UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
25-RC-246056	8/5/19					

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) 2719 E 10th St. Memnon INC Bloomington 47408-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2719 E 10th St. IN Bloomington 47408-Brett Scheuermann 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address brett.scheuermann@memnon.com (908) 892-6259 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Computer Services Archiving and Digi izing Analog Media Bloomington, IN 5b. Description of Unit Involved 6a. No. of Employees in Unit: 46 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/24/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 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 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 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Loca ion(s): 11b. Election Date(s): 9-13-2019,9-14-2019 3880 E 3rd St, Suite B, Bloomington, IN 47401, 2719 E 10th St., Bloomington, IN 47401, 6am to 6pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) stin Allen Hawkins tin Hawkins Communications Workers of America Local 4818 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 12g. E-Mail Address cwapres4818@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (812) 797-7345 (812) 336-5818 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 President Justin Allen Hawkins 08/2/2019 14:38:15 Justin Allen Hawkins

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				
25-RC-246056	8/5/19				

Employees Included Video Digitization, Video QC, Film Operator, Film Lead Operator, Film QC, Open Reel Audio Tape Digitization and Shipping and Handling

Employees Excluded
Department Supervisors and above

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS S	PACE
Case No.	Data Filed
25-RC-246120 -	8/6/19

											
INSTRUCTIONS: Unless e-Filed u employer concerned is located, T the employer and all other parties Case Procedures (Form NLRB 48	ho pellilon m named in the	uet be accom s polition of: (panled b 1) the pe	y hoth á si Udon; (2) :	howing of interest (s Statement of Position	ee 6b bolo n form (Fo	w) and a certifica rm NLRB-505); ar	(e of service s (d (3) Descripti	howing a ion of Re	ervice on presentation	
1. PURPOSE OF THIS PETITION: I bargaining by Patillonar and Patit requests that the National Labo	loner desires l	o ba conified s	ia represe	i lo avilaine	he employees. The P.	atillonar al	leges that the fol	lowing circums	alencea e		
2a. Nama of Employer:			2b. Add	ress(es) of	Establishmeni(a) Invo	dved (Stree	l and number, Ch	, State, ZIP cod	de):		
Canteen Vending Service	S		6357	6357 East State Road 36 Decatur, Illinois 62521							
3a, Employer Representative - Ner	no and Tille:	· ·	3b. Add	ress (if sen	ne és 2b - siele same)):	• • •				
Tammy Hall			same	•							
3c. Tel, No.	3d. Cell No.			3e. Fax N	0.	13f. E.	Mail Address	· · · · · · · · · · · · · · · · · · ·			
217-864-4570					•-	"-					
4a. Typo of Establishment (Factory, I	nine, wholesa	lar, atá.)		4b. Princip	oal Product or Service	<u> </u>	ба. City ar	nd State where	unit is loc	aled:	
