#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
18-RC-259917	May 04, 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) 795 Enterprise Drive, Marion, IA 52302 Linn County Elplast America 3a. Employer Representative - Name and Title 3b. Address (If same as 2b = state same) Mike Burton, Operations Manager SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (630) 484-6190 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Plastic Closure/Zipper Mfr. Factory Marion, IA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time Production and Maintenance employees including quality, and warehouse workers and leads, 17 employed by the employer at their 795 Enterprise Drive, Marion, Iowa location. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees including, office clerical employees, professional employees, managerial employees, guards and unit wish to be represented by the supervisors, as defined by the Act, as amended Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petition to serve as request. 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certifica ion under he Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 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 picke ing at the Employer's establishment(s) involved? NO If so, approximately how many employees are par icipating? (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 Manual ✓ Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Date(s): 11c. Elec ion Time(s): 11d. Election Location(s): May 25, 2020 N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) District Lodge 6, International Association of Machinists & Aerospace Workers AFL-CIO 1901 S. Meyers Road, Oakbrook Terrace, IL 60181 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title William J. Lepinske, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code) 1901 S. Meyers Road, Oakbrook Terrace, IL 60181 13c Tel No 13d Cell No. 13e Fax No. 13f. E-Mail Address 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.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) Signature Date William J. LePinske Grand Lodge Representative May 4, 2020

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

#### PRIVACY ACT STATEMENT

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

Brad Williams

**UNITED STATES GOVERNMENT** NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 18-RC-260134

Date Filed May 8, 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) 1809 Milton Ave, Janesville, WI 53545 ADT Security Services, INC 3b. Address (If same as 2b – state same) Same 3a, Employer Representative - Name and Title Matt Ides-Service Manager 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. 224-531-9130 608-216-2292 mrides@adt.com 4a Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a City and State where unit Is located: Security Installation facility Install, maintain and service electronic Security systems. Janesville, WI 5b. Description of Unit Involved 6a. No. of Employees in Unit. Included: Service Technicians, Install Technicians, Lead Install Technicians, Lead Service 11 6b. Do a substantial number (30% Technicians, Service Technician Trainees, Install Technician Trainees or more) of the employees in the Excluded: Supervisory, Managerial, Confidential employees, and Guards as defined by the ACT and all other employees. unit wish to be represented by the Petilioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 5/8/2020 \_\_\_\_ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None 8d Cell No. At F-Mail Address 8c. Tel No. He Fax No. 8g. Affillation, 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? N/A (Name of labor organization) N/A , has picketed the Employer since (Month, Day, Year) N/A 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 10a Name 10c Tel No 10d. Cell No. N/A N/A 10e, Fax No. 10f. E-Mail Address N/A NIA 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 
Manual Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): As soon as reasonably possible Normal working hours 1809 M Ilon Ave, Janesv Ile, WI 53545 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Brotherhood of Electrical Workers Local 364 6820 M II Rd, Rockford, IL 61108 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers 12d. Tel No. 12i. Fax No. 12e. Cell No. 12g. E-Mail Address 202-833-7000 202 728-7676 agreements@ibew.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Brad Williams Membership Development Coordinator 13b. Address (street and number, city, state, and ZIP code) 6820 Mill Rd, Rockford, II 61108 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. B15 398-1203 815-398-6282 ext 228 Same bwilliams@ibew364.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Sylvalure Date

#### WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 1001) PRIVACY ACT STATEMENT

Membership Development Coordinator

May 8th, 2020

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-260136 Date Filed May 8, 2020

