

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-255612	Date Filed 2/3/2020

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: Western Municipal Construction Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5855 Elysian Road, Billings, MT 59101	
3a. Employer Representative - Name and Title: Jock Clause - Owner		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 406-254-2106	3d. Cell No. 406-698-1835	3e. Fax No. 406-245-9736	3f. E-Mail Address jclause@wmc-i.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal Product or Service Utility Contractor	5a. City and State where unit is located: Statewide Montana

5b. Description of Unit Involved: Included: All construction workers including general laborers, equipment operators Excluded: Supervisors, Guards, Office & Clerical workers		6a. Number of Employees in Unit: 44	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
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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) Laborers Local 1686	8b. Address: 3100 Horseshoe Bend Road, Helena, MT 59602
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8c. Tel. No. 406-442-1441	8d. Cell No. 406-490-5199	8e. Fax No. 406-442-1320	8f. E-Mail Address kimr@montanalaborers.com
8g. Affiliation, if any: LiUNA		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 1/31/2020

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 None	10b. Address None	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: Statewide contractor - mail
11a. Election Type:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Laborers Local 1686	12b. Address (street and number, city, State and ZIP code): 1111 Main Street, #9, Billings, Montana 59105
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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):
LiUNA

12d. Tel. No. 202-737-8320	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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: Becky Riedl - Field Agent		13b. Address (street and number, city, State and ZIP code):
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13c. Tel. No. 406-259-4471	13d. Cell No. 406-698-0309	13e. Fax No. 406-256-5541	13f. E-Mail Address becky@montanalaborers.com
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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) Rebecca Riedl	Signature <i>Rebecca Riedl</i>	Title Field Agent	Date 1-30-2020
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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 may 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. 27-RC-255869	Date Filed 2/6/2020

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 The Whitestone Group	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6422 East Main Street, Suite 100 OH Reynoldsburg 43068
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3a. Employer Representative - Name and Title John Clark Sr.	3b. Address (If same as 2b - state same) 6422 East Main Street, Suite 100 OH Reynoldsburg 43068
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3c. Tel. No. (614) 501-7007	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@whitestonegroup.us
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal product or service Security	5a. City and State where unit is located: Boulder, CO
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 19	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) _____ 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
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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? 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
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11b. Election Date(s): 2/24/2020	11c. Election Time(s): 5:15 AM to 7:15 AM & 1:45 PM to 2:15 PM	11d. Election Location(s): National Institute of Standards Technology (NIST) 325 Broadway Boulder
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12a. Full Name of Petitioner (including local name and number) STEVE MARITAS Law Enforcement Officers Security Unions LEOSU, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) 1155 F STREET NW #1050 DC Washington DC 20004
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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)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel. No. (800) 516-0094	12e. Cell No. (202) 486-8558	12f. Fax No. (202) 595-3510	12g. E-Mail Address Leosunions@gmail.com
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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)
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13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) STEVE MARITAS	Signature Steve Maritas	Title Organizing Director	Date 02/6/2020 14:00:57
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All armed and unarmed protective service officers, sergeants & dispatchers employed by The Whitestone Group, performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act, employed by the employer at its location noted in 11d

Employees Excluded

Office clerical employees, managerial employees, project manager, supervisors as defined by the National Labor Relations Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 27-RC-256312	Date Filed 2/13/2020
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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 Wyoming Tribune Eagle	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 702 W Lincolnway WY Cheyenne 82001-
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3a. Employer Representative - Name and Title Rory Palm	3b. Address (If same as 2b - state same) 702 W Lincolnway WY Cheyenne 82001-
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3c. Tel. No. (307) 633-3165	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rpalm@adamspg.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Printing & Publishing	4b. Principal product or service newspaper, community reporting	5a. City and State where unit is located: Cheyenne, WY
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	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) _____ 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
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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? 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
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11b. Election Date(s): 2/25/2020	11c. Election Time(s): 8 am - 10 am 1 pm - 3 pm	11d. Election Location(s): at the Wyoming Tribune Eagle location
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12a. Full Name of Petitioner (including local name and number) Anthony Mulligan Denver Newspaper Guild - CWA Local 37074	12b. Address (street and number, city, state, and ZIP code) 1175 Osage st Suite 205 CO denver 80204-
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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) The NewsGuild - CWA	12d. Tel No. (303) 595-9818	12e. Cell No. (303) 956-1255	12f. Fax No.	12g. E-Mail Address dng@denvernewspaperguild.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
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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) Anthony Mulligan	Signature Anthony Mulligan	Title Administrative Officer	Date 02/11/2020 11:26:55
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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 27-RC-256312	Date Filed 2/13/2020