Vending Machine Service	Company	y		Vendir	ig product distr	ibution	Decetur,			zville It.	
6b. Description of Unit Involved:							6a. Numb	er of Employees		77.11	
Included: Route Drivers, Maintenan	ice, Utility	, Warehou	ıse/De	livery, I	Part time picker	S	21				
Excluded:								ubslantia) numb Imployees in th			
clerical							repres	ented by the Pa	Ulloner?	Ž Yes □ No	
Check One: 7e, Request for recognition as Bargaining Representative was made on (Date) August, 5 2019 and Employer declined recognition on or about (Date) no reply (if no reply received, so state).											
75. Pelilloner is cui						n under the	Act.			İ	
8a. Name of Recognized or Certific	d Bargaining	Agent (If non	e, so stat	e) 8b. A	ddress:						
none					,						
Bc. Tel. No.	8d. Cell No.			6e. Fax No	o. ·	₿f. E-	eaethbA fleM				
8g. Affiliation, if any: 8h. Date of Recognition or Contrication 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)											
9. la there now a strike or picketing a	tha Emolova	's exiabilehmo	ni(a) (nya	Ned? No	, ▼ If so, approx	zimalek ho	w many employee	a are participal	no2		
(Name of Labor Organization)				110		•	cketed the Employ				
10. Organizations or individuals other	Iban Datilians	e and thoto o	umad (n. if	ome 9 and	0. which have claimer	_					
individuals known to have a repre								da ene oner ett	Reinzadai	10 dil0	
10a. Name	10	b. Address					ľeľ. No.	10d. Cell No.			
							fex No.	101. E-Mail Address			
11. Blection Detells: If the NLRO cor	nducts and ele	ction to this m	aller, stat	a vouc nosi	llon with respect to an	v sinch alac	tion: I 11a Flection	n Tyne:			
The state of the s	inadalo alta olo	oudir di diid iir	attor atta	o your pour	boil mailespoor to an	y outer and	(X) Menus	- <u>-</u> -	Mixed	Manual/Mall	
11b. Election Date(s):	111	le, Election Tir	ne(a):			110.	Election Location(
August, 14 2019		;00 pm					atur, Illinois	•		į	
12a. Full Name of Pelittoner (Includ					12b. Address (street			ZIP code):			
International Brotherhood	of Teams	ters Local	Union	916	3361 Teamste	r Way S	pringfield, Il	linois 6270)7		
12c. Full name of national or intomati	onal labor org	antzation of wh	ich Petit	oner Is an a	l iffiliale or constituent ((II none, so	state);			-	
International Brotherhood						,,					
12d. Tel. No.	12e. Cell No.			121. Fax N	o.	12g. I	E-Mail Address			•	
217-522-7932	217-358-	8850		217-52	2-9492	jerr	ime@teamst	ers916,org		ļ	
13. Representative of the Pelitione	r who will acc	epi service o	all pape			niation pro	ceeding.	, <u>-</u>			
13a. Neme and Tille:			1		ss (street and numbe		-			• }	
Jerrime Hiser Business Ager					amster Way Spr						
13c, Tel. No.	13d. Cell No.	Ο Ο Ε Λ	l	13a. Fax N			-Mall Addross	016			
217-522-7932	217-358-			217-52			ime@teamste	rs916,org			
l declare (hat i have read the above Name <i>(Print</i>)	poutton and	inat the state		e true to ti	no pesi oi my knowle	adge and b I Tue	91161.			Date	
Jerrime Hiser			, N	Mosso		I	ss Agent			8/6/2019	
			v (V-2)	La AC V D			DO A APROVIED			21 OL TO T.	