in which the e of service sho (Form NLRB-) with the NLRB	employer concerned owing service on the 505); and (3) Descrip 3 and should not be	is located. Th employer and tion of Repres served on the	e petition must all other partie entation Case emplover or ar	t be accompanied by b es named in the petitio Procedures (Form NLF	ooth a showing of in of: (1) the petiti RB 4812). The sh	interest (sei ion; (2) State owing of inte	n NLRB office in the Region e 6b below) and a certificate ement of Position form erest should only be filed	
becanining by	Delitioner and Patitioner of	lasiras to be certif	ieri se renresentati	we of the employees. The f	Petitioner alleges the	at the following	a circumstances exist and	
requests that	the National Labor Rela	tions Board proc	ceed under its pro	per authority pursuant to	Section 9 of the Nat	tional Labor Re	elations Act.	
2a. Name of Em				ddress(es) of Establishment E. 34th Street, Hibb		na number, city,	, State, ZIP code)	
	ige Medical Cente		1/50	3b. Address (If same as	•			
3a. Employer Re Mitch Vincen	presentative – Name and t. Director of Hu		000	Same	20 - state same)			
3c. Tel. No.	L, Director or Flu	3d, Cell No.	003	3e. Fax No.		3f. E-Mail Add	FARS	
(218) 262-48	82	(218) 969-8	3296	36. Pax 140.			Drange.fairview.org	
	olishment (Factory, mine,			oduct or service			and State where unit is located:	
Hospital	Appriliant (r actory, mine,	morodator, stee,	Medical Car			Hibbing		
5h Description	of Unit Involved						6a. No. of Employees in Unit:	
Included: Ho	spital Techs: Lab,	Phlebotomy	, X-ray, Ultra	sound, MRI, Diag. I	mage, CT/Imag	je,	39	
Ra Excluded: Su	diology, Radiation	, Nuclear, M	ammography				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Patitioner? Yes V No	
Check One:	7a Request for a	ecognition as Bar	gaining Represent	ative was made on (Date) _	an	d Employer dec	fined recognition on or about	
Check One.			(If no reply receiv					
	7b. Petitioner is			Representative and desires	certification under the	Act,		
8a. Name of Re NONE	cognized or Certified Ba	rgaining Agent (	If none, so state).	8b. Address				
8c. Tel No.		8d Cell No.		8e. Fax No.		8f. E-Mail Address		
8g. Affiliation, if any							Date of Current or Most Recent by (Month, Day, Year)	
	strike or picketing at the	Employer's establ		d? NO If so, approx		nployees are pa	articipating?	
10. Organization	s or individuals other than	Petitioner and the any employees in	ose named in item		ed recognition as rep	resentatives an	d other organizations and individuals	
10a. Name		10b. A	ddress		10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f, E-Mail Address	
11, Election De		ts an election in t	his matter, state yo	our position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail	
11b. Election Da Mail ballots on	ite(s):	11c. I MAIL	Election Time(s):		11d. Election Location(s): MAIL			
12a. Full Name Thor Backus,	of Petitioner (Including (AFSCME Council)	35)	New Years to the second		1322 Eleanor Ave		city, state, and ZIP code) JL MN, 55116	
12c. Full name of American Fede	of national or international ration of State, County	labor organization and Municipal	n of which Petitions Employees	er is an affiliate or constituer	nt (if none, so state)			
12d. Tel No. (612) 619-2542 (612) 619-2542			12f. Fax No. (218) 885-3245		12g. E-Mail Address tbackus@afscme65.org			
		o will accept ser	vice of all papers	for purposes of the repres	sentation proceeding	g.		
82	Title Thor Backus / Lead O			13b. Address (street an 1322 Eleanor Avenue, ST I	d number, city, state,			
13c, Tel No. (612) 619-2542	)	13d. Cell No. (612) 619-25	42	13e. Fax No. (218) 885-3245		13f, E-Mail Ad tbackus@afs		
				rue to the best of my know	wledge and belief.			
Name (Print)		Signature	and	Title Lead Organizer		Date	1-8,2020	
W Daulius	ILLEUL FALSE STATEN	ENTS ON THIS P	PETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U	S. CODE, TIT	E 18, SECTION 1001)	

PRIVACY ACT STATEMENT

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.		Date Filed				
	18-RC-260153	5/8/2020				