Employees Included
all newsroom employees

Employees Excluded
office clerical, professional employees, guards and supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-256466	Date Filed 2/18/2020

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 Albertsons	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2625 E. 2nd Street WY Casper 82609
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3a. Employer Representative - Name and Title Robert McLaughlin	3b. Address (If same as 2b - state same) 6900 South Yosemite Street CO Centennial 80112
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3c. Tel. No. (208) 395-6154	3d. Cell No.	3e. Fax No. (623) 295-3892	3f. E-Mail Address robert.mclaughlin@safeway.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Grocery	5a. City and State where unit is located: Casper, WY
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 5
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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"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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? 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.
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10e. Fax No.	10f. E-Mail Address
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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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 3/4/2020	11c. Election Time(s): N/A	11d. Election Location(s): By mail ballot
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12a. Full Name of Petitioner (including local name and number) Randy Tiffey United Food and Commercial Workers Local 7	12b. Address (street and number, city, state, and ZIP code) 7760 W. 38th Avenue CO Wheat Ridge 80033
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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 AFL-CIO

12d. Tel No. (303) 425-0897	12e. Cell No.	12f. Fax No. (303) 424-2416	12g. E-Mail Address rktiffey@ufcw7.com
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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 Todd McNamara General Counsel United Food and Commercial Workers Local 7	13b. Address (street and number, city, state, and ZIP code) 7760 W. 38th Avenue CO Wheat Ridge 80033
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13c. Tel No. (303) 425-0897	13d. Cell No.	13e. Fax No. (303) 424-2416	13f. E-Mail Address jm@18thavelaw.com
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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) Randy Tiffey	Signature Randy Tiffey	Title Organizing Director	Date 02/17/2020 11:55:58
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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	Date Filed
27-RC-256466	2/18/2020

Employees Included

All Pharmacy Technicians in self-determination election to determine whether they will be represented by Petitioner and join the existing Casper retail bargaining unit represented by Petitioner (Armour-Globe election).

Employees Excluded

Store Director, Assistant Store Director, all other employees, supervisors, security, confidential, professional, and all temporary employees as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 27-RC-257173	Date Filed 2/28/2020
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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: The Yerba Mate Co.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4981 Pontiac St., Commerce City, CO 80022
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3a. Employer Representative - Name and Title: Chad Finch, Regional Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. None	3d. Cell No. 281-682-4050	3e. Fax No. None	3f. E-Mail Address chad@theyerbamateco.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Center	4b. Principal Product or Service Beverage Delivery	5a. City and State where unit is located: Commerce City, CO
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5b. Description of Unit Involved: Included: All FT & PT Distribution Drivers/Hacedors Excluded: Management Personnel	6a. Number of Employees in Unit: 12
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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: 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 and Employer declined recognition on or about (Date) No Reply (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:
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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? 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Communications Workers of America Local 7777	12b. Address (street and number, city, State and ZIP code): 2840 S. Vallejo St., Englewood, CO 80110
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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):
Communications Workers of America AFL-CIO


12d. Tel. No. 303-781-8700 x214	12e. Cell No. 720-331-2167	12f. Fax No. 303-789-3325	12g. E-Mail Address dmedina@cwa7777.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):
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13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Debra L. Medina	Signature 	Title President	Date 2/28/2020
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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 may cause the NLRB to decline to invoke its processes.