UNITED STATES GOVERNMENT	DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD	Case No.	Date Filed				
RC PETITION	25-RC-246159	8/7/19				
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.	gov, submit an original of this Petit	ion to an NLRB office in the Region				

in which the employer concerned	d is located.	The petition must	be acc	ompanied by l	ooth a showing o	of interest (se	ee 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) Descri	iption of Rep	resentation Case I	Procedu	ıres (Form NLI	RB 4812). The si	howing of in	terest should only be filed		
with the NLRB and should not be					,	J	,		
1. PURPOSE OF THIS PETITION: RC-0	CERTIFICATION	OF REPRESENTAT	VE - A su	bstantial number	of employees wish to	be represente	d for purposes of collective		
bargaining by Petitioner and Petitioner	r desires to be co	ertified as representati	ve of the	employees. The l	Petitioner alleges th	nat the followin	g circumstances exist and		
requests that the National Labor Re 2a. Name of Employer	elations Board p	2h Ac	per autni Idress(es	ority pursuant to	(s) involved (Street a	ational Labor R	elations Act.		
Midwest M+D Services, Inc.					rinceton, Illinois		, State, Zir code)		
3a. Employer Representative - Name a	and Title	10.00			2b – state same)				
Doug Hamabarger - Owner			1 -	as above	zu diato damo,				
3c. Tel. No.	3d, Cell No		3e. Fa			3f. E-Mail Add	ress		
815/716-0012							servicesinc@gmail.com		
4a. Type of Establishment (Factory, mine	e, wholesaler, etc	c.) 4b. Principal pro	duct or se	ervice			and State where unit is located:		
Construction	,			d maintenance	9		on, Illinois		
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: All full and part t	imo oquir	mont onerate	oro				6		
Included: All full and part-t	iiile equip	ment operati	JI 5.				6b. Do a substantial number (30%		
Excluded:	nicere eur	ovinton donto de	حاجمات			4l A -4	or more) of the employees in the		
All managers, super	visors, supe	enntendents, de	ricais,	and guards a	as defined und	er the Act.	unit wish to be represented by the Petitioner? Yes V No		
Check One: 7a. Request for	r recognition as I	Bargaining Representa	tive was	made on (Date)	ar	d Employer dec	lined recognition on or about		
		te) (If no reply receive				a Employer dec	miled recognition on or about		
7b. Petitioner is		nized as Bargaining R		•	certification under the	e Act.			
8a. Name of Recognized or Certified B				8b. Address		77.01.			
N/A				N/A					
8c. Tel No.	8d Cell No.		8e. Fax	k No.		8f. E-Mail Add	ress		
N/A 8g. Affiliation, if any	N/A		N/A						
• •				of Recognition or	Certification		Date of Current or Most Recent y (Month, Day, Year)		
N/A			N/A	N/A					
9. Is there now a strike or picketing at the	Employer's esta	ablishment(s) involved	? N/A	If so, approxi	mately how many er	nplovees are pa	rticipating? N/A		
(Name of labor organization) N/A					Month, Day, Year)				
10. Organizations or individuals other tha	n Detitioner and								
known to have a representative interest in						resentatives an	d other organizations and individuals		
None.	, , ,			(,					
10a. Name	10b.	Address	***************************************		10c. Tel. No.		10d. Cell No.		
N1/A	l N I	/ A			N/A		N/A		
N/A	IN.	/A			10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB condu	ots on cloation is	a this matter state yes	r nacitian		N/A		N/A		
any such election.	icis an election i	i uns matter, state you	ir position	with respect to	11a. Election Type	:/ Manual _	Mail Mixed Manual/Mail		
11b. Élection Date(s):	110	c. Election Time(s):			11d. Election Loca	tion(s):			
August 29, 2019		0-8:00 AM			In the employer's s	•			
12a. Full Name of Petitioner (including							city, state, and ZIP code)		
International Union of Operating Engine				. ,	6200 Joliet Road,	Countryside, IL	60525		
12c. Full name of national or internationa International Union of Operating Engine	i iabor organizat Pers	ion of which Petitioner	is an ami	late or constituent	(If none, so state)				
12d. Tel No.	12e. Cell No		12f. Fa	x No		12g. E-Mail Ad	danas		
708/482-8800	N/A		708/588			N/A	udi 633		
13. Representative of the Petitioner wh	no will accept s	ervice of all papers f	or purpos	es of the repres	entation proceedin	g.			
13a. Name and Title Robert A. Paszt	a Associato	Conoral Councel	13b. Ad	ddress (street and	I number, citv. state.	and ZIP code)			
Nobell A. Paszi	a, Associate	General Counsel	1	liet Road, Countrysid	, , , , , , , , , , , , , , , , , , , ,				
13c. Tel No.	13d. Cell No	ο.	13e. Fa			13f. E-Mail Ad	dress		
708/579-6657	N/A	_	708/588			rpaszta@local	150.org		
I declare that I have read the above per	tition and that t	he statements are tri	ie to the	best of my know	ledge and belief.				
	Signature	1	Title			Date			
Robert A. Paszta	bert A. Paszta Associate General Counsel 08/07/2019								

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.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Fied 8/13/19