						INC Z	00122 [ 2\s	3/2020	
INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be named in the peti 12). The showing o	e accompanied b tion of: (1) the pe of interest should	y both a sh etition; (2) S only be file	owing of interest (section and with the NLRB and with the NLRB and	e 6b below) and form (Form NLF d should not be s	a certificat 18-505); and served on t	e of service showing se d (3) Description of Rep he employer or any oth	ervice on presentation er party.	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Laboration.	ioner desires to be	certified as repres	entative of th	ne employees. The Per	titioner alleges t	hat the foll	owing circum stances e	flective xist and	
2a. Name of Employer. Profile Einishing Systems				Establishment(s) invol		umber, City	State, ZIP code):		
Profile Finishing Systems		- 1		ı Prairie Avenue I 53189	5				
3a. Employer Representative - Nar	ne and Title:			e as 2b - state same):			T		
Chris Knuth, President Same									
3c. Tel. No. 262-522-6800	3d. Cell No.		3e. Fax No 262-513	3-2837	3f. E-Mail A	profilefi	nishing.com		
4a. Type of Establishment (Factory, Factory	mine, wholesaler, e	(c.)		eal Product or Service g & coating indi	ustrial parts	5a. City an Waukesh	d State where unit is loca a, WI	ated	
5b. Description of Unit Involved: Included: See attached.						6a. Numbe 26	r of Employees in Unit:		
Excluded:						6b. Do a su	ubstantial number (30% o	or more)	
All guards & supervisors Check One: 3 7a. Request for rec			e was made	on (Date) Location	natition and		mployees in the urit wis inted by the Petitioner? ( leclined recognition	¥ Yes □ No	
on or about (Date)		(If no reply r	eceived, so	state).		i Silihiokat (	iacht an Lacodullion		
7b. Petitioner is cui					n under the Act				
None			,						
8a Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:		8	Th. 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 Employer's es	tablishment(s) inve	olved? No	) If so, approx	•		s are participating?		
(Name of Labor Organization)							er since (Month, Day, Ye		
Organizations or individuals other individuals known to have a representation.							es and other organization	is and	
10a. Name	10b. A	ddress			10c. Tel. No	10c. Tel. No. 10d. Cell No.			
			10e. Fa			).	10f. E-Mail Address		
dd Flackies Dake!		72 delle		4	l and defend	14 - F1 - 1	T		
11. Election Details: If the NLRB co See attached			te your posi	tion with respect to any	F1	Manua Manua	al ∡ Mail ☐ Mixed	Manual/Mail	
11b. Election Date(s): 5/18/20		lection Time(s): /20 return ba	llots & c	counting	11d. Electio	n Location(s	5).		
12a. Full Name of Petitioner (include IUPAT District Council N	ding local name and			12b. Address (street S68 W 22665 N					
				Big Bend, WI	53103				
12c. Full name of national or internat International Union of Pai	inters & Allie								
12d. Tel. No. 262-662-1820	12e. Cell No.		12f. Fax N		12g. E-Mail				
13. Representative of the Petitione 13a. Name and Title:	r who will accept	service of all pap		ooses of the representes (street and number					
Steven Schreiner, Director of	of Organizing						Big Bend, WI 5310	)3	
13c. Tel. No. 262-662-1820	13d. Cell No.	444	13e. Fax N	No.	13f. E-Mail A steve@i		com		
I declare that I have read the above	e petition and that		re true to the	he best of my knowle				Data	
Name (Print) Steve Schreiner		Signature /s/ Steve Sc	hreiner		Title Director of	Organiz	ing	Date 05/08/20	
1									

### **RC PETITION**

Re: Profile Finishing Systems

### 5b. Description of Unit Involved:

All full-time and regular part-time production employees of the employer at its Waukesha, Wisconsin facility.

### 11. Election Details:

Petitioner seeks a mail ballot election with 10 days between the mailing and the counting of ballots.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.

