

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: Douglas Mechanical, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 34133 Schoolcraft Rd., Suite 3, Livonia, Mi. 48150-1332
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3a. Employer Representative - Name and Title: Michael Butcher (Registered Agent)	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 734-788-5241	3d. Cell No. 313-749-9109	3e. Fax No.	3f. E-Mail Address Zach@Douglas-Mechanical.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mechanical Contractor	4b. Principal Product or Service HVAC	5a. City and State where unit is located: Livonia, Michigan
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5b. Description of Unit Involved: Included: HVAC Workers, Full Time and Part Time out of Employers Facility Excluded: Plumbers, Guards, Supervisors and Clerical Workers	6a. Number of Employees in Unit: 7
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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? 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:
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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)
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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): April 1, 2020	11c. Election Time(s): Mail	11d. Election Location(s): Mail
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12a. Full Name of Petitioner (including local name and number): Sheet Metal Air Rail and Transportation Workers Local No. 80	12b. Address (street and number, city, State and ZIP code): 17100 West 12 mile Road, 2nd floor Southfield, Mi. 48076
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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 Association of Sheet Metal, Air, Rail and Transportation Workers

12d. Tel. No. 248-557-7575	12e. Cell No. 586-559-9099	12f. Fax No. 248-557-0297	12g. E-Mail Address abrzuszek@smw80.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: Doug Korney, Counsel	13b. Address (street and number, city, State and ZIP code): 32300 Northwestern Highway, Suite 200 Farmington Hills, Mi. 48334-1567
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13c. Tel. No. 248-865-9214	13d. Cell No.	13e. Fax No. 248-865-9218	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) Alexander J. Brzuszek	Signature <i>Alexander J. Brzuszek</i>	Title Organizer	Date 3-9-2020
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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. 07-RC-257674	Date Filed March 9, 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 Live Nation Worldwide, Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2000 W Loop S Ste 1300 TX Houston 77027	
3a. Employer Representative - Name and Title Sue Barsoum		3b. Address (If same as 2b - state same) 11 Ottawa Ave NW MI Grand Rapids 49503	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address suebarsoum@livenation.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Concert and Entertainment	
		5a. City and State where unit is located: Grand Rapids, MI	

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: 40	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	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): March 25	11c. Election Time(s): 10:00am - 10:00pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): 11 Ottawa NW Grand Rapids, MI
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12a. Full Name of Petitioner (including local name and number)
Stasia Savage
International Alliance of Theatrical Stage Employees, Local 26

12b. Address (street and number, city, state, and ZIP code)
931 Bridge St NW
MI Grand Rapids 49504

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada.

12d. Tel No. (616) 742-5526	12e. Cell No. (616) 822-6640	12f. Fax No.	12g. E-Mail Address ssavage@iatse26.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 Michael Fayette Pinsky, Smith, Favette and Kennedy, LLP		13b. Address (street and number, city, state, and ZIP code) 146 Monroe Center Suite 805 MI Grand Rapids 49504	
13c. Tel No. (616) 451-8496	13d. Cell No.	13e. Fax No.	13f. E-Mail Address mfayette@psfkiaw.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) Stasia Savage	Signature Stasia Savage	Title President	Date 03/5/2020 13:52:00
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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.

ing # 1-2690328041

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time, part-time and on-call stagehands employed by LiveNation that are performing traditional stage related work.

Employees Excluded

To be excluded are guards, security, clerical, supervisors, managers, production assistants and runners.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-258307

Date Filed
3-23-2020

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 Ascension Providence Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 16001 West Nine Mile Rd. MI Sou hfield 48075-	
3a. Employer Representative - Name and Title Cindy Noble		3b. Address (If same as 2b - state same) 2400 York Mount Road NC Charlotte 28217-	
3c. Tel. No. (704) 328-4000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address hrservicecenter@compassusa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Hospital	5a. City and State where unit is located: Southfield, MI

5b. Description of Unit Involved		6a. No. of Employees in Unit: 75
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ 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): April 6, 2020	11c. Election Time(s): 4 p.m.	11d. Election Location(s): Mail Ballot
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12a. Full Name of Petitioner (including local name and number) Reno Thompson Michigan AFSCME Council 25	12b. Address (street and number, city, state, and ZIP code) 7700 Second Ave. Suite #314 MI Detroit 48202-
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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)
AFL-CIO

12d. Tel No. (313) 964-1711	12e. Cell No. (313) 477-8044	12f. Fax No. (313) 964-0230	12g. E-Mail Address rthompson@miafscme.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

Name (Print) Reno Thompson	Signature Reno Thompson	Title Organizer	Date 03/23/2020 10:04:56
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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
07-RC-258307	3-23-3030

Employees Included
EVS/Housekeepers, Housekeeper Aids and Floor Techs

Employees Excluded
Supervisors and all others definted by the Act.

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 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 Rieth-Riley Construction Co., Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3626 Elkhart Rd, PO Box 477 Goshen, IN 46526
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3a. Employer Representative - Name and Title Chad Loney, Regional Vice President	3b. Address (If same as 2b - state name) 2100 Chicago Dr SW, Wyoming, Mi 49519
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3c. Tel. No. 616-248-0920	3d. Fax No. 616-248-0928	3e. Cell No. 616-262-0029	3f. E-Mail Address cloney@rieth-riley.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Asphalt paving and production, excavating, road building	4b. Principal product or service Asphalt paving and production
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5a. Description of Unit Involved Included: All full and regular part-time asphalt plant employees, paving and grading employees in Michigan Excluded: Guards and Supervisors	5b. City and State where unit is located: various locations throughout Michigan
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6. No. of Employees in Unit 161	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
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8a. Name of Recognized or Certified Bargaining Agent International Union of Operating Engineers, Local 324	8b. Affiliation, if any
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8c. Address 500 Hulet Drive Bloomfield Township, Mi 48302	8d. Tel. No. 248-451-0324	8e. Cell No.
	8f. Fax No. 248-454-1766	8g. E-Mail Address

9. Date of Recognition or Certification 11/02/1993	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 5/31/2018
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11b. If so, approximately how many employees are participating? 12
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11c. The Employer has been picketed by or on behalf of (Insert Name) International Union of Operating Engineers, Local 324 (Insert Address) 500 Hulet Drive, Bloomfield Township, MI 48302	a labor organization, of since (Month, Day, Year) 8/1/2019
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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 None	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. Decertification	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) 4/16/2020 4/17/2020	13c. Election Time(s) 4:30 to 6:30 pm	13d. Election Location(s) Petoskey, Lansing, Grand Rapids, Kalamazoo
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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. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any Employee/Member

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

15a. Name	15b. Title	
15c. Address (Street and number, city, state, ZIP code)	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 true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Title	Date Filed 3/10/2020
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WILLFUL FALSE STATEMENT

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

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