INSTRUCTIONS: Unless e-Filed un employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be accompani named in the petition of: (1) th	ed by bo e petitio	oth a showing of interest (see 6: on; (2) Statement of Position for	b below) and m (Form NLF	a certificat	te of service showing d (2) Description of R	service on coresentation
PURPOSE OF THIS PETITION F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be certified as re-	presental	tive of the employees. The Petitio	ner alleges I	that the foll	lowing circumstances	colective exist and
ZA NAME OF EMOTOYOF. EASIETSACIS OF METRUPOLI	lanchicago lac 8	301 J	mitched Rd. Mac	WSALL	Port.	State, ZIP (000e)	
EasterSeals Azadem	y Machosney Yark	5 783	s (d same as 20 - state same)	rolay	10.01	10 - 1115	
TERRY Brown, P			"Same "				
815-U23-4800	3d Cell No.	34	15-968-3247	MEMAIA	oress Muka	cor ina iv@oz	ا بردا حرسر ماء
4a Type of Establishment (Factory, in	mne, wholesaler, etc.)	5	Process Process Saves Occin Neds edu	cation	Sa Cey an	State where unit is to	cated 1/_
Sb. Description of Unit Involved: Included: Del atta	Charl	191	TOTAL TOTAL	CF-/ CF-/	Sa. Numbe	or of Erroloyees in Unit	,,_
Exchange See action	used				60 Doas	TO	or more)
Check One A Request for rec	ogntion as Bargaining Represen	tative wa	as made on (Date)	, and		employees in the unit w ented by the Petitioner? declined recognition	Mes DNo
The second second second second	terral recording on the Contract of	vehicle.		TI FILM			
8a. Name of Recognized or Certifie	d Bargaining Agent (If none, so	state)	8b Address				
Sc. Tel. No.	6d. Cell No.	te	Fax No.	er. E-Mail A	937ess		
6g Affiliation, if any		an Di	ate of Recognition or Certification	n 8: 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	07 NO If so, approxima	tely how man	y employee	s are participating?	
(Name of Labor Organization) 10. Organizations or individuals other	than Petitioner and those name) in Germa				er since (Month, Day,) es and other organization	
individuals known to have a repre	sentative interest in any employe	es in the	unit described in item 55 above.	(If none, so si	tate)	용	
10a Name	100 Address			10c. Tel. No	4	10d. Cell No.	
				10e. Fax No		10f. E-Mail Address	
11. Election Details: If the NLRB cor	nducts and election in this matter	, state yo	our position with respect to any su	ch election	Manua Manua		d Manual Mail
See attached	Del Att	cho	d	APP 6	Hick	red	
12a. Full Name of Petitioner (notes) AFSCME LAMURICAN. G	de ration of State	182	17b. Address (street and	number cay		TIP COOK). SHE 2100	
municipal employer	The same in the same of the sa	-010	chicago, I	1°60			
Afseme lamenian fea	untinif Stak, Cou		Muricipa / Emplaye	(3) CWY	ed 31	APZ-CID	
312-641-6040	12e. Cell No.	3	2-861-0979	12g. E-Mail			
13. Representative of the Petitioner 13a Name and Title	r who will accept service of all	7 100	for purposes of the representati b. Address (street and number, of	y. State and 2	(IP code)		1
Abigail Davis, Org	unizin (Drector	20	5 N. Michigan Av	e sie z	100 CI	nicep, K lo	0601
312-641-0448×6334	773744-12758	3	12-801-0979	adans	Cata	me31.00	
"Misigal K. Da	VIS Some	1	To	Bunn	inc	Direction	8/13/2019
(MILFUL FALSE STA	TEMENTS ON THIS PETITION	ANTE	PUNISHED BY FINE AND IMPRI	11		TITLE 18. SECTION 1	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 25-RC-246611	Date Filed 8/15/19					
25-RC-240011	0/15/19					

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) 2080 Holiday Dr IA Dubuque 52002-Holiday Inn Express 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hotels & Motels Dubuque, IA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 25 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 08/14/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 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? 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 9/6/2019 8am-9am & 4pm-5pm Hotel 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 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 Local 704 12g. E-Mail Address tom@ibew704.com 12d Tel No 12e. Cell No. 12f. Fax No. (563) 543-4708 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 **Business Manager** Thomas Townsend 08/14/2019 13:59:10 Thomas Townsend

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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 DO NOT WRITE IN THIS SPACE

 Case
 Date Filed

 Attachment
 25-RC-246611
 8/15/19

Employees Included All Full-Time and Part-Time Holiday Inn Express Employees as defined by the Act

Employees Excluded None

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE	_
Case No.		Date Filed	
	25-RC-247191	8/27/19	