18-RC-260318

DO NOT WRITE IN THIS SPACE

May 13, 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): **TDS Metrocom** 7208 Synergy Ct., Suite B, Schofield, WI 54476 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Charles Beatty, Area Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 715-841-9666 715-899-0743 Charles.beatty@tdstelecom.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b Principal Product or Service 5a. City and State where unit is located: Telecommunications Telecommunications Products and Servi-Synergy, WI 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be See Attachment represented by the Petitioner? X Yes Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 5-13-2020 and Employer declined recognition No reply 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) 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) None 10a Name 10b. Address 10c Tel No 10d Cell No. 10e. Fax No. 10f F 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: 6-8-2020 ☐ Manual ☐ Mail Mixed Manual/Mail 11b. Election Date(s): 11c Election Time(s): 11d. Election Location(s): 6-8-2020 11:00AM-1:00PM Employer address 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Communications Workers of America, District 4 20525 Center Ridge Rd., Suite 700, Cleveland, OH 44116 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Communications Workers of America 12d. Tel. No 12e Cell No. 12f. Fax No. 12g. E-Mail Address 440-333-6363 812 797-7345 440-333-1491 ihawkins@cwa-union.org 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): 2629 Waterfront Parkway East Dr., Suite 365, Indianapolis, IN 46214 Justin Hawkins, Senior Campaign Lead 13f E-Mail Address 13c. Tel. No. 13d Cell No. 13e. Fax No. 317 297 3047 812-797-7345 317 297-3051 jhawkins@cwa-union org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Title 5-13-2020 Justin Hawkins Senior Campaign Lead

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

### TDS Metrocom Schofield, WI Unit Description

Including: All Part-time and Full-time employees of TDS Metrocom in Schofield, WI in the titles of Field Service Technician, Network Specialist and Field Services Assistant.

Excluding: All other employees, managers, supervisors and others excluded per the Act.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 18-RC-260436	Date Filed May 15, 2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

of service showing service on the (Form NLRB-505); and (3) Description	ne employer and	all other parties	s named in the petitlo	n of: (1) the petit	ion; (2) State	ment of Position form		
				(D 4012). 1118 SII	owing or line	rest should only be med		
with the NLRB and should not b  1. PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner	CERTIFICATION OF	REPRESENTATI	VE - A substantial number					
requests that the National Labor R		eed under its pro	per authority pursuant to	Section 9 of the Na	tional Labor Re	lations Act.		
2a, Name of Employer			dress(es) of Establishment	(s) Involved (Street a	nd number, city,	State, ZIP code)		
Roy C. Inc		M	010 Lamont Ave NE N Hanover 55341-					
3a. Employer Representative – Name	and Title		3b. Address (If same as	2b - state same)		İ		
David Boily		and the control of th			06 = 11 11 4 11			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mall Addr			
(763) 497-5455	(612) 770-1981		(763) 497-5466		daveb@roycinc.c			
4a. Type of Establishment (Factory, min	e, wnoiesaier, etc.)	4b. Principal pro		matia daara	ba. City a	and State where unit is located: Hanover, MN		
Construction  5b. Description of Unit Involved		lus:	tallation and service of auto	anatic doors	L	6a. No, of Employees in Unit:		
1985 A MORRO A DISSOLARDAS - MALES SARRING ROSSOLARDA (1985 INS. 1985 INS. 1						11		
Included: See Attached Page 2 for ad-	ditional details				ŀ	6b, Do a substantial number (30%		
Excluded: See Attached Page 2 for ad-	ditional details	53.000				or more) of the employees in the unit wish to be represented by the		
						Petitioner? Yes [ 7] No [ ]		
Check One: 7a. Request for				an	d Employer deci	ined recognition on or about		
		(If no reply receive						
			epresentative and desires of	certification under the	Act.			
8a. Name of Recognized or Certified	Bargaining Agent (/	r none, so state).	8b. Address					
8c, Tel No.	8d Cell No.		8e. Fax No.	-	8f. E-Mail Addr	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	e Employer's estabil	shment(s) involved	? No If so, approx	imately how many en	nployees are par	rticipating?		
(Name of labor organization)		, has picl	keted the Employer since (A	Month, Day, Year)	v - 10			
10. Organizations or individuals other th	an Petitloner and the	se named in items	8 and 9, which have claims	ed recognition as rep				
known to have a representative interest	in any employees in	the unit described	in item 5b above. (If none,	so state)		_		
40 N	1 401 6			40- T-L 11-		I dod Callida		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e, Fax No.		10f. E-Mail Address		
20 0						9 P. C.		
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	MACHINARICA CARL DESIGNATION AND PARTIES CONTRACTOR	ALVES CALLECTED STREET	r position with respect to	11a. Election Type	: 🔽 Manual 📗	Mail Mixed Manual/Mall		
11b, Election Date(s): 06/02/2020	11c, E 7 A.M.	lection Time(s):		11d. Election Local		amont AVE NE, Hanover, MN 55341		
12a, Full Name of Petitioner (including		umber)				city, state, and ZIP code)		
Brady Nels Nelson International Union of Painters and Allied Trade	s District Council 82			3205 Country Drive MN Little Canada 55	5117.	,,,		
12c. Full name of national or internation international Union of Painters and Allied	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mall Ad	dress		
(651) 224-5480	(651) 236-7615				bnělson@iupa	t82.org		
13. Representative of the Petitioner v	vho will accept serv	ice of all papers f						
13a, Name and Title Brendan Cummins			13b. Address (street and 920 2nd Ave S #1245		and ZIP code)			
Cummins and Cummins LLP MN minneapolis 55402-								
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address brendan@cummins-law.com								
declare that I have read the above p			ue to the best of my know	vledge and bellef.				
Name (Print)	Signature		Title	3	Date			
Brady Nels Nelson	Brady Nels Nelson		Director of Organizing		05/15/2020	10:18:42		
			<u> </u>					

