FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
O7-RC-257637	Date Filed 3-9-2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.rii/pygy/a), 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: 34133 Douglas Mechanical, LLC Schoolcraft Rd., Suite3, Livonia, Mi. 48150-1332 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Butcher (Registered Agent)

0. | 3d. Cell No. Same 3e. Fax No. 3f E-Mail Address Zach@ Douglas - Mechanical. com

5a. City and State where unit is located: 734-788-5241 313-749-916
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 313-749-9109 4b. Principal Product or Service Mechanical Contractor
5b. Description of Unit Involved: Livonia, Michigan HVAC Included: HVAC Workers, Full Time and Part Time out of Employers Facility 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No Excluded: Plumbers, Guards, Supervisors and Clerical Workers Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 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: None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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 10d. Cell No. 10b. Address 10c. Tel. No. 10a. Name 10e, Fax No. 10f. E-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: Mail Mixed Manual/Mail Manual 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): April 1,2020 Mail 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): Sheet Metal Air Rail and Transportation Workers 17100 West 12mile Road. 2nd floor Southfield, Mi. 48076 Local No. 80 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 Tol No. 12e. Cell No. 12f. Fex No. 12g. E-Mail Address abrzuszet@smw80.org. 248-557-0297 586-559-9099 248-557-7575 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 32300 Northwestern Highway, Suite 200 Farmington Hills, Mi. 48334-1567 Doug Korney, Counsel 13c. Tel. No. 13e. Fax No. 13f. E-Mail Address 248-865-92/4 | 248-865-92/8 | I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. 248-865-9218 Signature 3-9-2020 Alexander J. Brzuszek Organizer

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WE	RITE IN THIS SPACE			
ase No. 07-RC-257674	March 9, 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 (Fo

with the NLRB and should no		simployer or al	ny outer party.				
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bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner requests that the National Labor 2a. Name of Employer	Relations Board proc	ed as representat	tive of the employees. The	e Petitioner alleges	that the followi	ng circumstances exist and	
2a. Name of Employer		2b. A	ddress(es) of Establishme	ent(s) involved (Street	t and number of	Relations Act.	
ive Nation Wordwide, Inc		2	2000 W Loop S Ste 1300	mile) mitolited (Direc	and number, c	y, State, ZIP code)	
3a. Employer Representative - Nam	ne and Title		3b. Address (If same a	as 2h - stato samo\			
Sue Barsoum			11 Ottawa Ave N	IW			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	49503-	1 2/ 5 1/ 1/ 1		
do Timo of February (F.)					3f. E-Mail Ad suebars	dress soum@livenation.com	
4a. Type of Establishment (Factory, m	nine, wholesaler, etc.)	4b. Principal pro	oduct or service	STATE OF THE STATE	5a. City	and State where unit is located:	
Others			Concert and Entertai	nment	34330.00	Grand Rapids, MI	
5b. Description of Unit Involved				- Loring to the		6a. No. of Employees in Unit:	
included: See Attached Page 2 for a	additional details					40	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for a	CONTROL SOLD CONTROL C					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []	
Check One: 7a. Request	for recognition as Barg	aining Representa	ative was made on (Date)		and Employer de	clined recognition on or about	
	(Date) (If no reply receive	ed. so state).			clined recognition on or about	
7b. Petitione	r is currently recognized	se Bargainine D	Conconnection and desire	certification under th	no Act		
8a. Name of Recognized or Certified	Bargaining Agent (If	none, so state).	8b. Address	certification under ti	ie ACL		
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8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Irona	
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8g. Affiliation, if any			8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent		
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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

Attachment

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.	Date Filed			
07-RC-258307	3-23-2020			

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 representa ive 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) 16001 West Nine Mile Rd. Ascension Providence Hospital Sou hfield 48075 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2400 York Mount Road NC Charlotte 28217-Cindy Noble 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (704) 328-4000 hrservicecenter@compassusa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Hospital 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 Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 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 curren ly 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 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 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 recogni ion 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 6, 2020 Mail Ballot 4 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 7700 Second Ave. Suite #314 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
AFL-CIO 12g. E-Mail Address rthompson@miafscme.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (313) 477-8044 (313) 964-0230 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 F-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) Signature Title Date Reno Thompson Organizer 03/23/2020 10:04:56 Reno Thompson

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		
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.