RC PETITION

INSTRUCTIO	NS: U	nless e-Filed us	ing the Age	ncy's websi	ite, <u>wv</u>	<u>vw.nlrb.gov</u> , submit aı	n original of this	Petition	n to an	NLRB of	fice in the Region
						be accompanied by b					
	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											
1 PURPOSE OF	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	Petitio	ner and Petitioner de	esires to be ce	tified as repre	sentativ	e of the employees. The F	Petitioner alleges the	at the fol	llowing	circumstan	nces 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)										
2a. Name of Em		Systems, LLC				aress(es) of Establishment 35th Street, Ft. Ma					ode)
		entative – Name and	LTitle		003	3b. Address (If same as		/ Lee	Court	Ly	
James Belson / Branch Manager						SAME	25 State Same)			7.770	
3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address											
The second of th	blishm	ent (Factory, mine, v	vholesaler, etc	A TOTAL CONTRACTOR OF THE PARTY		duct or service		14000000			ere unit is located:
Factory	- 6 1 1 - 2	9 I I d		Coating	gs			Fi		ison, IA	Employees in Unit:
5b. Description	or un I full-ti	it involved me and regular pa	art-time produ	iction, maint	enance	e and logistics workers v	who are employed	by the		.2	imployees in Onit.
er	nploye	er at their Fort Mad	dison, lÅ faci	ity.		5					ubstantial number (30%
Excluded: M	anage	rial employees, g	uards, supen	risors as defi	ined in	the act, and all other en	nployees.		- 11	unit wish to	the employees in the be represented by the Yes V No
Check One:		7a Request for re	ecognition as P	argaining Ren	resenta	tive was made on (Date)	and	d Employ			
oneck one.	V	. ra. requestion				d, so state). Petition to			or acom	ou roosg	
		7b. Petitioner is c	urrently recogr	ized as Barga	ining R	epresentative and desires of	ertification under the	Act.			
8a. Name of Re None	cogniz	ed or Certified Bar	gaining Agen	(If none, so	state).	8b. Address					
8c. Tel No.			8d Cell No.			8e. Fax No.		8f. E-Ma	ail Addre	SS	
8g. Affiliation, if	any					8h. Date of Recognition or	Certification	8i. Expir	ration Da	te of Curre	ent or Most Recent
-3						3				(Month, Day	
9. Is there now a	strike	or picketing at the E	mplover's esta	blishment(s) in	nvolved	? NO If so, approxi	imately how many en	ployees	are parti	cipating?	
						keted the Employer since (A			•		*
						8 and 9, which have claime in item 5b above. (If none,		resentativ	ves and	other organ	izations and individuals
10a. Name			10b.	Address			10c. Tel. No. 10d. Cell No.			No.	
							10e. Fax No. 10f.			10f. E-Ma	ail Address
44 Floation Do	Anila:	If the NI DD conduct	a an alastian is	this matter a	tata un	us position with soonest to				¬	7
any such ele	ction.	II the NERB conduct			•	ur position with respect to	11a. Election Type:		anual	Mail _	Mixed Manual/Mail
11b. Election Da September 18		9/September 19,		. Election Time 5:0		- 7:00 PM	11d. Election Local Shared Conferer		om		
12a. Full Name	of Pet	itioner (including le	ocal name and	number)		ace Workers AFL-CIO	12b. Address (stree	et and nu	ımber, ci		
		nal or international la ation of Machinis				r is an affiliate or constituen	t (if none, so state)				
12d. Tel No.		ation of Machinis	12e. Cell No).	AI L	12f. Fax No.			Mail Add		
815-280-6400		the Petitioner who	815-214-4		apers f	815-280-6345 or purposes of the repres	sentation proceeding		ske@ia	maw.org	
13a. Name and					~ !	13b. Address (street and			code)		
TATIONAL CONTRACTOR CO		m J. LePinske, Gr	and Lodge R	epresentativ	e	113 Republic Avenue					
13c. Tel No. 815-280-6400			13d. Cell No 815-214-4).		13e. Fax No. 815-280-6345			Mail Add	ress maw.org	
		ead the above petit			s are tr	ue to the best of my know	vledge and belief.	wiehins	one wid	maw.org	
Name (Print)		Si	gnature			Title		Dat	te		
William J. LeF	inske		7.11	1000	3//	Grand Lodge Repres	sentative	1,575,257,150	gust 27,	2019	

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.