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-260436

Date Filed

May 15, 2020

Employees Included

Attachment

All full time and regular part time automatic door technicians

**Employees Excluded** 

Office and clerical employees, managers and supervisors as defined in the act, guards, janitorial employees, engineers and all other employees

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
18-RC-260491	May 15, 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 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: Lake Region Healthcare 712 S Cascade St, Fergus Falls, MN 56537 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ryan Hoyt Same **Human Resources Director** 3c. Tel. No. 3f. E-Mail Address 3d Cell No 3e. Fax No. 218.736.8000 rhoyt@lrhc.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Fergus Falls, Minnesota Healthcare Hospital 5b. Description of Unit Involved: 6a. Number of Employees in Unit. 82 Included: All full time and part time employees in the technical bargaining unit 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

✓ Yes 

No Managers, Supervisors and other employees Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 05/15/20 on or about (Date) no reply received (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none 8d. Cell No. 8f, E-Mail Address 8c. Tel. No. 8e. Fax No. 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (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. 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: Mail ballot election-mailed out June 5 and returned June 19 Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Minnesota 345 Randolph Ave, Suite 100, Saint Paul, Minnesota 55102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 651-747-7158 kassie.hobbs@seiuhcmn.org 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) 345 Randolph Ave, Suite 100, Saint Paul, MN 55102 Kassie Hobbs, Organizing Director 13d, Cell No. 13c. Tel. No 13f. E-Mail Address 13e Fax No. 651-747-7158 651-747-7158 kassie.hobbs@seiuhcmn.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Date Kassie Hobbs Organizing Director 5/15/2020

