

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 07-RC-238926

Date Filed 4-2-2019

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: Ace Saginaw Paving Co. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): See attachment

3a. Employer Representative - Name and Title: Linda Wyatt 3b. Address (if same as 2b - state same): 9300 Dix Ave, Dearborn, MI 48120

3c. Tel. No.: 313 429-2355 3d. Cell No.: 3e. Fax No.: 3f. E-Mail Address: LWYATT@edwclevy.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.): 4b. Principal product or service: asphalt paving 5a. City and State where unit is located: various locations

5b. Description of Unit Involved: Included: see attachment Excluded: 6a. No. of Employees in Unit: 65 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

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): None 8b. Address:

8c. Tel. No.: 8d. Cell No.: 8e. Fax No.: 8f. E-Mail Address:

8g. Affiliation, if any: 8h. Date of Recognition or Certification: 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

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

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Wednesday April 24, 2019 11c. Election Time(s): 7am-9am 11d. Election Location(s): Saginaw, Ulby, Burton, Davidsburg, Port Huron, Michigan

12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 324 12b. Address (street and number, city, state, and ZIP code): 500 E. 1st Drive, Bloomfield Township, MI 48302

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers

12d. Tel. No.: 248 451-0324 12e. Cell No.: 12f. Fax No.: 248 454-1766 12g. E-Mail Address:

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Amy Bachelder, Attorney 13b. Address (street and number, city, state, and ZIP code): 333 W. Fort St., Detroit, MI 48226

13c. Tel. No.: 313 496-9400 13d. Cell No.: 13e. Fax No.: 313 965-4602 13f. E-Mail Address: abachelder@michlabor.legal

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): Amy Bachelder Signature: [Signature] Title: Attorney Date: 4/2/19

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

2b. Addresses

1. 4000 Veterans Memorial Pkwy, Saginaw, MI 48601;
2. 2747 Priemer Road, Ubly, MI 48475;
3. 4190 Jimbo Dr., Burton, MI 48529;
4. 16255 Tindall Rd., Davisburg, MI 48350;
5. 1750 Range Road, Port Huron, MI 48060

5b. Description of Unit Involved

Included: All full-time and regular part-time machine operators, plant operators and mechanics employed by the Employer in or out of its facilities located at 4711 Veterans Memorial Pkwy, Saginaw, MI 48601; 2747 Priemer Road, Ubly, MI 48475; 4190 Jimbo Dr., Burton, MI 48529; 16255 Tindall Rd., Davisburg, MI 48350; and 1750 Range Road, Port Huron, MI 48060.

Excluded: Guards and supervisors as defined in the Act.

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-239462

Date Filed

4/11/2019

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:

Nelson Tree Service, LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

3300 Office Park Dr, Dayton OH 45439

3a. Employer Representative - Name and Title:

John Reis, Regional Manager

3b. Address (if same as 2b - state same):

Same

3c. Tel. No.

3d. Cell No.

815-341-0485

3e. Fax No.

3f. E-Mail Address

john@nelsontree.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.):

Utilities

4b. Principal Product or Service

Line Clearance

5a. City and State where unit is located:

Multiple, Michigan

5b. Description of Unit involved:

Included:

See Attachment

Excluded:

See Attachment

6a. Number of Employees in Unit:

75

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 4/11/2019 and Employer declined recognition on or about (Date) 4/11/2019 (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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ No ☐ Yes. If so, approximately how many employees are participating?

(Name of Labor Organization)

has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above, (If none, so state)

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):

IBEW Local 876

12b. Address (street and number, city, State and ZIP code):

5000 East Airport Road, Mt. Pleasant MI 48858

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.

616-784-1133

12e. Cell No.

616-446-0924

12f. Fax No.

616-784-8342

12g. E-Mail Address

pbarnett@ibewlocal876.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Phil Barnett, Membership Development Director

13b. Address (street and number, city, State and ZIP code):

5000 East Airport Road, Mt. Pleasant MI 48858

13c. Tel. No.

616-784-1133

13d. Cell No.

616-446-0924

13e. Fax No.

616-784-8342

13f. E-Mail Address

pbarnett@ibewlocal876.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)

Phil Barnett

Signature



Title

Membership Development Dir.

Date

4-11-2019

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

PRIVACY ACT STATEMENT

Solidification 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.

