــــــــــــــــــ	
10035 GRAC	Ave 203 FRANKI	101160131		Cuba	YCR	GIWL	Nt
9. Date of Recognition or Certific	cation	10. Expiration Date of Current o		Contract, if any	(Month, Da	ayl; Year)	
· · · · · · · · · · · · · · · · · · ·		فوالبعدية والمحجق تشبر عي المستعين شبيعي كبير عن المسيح المسيح		·····			
and the second	keting at the Employer's establishmer		110. IT SO, a	pproximately no	ow many el	mployees are pa	abor organization, of
	cketed by or on behalf of (Insert Nan	ie,			sines (Ma	nth, Day, Year)	abor organization, or
(Insert Address)	other those named in items 8 and 11	c which have claimed recognition	as represents	tives and other	· · · · · · · · · · · · · · · · · · ·		
and individuals known to ha	ve a representative interest in any en		tem 5 above. (If none, so stat	e)		
12a. Name	12b. Address		12c. Tel. No		120. 6	ax No.	
			12e. Cell No			Mail Address	
			120. 000 140		(Z. L		
13. Election Details: If the NLF matter, state your position w	RB conducts an election in this ith respect to any such election.		13a. Electio	n Type: 🌔 Ma	nual 🗌	Mail 🗌 Mix	ed Manual/Mail
13b. Election Date(s)	13c. Election Tin	ne(s) OIND PM	13d Electio	n Location(s)			
8-23-18	2:50	- 3:10 PM	Lin	ct Rec	m		
14. Full Name of Petitioner	(b) (6), (b)	(7)(C)					
14a. Address (Street and numb	Ar any state ZIP and a) (5),	140. (el. No		1146 8	ax No.	
(b) (6), (b) (7)(C)	n, city, state, zir codey			•	190.1	un 192	
			(b) (ô), (l	(7)(C)		Mail Address (6), (b) (7)(
			(b) (b), (l	(r)(C)	(D)	(b), (b) (7)((C)
14f. Affiliation, if any							
15. Representative of the Peti	tioner who will accept service of al	papers for purposes of the re		roceeding.			
15a. Name (b) (6), (b) (7)	(C)		15b.Title				
			100 701 100		145.5		
15c. Address (or and notice	n, uny, state, 21 Coucy		15d, Tel. No	•	15e. F	ax No:	{
(b) (6), (b) (7)(C)			15f. Cell No		150 F	Mail Address	
			(b) (6), (b) (7)(C)	(b) (6	6), (b) (7)(0	C)
I declare that I have read the a	above petition and that the stateme (b) (b), (b) (c),	nts are true to the best of my k	nowledge and	Deliet,			
(b) (6), (b) (7)(C)	(b) (6), (b) ((C)	(b) (6), (b	(7)(C)		D	ate Filed
						12	5-10-18
	(b) (b), %	CAN BE PUNISHED BY FINE A PRIVACY ACT STATEMEN	N			B, SECTION	1001)
Solicitation of the information on the	s form is authorized by the $(b)(7)$ r R	elations Act (NLRA), 29 U.S.C. § 151 el	seq. The princip	al use of the inform	nation is to as	sist the National L	abor Relations Board

(NLRB) In processing representation and related proceedings (C) the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.