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
18-RC-261000	May 29, 2020

INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	ne peddon n named in th 12). The sho	e petition of: (1) wing of interest :	nied by the peti should o	both a s tion; (2) nly be fi	howing of interest (s Statement of Position ied with the NLRB an	see 6b b on form ( nd shou	elow) and Form NL id not be	l a certificat RB-505); an served on t	e of service showing s d (3) Description of Re he employer or any oti	service on presentation her party.		
<ol> <li>PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory</li> </ol>	ioner desires	to be certified as Board proceed u	represen nder its	tative of t proper a	the employees. The Pouthority pursuant to	Petitione Section	r alleges 9 of the	that the foll National La	owing circumstances of bor Relations Act.	ollective exist and		
2a. Name of Employer: United Natural Foods Inc	•		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1000 Eagle Ridge, Prescott WI. 54021									
3a. Employer Representative - Nar	ne and Title:		b. Addre	ess (if sar	me as 2b - state same,	e):						
James Phern.	James Phernetton				Same							
715-2102-81034	3d. Cell No.		1	Be. Fax N	10.	31	f. E-Mail A	ddress				
4a. Type of Establishment (Factory, Wolesaler	mine, wholese	eler, etc.)	Í	b. Princip Produc	pal Product or Service	9			d State where unit is locatt, WI. 54021	ated:		
5b. Description of Unit involved: included: All Drivers				****				6a. Numbe 42	r of Employees in Unit:			
Excluded: Warehouse, Mechanics, A						ed in t	he act	of the e	ubstantial number (30% mployees in the unit wis need by the Petitioner?	h to be		
Check One: 7a. Request for recon on or about (Date)	ognition as B			was made			and	Employer o	eclined recognition	N 169   140		
☐ 7b. Petitioner is cu	rently recogn	zed as Bargainin	Repres	entative	and desires certification	on under	the Act.	3y th	is petition	l		
8a. Name of Recognized or Certific		Agent (If none,	so state)	8b. A	ddress:							
8c. Tel. No.	8d. Cell No.		8	8e. Fax No. 8f. E-Mail			. E-Mail A	Address				
8g. Affiliation, if any:			8h.	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 Employe	r's establishment	s) involv	ed?	If so, appro	ximately	how man	y employees	are participating?			
(Name of Labor Organization)									er since (Month, Day, Ye			
<ol> <li>Organizations or individuals other individuals known to have a repressione</li> </ol>	rthan Petition sentative inte	er and those nam rest in any emplo	ed in iter yees in th	ns 8 and he unit de	9, which have claimed escribed in item 5b abo	d recogn love. (If n	nition as re none, so s	presentative tate)	s and other organization	ns and		
10a. Name	1	Ob. Address		***********		10	c. Tel. No	. ]	10d. Cell No.			
							10e. Fax No. 10		10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and ele	ection in this matte	er, state	vour posi	tion with respect to an	ny such e	election: I	1a Flection	Type			
Would like multiple dates	as drivers	are coming	and g	oing o	n a regular basi	is				Manual/Mail		
11b. Election Date(s): 5/4,8 &11/2020		tc. Election Time th and 11th		m, 8th	2 to 4am		11d. Election Location(s): Facility Breakroom					
I2a. Full Name of Petitioner (included Teamsters General Union	ing local name Local 662	e and number):			12b. Address (street 850 HWY 153	t and nur 3 Suite	nber, city, D, Mo	State and Z osinee, W	IP code): 71. 54455			
2c. Full name of national or internati International Brotherhood	onal labor org Of Team:	anization of which	Petition	er is an a	I affiliate or constituent (	(if none,	so state):	******	***************************************			
12d. Tel. No. 715-693-4536	12e, Cell No. 715-577-	0518		2f. Fax N	o. 3-4526		g. E-Mail auclaire		ters662.com			
3. Representative of the Petitione	who will acc	ept service of a				ntation	proceedir	ng.				
iЗа. Name and Title: Гim Wentz, Secretary Treasurer					ess (street and number 300th Ave. Hage							
3c. Tel. No.	13d. Cell No. 715-577-			3e. Fax N		tu		ddress @yahoo	.com			
declare that I have read the above	petition and		nts are 1	true to th	ne best of my knowle	The state of the s	d bellef.					
Name (Print) Γim Wentz		Signature	w	entz		Secre	etary T	reasurer		Date 5/19/2020		

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
18-RD-260247	May 11, 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 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: 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.