Attachment

Includes: All regular and part time Groundsmen/Laborers, Brush Handlers, Machine Equipment Operators, Side Trimmers, Sprayers, D Trimmers, C Trimmers, B Trimmers, A Trimmers, Journeypersons, Forepersons.

Excluded: All Management Employees, Planners and General Forepersons

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-240215

Date Filed

4-24-2019

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:
First Student

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
959 Cesar Chavez Pontiac, MI 48340

3a. Employer Representative - Name and Title:
Brian Malinowski-Contract Manager

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
248 3354921

3d. Cell No.
248 9352640

3e. Fax No.
248 3351949

3f. E-Mail Address
brian.malinowski@firstgroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
school bus/charter service

4b. Principal Product or Service
school bus/dispatch

5a. City and State where unit is located:
Pontiac, Michigan

5b. Description of Unit Involved:

Included:
All full and part time dispatchers

Excluded:
all office clerical, managerial, administrative, guards & supervisors defined in the ACT

6a. Number of Employees in Unit:
2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) April 24, 2019 and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
May 15, 2019

11c. Election Time(s):

11d. Election Location(s):
959 Cesar Chavez Pontiac, MI 48340

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 614

12b. Address (street and number, city, State and ZIP code):
75 N. Saginaw St. Pontiac, MI 48342

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters IBT

12d. Tel. No.
248 3344573

12e. Cell No.
248 6363044

12f. Fax No.
248 3344848

12g. E-Mail Address
sectreas614@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Billee Hawkins - Business Agent

13b. Address (street and number, city, State and ZIP code):
75 N. Saginaw St. Pontiac, MI 4342

13c. Tel. No.
248 3344573

13d. Cell No.
248 6363044

13e. Fax No.
248 3344848

13f. E-Mail Address
sectreas614@gmail.com

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

Name (Print)
Billee Hawkins

Signature
Billee Hawkins

Title
Secretary-Treasurer, Business Agent

Date
04/24/19

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. 07-RC-240374	Date Filed April 26, 2019

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 Reino Linen Service		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 18400 Telegraph rd Brownstown, MI 48174	
3a. Employer Representative - Name and Title Alexander Floyd - Human Resources		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (734) 494-3550	3d. Cell No. (877) 557-3466	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Linen Factory		4b. Principal product or service Linen	
5a. City and State where unit is located: Brownstown, MI		5b. Description of Unit Involved Included: Any & All Full & Parttime CDL, A & B Drivers Excluded: All office personal, Supervisors, Dispatchers, Guards, cubicle Drivers	
6a. No. of Employees in Unit: 18		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **4-25-19** and Employer declined recognition on or about **none** (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

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

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): 5-17-19	11c. Election Time(s): 4am - 5am	11d. Election Location(s): 18400 Telegraph rd Brownstown, MI 48174
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12a. Full Name of Petitioner (including local name and number) Teamsters local 337	12b. Address (street and number, city, state, and ZIP code) 2801 Trumbull Ave Detroit, MI 48216
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters (IBT)			
12d. Tel No. 313-965-1833	12e. Cell No. 586-212-4820	12f. Fax No. 313-965-0570	12g. E-Mail Address Jim@teamsterslocal337.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title James Parrinello / organizer Director		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No. Same	13d. Cell No. Same	13e. Fax No. Same	13f. E-Mail Address Same

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) James Parrinello	Signature 	Title Vice President	Date 4/26/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-240011

Date Filed

4/22/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer MCPP		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 24060 HOOVER RD	
3a. Employer Representative - Name and Title EDWARD MELANSON		3b. Address (If same as 2b - state same)	
3c. Tel. No.	3d. Fax No.	3e. Cell No.	3f. E-Mail Address EDWARD MELANSON@M-CHEM.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) FACTORY		4b. Principal product or service	
5a. Description of Unit Involved Included: ALL HOURLY EMPLOYEES Excluded: SALARY EMPLOYEES			5b. City and State where unit is located: WARREN MICHIGAN
6. No. of Employees in Unit 20	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent LOCAL 2280		8b. Affiliation, if any	
8c. Address 45116 CASS AVE UTICA MI 48317		8d. Tel. No. 586 7310010	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address UAWlocal2280@aol.com
9. Date of Recognition or Certification AUGUST 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) ANY	13c. Election Time(s) ANY	13d. Election Location(s) WARREN MI (MCPP PLANT)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and its contents and the contents of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 4.22.19

WILLFUL FALSE STATEMENTS OR

BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)