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case No.	Date Filed			
07-RD-257830	March 10,	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 and all other partie	es named in the	petition of:(1) the	petition; (2) Staten	ment of Position	form (Fo	rm NLRB-505); and	(3) Description of Representation on the employer or any other party.		
PURPOSE OF THIS PETITION recognized bargaining repress Labor Relations Board pro-	entative is no lon	ger their represen	tative. The Petitione	er alleges that the	ne followi	ng circumstances e	es assert that the certified or currently kist and requests that the National		
				Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 526 Elkhart Rd, PO Box 477 Goshen, IN 46526					
Ba. Employer Representative - Name and Title Chad Loney, Regional Vice President 3b. Address (If same as 2b - str 2100 Chicago Dr SW, V			me as 2b - state Dr SW, Wy	ate name) Nyoming, Mi 49519					
3c. Tel. No. 616-248-0920	3d. Fax No. 616-248-09	28	3e. Cell No. 3f. E-Mail Address cloney@rieth-			Address @rieth-riley.com			
4a. Type of Establishment (Factor Asphalt paving and productions)	ory, mine, wholes uction, excav	aler, etc.) ating, road bui	lding		4b. Princi Asphali	pal product or service t paving and pro	duction		
5a. Description of Unit Involved Included: All full and regular part-t Excluded: Guards and Supervisors	ime asphalt p	lant employee	es, paving and g	rading emplo	yees in	Michigan	5b. City and State where unit is located: various locations throughout Michigan		
6. No. of Employees in Unit 16			er (30% or more) of t		the unit n	o longer wish to be re	epresented by the certified or currently		
8a. Name of Recognized or Cert International Union of O	ified Bargaining A	gent		100110	8b. Affiliation, if any				
8c. Address 500 Hulet Drive		8d. Tel. No. 248-451		324	8e. Cell No.				
Bloomfield Township, M	Ioomfield Township, Mi 48302		•	8f. Fax No. 248-454-1766		8g. E-Mail Address			
 Date of Recognition or Certific 11/02/1993 	ation		10. Expiration Date 5/31/2018	e of Current or N	lost Recei	nt Contract, if any (Mo	onth, Day, Year)		
(Insert Address) 500 Hi 12. Organizations or individuals and individuals known to have 12a. Name None	other those name	d in items 8 and 1 e interest in any e	1c, which have claim	ned recognition a	ns represe n 5 above 12c. Tel.	ntatives and other org . (If none, so state) No.	pe (Month, Day, Year) 8/1/2019 panizations 12d. Fax No. 12f. E-Mail Address		
13. Election Details: If the NLR matter, state your position wi	th respect to any					tion Type: X Manua	Mail Mixed Manual/Mail		
13b. Election Date(s) 4/16/2020 4/17/2020 4:30 to 6:30 pm				13d. Election Location(s) Petoskey, Lansing, Grand Rapids, Kalamazoo					
(b) (6), (b) (7)(C)				5041W					
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.			
N 2				14d. Cell No. (b) (6), (b) (7)(C)		14e, E-Mail Address (b) (6), (b) (7)(C)			
14f. Affiliation, if any Employee		13.00							
15. Representative of the Petit 15a. Name	ioner who will a	ccept service of a	all papers for purpo	oses of the repr	15b.Title	n proceeding.	1.40		
15c. Address (Street and number	er, city, state, ZIP	code)	h		15d. Tel.	No.	15e. Fax No.		
					15f. Cell I	No.	15g. E-Mail Address		
I declare that I have read the a	bove petities		ante are touche the	hoot of my kno	owledge a	nd belief.			
Name (Print) (b) (6), (b) (7)(C)	(b) (c), (b) (1)(C)			Title		3/10/2020		
WILLFUL FALSE	STATEM			AN	DIMPRIS	ONMENT (U.S. COD	E, TITLE 18, SECTION (001)		