	N: RD-DECERTIFICATION (REIntative is no longer their represer ted under its proper authority p	tative. The Petitione	r alleges that t	he followi	ng circumstances e				
2a. Name of Employer		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)							
Twin City Chromium Plat	ing	641 NE Hoov	er St, Minne	capolis, l	MN 55413				
3a. Employer Representative - N	lame and Title	3b. Address (If sar	me as 2b - state	same)					
Ben Minger -CEO		same							
3c. Tel. No.	3d. Fax No.	3e. Cell No.	*********	***************************************					
(612) 331-8895	(612)331-3926			ben@twincityplating.com					
4a. Type of Establishment (Factor	y, mine, wholesaler, etc.)			4b. Princi	pal product or service	:			
Plating shop				metal f	inishing				
5a. Description of Unit Involved Included:				-		5b. City and is located	State where unit		
platers/rackers/packers/sh	inning&receiving/macker	c				Minneano	olis, Minnesota		
Excluded:	pping&receiving/masker	•					, , , , , , , , , , , , , , , , , , , ,		
maintenance/management		100	134						
6. No. of Employees in Unit 18	<ol><li>Do a substantial numb recognized bargaining</li></ol>			n the unit n	o longer wish to be re	epresented by the co	ertified or currently		
8a. Name of Recognized or Certifi	ed Bargaining Agent		0.0		8b. Affiliation, if any	1			
Teamsters Local 970									
8c. Address 3001 University Ave SE S	Suite 300 Minneapolis M	N 55414	8d. Tel. No. (612) 331-	-6633	8e. Cell No.				
5001 Olliversity Ave BE 8	saice 500, willineapons, w	11 33414	8f. Fax No.	0033	8g. E-Mail Address	<u>,                                    </u>			
			(612) 331	-2631	og. E maii Addieso				
Date of Recognition or Certifica	10. Expiration Date 07/31/2020	<ol> <li>Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</li> <li>07/31/2020</li> </ol>							
11a. Is there now a strike or picket	ting at the Employer's establishm	ent(s) involved?	Yes 🗵 No	11b. If so	approximately how r	nany employees are	participating?		
11c. The Employer has been picket	ated by or on behalf of (Insert Na	ime)					a labor organization, of		
(Insert Address)					sino	ce (Month, Day, Yea	r)		
12. Organizations or individuals ot	her those named in items 8 and 1	1c, which have claim	ed recognition	as represe	ntatives and other org	anizations			
	a representative interest in any e	employees in the unit	described in ite			104 Fay No			
12a. Name	12b. Address			12c. Tel.	NO.	12d. Fax No.			
				12e. Cell	No.	12f. E-Mail Addres	S		
13. Election Details: If the NLRB matter, state your position with		pprove		13a. Elec	ion Type: 🔀 Manua	Mail _	Mixed Manual/Mail		
13b. Election Date(s)	13c. Election T	ime(s)		13d. Election Location(s)					
05/19/2020	10:00 AM			Twin City Plating					
14. Full Name of Petitioner (b) (6), (b) (7)(C)									
14a. Address (Street and number,	city, state, ZIP code)			14b. Tel.	No.	14c. Fax No.			
(b) (6), (b) (7)(C)	nagen (# 185 A) HAVE THE POST AND			(b) (6), (	b) (7)(C)	A Device of the section of the secti			
(=) (=), (=) (-),				14d. Cell		14e. E-Mail Addres	SS		
					(b) (6), (b) (7)	(C)			
14f. Affiliation, if any	200								
15. Representative of the Petitio	ner who will accept service of	all papers for purpo	ses of the repr	esentation	proceeding.				
15a. Name	3 35 75 75			15b.Title					
15c. Address (Street and number,	city, state, ZIP code)			15d. Tel.	No.	15e. Fax No.			
				15f. Cell f	10.	15g. E-Mail Addres	SS		
14-1 # #					ad balled				
I declare that I have read the abo	Sig (b) (6), (b)	(7)(C)	ny Kn	owledge a	no bellet.		Date Filed		
Name (Print) (b) (6), (b) (7)(C)	Sig			(b) (6). (b) (7)(	2)		05/06/2020		