FORM NLRB-502 (RD)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. Date Filed 25-RD-247314 8/28/19

NOT ZITTON				
It is tructions: Unless e-Filed using the Agency's website, employer concerned is located. The petition must be accompanied by both a employer and all other parties named in the petition of:(1) the petition; (2) State Case Procedures (Form NLRB 4812). The showing of interest should only be	showing of Intere tement of Position	est (see 7 below) and a certifi n form (Form NLRB-505); and	(3) Description of Represent	ce on the ation
 PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRE recognized bargaining representative is no longer their representative. The Petition Labor Relations Board proceed under its proper authority pursuant to Section 	ner alleges that th	he following circumstances e		
PTC AllAINCE 2b. Address(es) 1480 NU		s) involved (Street and number	r, city, state, ZIP code) SD14NA 4737	<i>.</i> ,
3a. Employer Representative - Name and Title 3b. Address (If s	same as 2b - state	MICHITORU, IN	SDIANA 7/3/	
O VALL Restrict Plant Market 1900 1900 1900	Same as 20 - state	Distance CD TA	DIANA 47276	
RYAN BEATTY - PLANT MANAGER 1480 NW 3c. Tel. No. 3e. Cell No. 3e. Cell No.	// >/	3f F-Mail Address	DIANA 47374	
765-259-3334 765-962-6602 765-238- 4a. Type of Establishment (Factory, mine, wholesaler, etc.)	-2072	RYAN, BEATTY 4h Principal product or service	@ PTCAlliANC	E,C014
FACTORY		STEEL TUB	ING	
5a. Description of Unit Involved		2122 140	5b. City and State when	e unit
ncluded: All HOURLY EMPLOYEES			is located:	
/// //··//////////////////////////////			RICHMON	D
Excluded:			INDIANA	
			200000	
No(5b	f # f	W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
No. of Employees in Unit 7. Do a substantial number (30% or more) of recognized bargaining representative?		the unit no longer wish to be i	epresented by the certified or o	urrently
Ba. Name of Recognized or Certified Bargaining Agent	7.00	8b. Affiliation, if an	y	
UNITED STEEL WORKERS LOCAL 5	ころろ	INTERN	ATIONAL	:
Bc. Address	18d. Tel. No.	8e. Cell No.		
	July 101. 140.	00. Qui 110.		
P.O. BOX 1472	8f. Fax No.	8g. E-Mail Address	<u> </u>	·———
RICHMOND, INDIANA 47375		og. 2 mon room		
Date of Recognition or Certification 10. Expiration Date	ate of Current or M	Nost Recent Contract, if any (M	onth, Day, Year)	·——
	BER 31.		,	1
1a. Is there now a strike or picketing at the Employer's establishment(s) involved?			many employees are participati	102
	1100 📜	1 to. II so, approximately now		
1c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		sin	a labor org nce (Month, Day, Year)	anization, of
12. Organizations or individuals other those named in items 8 and 11c, which have claim	imed recognition a			·
and individuals known to have a representative interest in any employees in the un	nit described in iten	n 5 above. (If none, so state)		
12b. Address		12c. Tel. No.	12d. Fax No.	'
	[
	[12e, Cell No.	12f, E-Mail Address	(
Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a, Election Type: Manua	al Mail Mixed Man	ual/Mail
13b. Election Date(s) 13c. Election Time(s)		13d. Election Location(s)		
ANY DAY MONDAY -THURSDAY BETWEEN 2 PM AND	YPM	13d. Election Location(s)	NDIANA	
(b) (6). (b) (7)(C)				1
		14b. Tel. No.	14c. Fax No.	;
(b) (6), (b) (7)(C)				
01 (01. (01 (7)(G)		(b) (6), (b) (7)(C)	(h) (6) (h) (7)	7)(C)
		(b) (0), (b) (1)(0)	(D)(D),(D)(C)	
4f. Affiliation, if any				
5. Representative of the Petitioner who will accept service of all papers for purp	poses of the repre	esentation proceeding.	2	
5a. Name		15b.Title		*
!	!		- !	522
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.	33.4
	, 1		2	ŧ. S
	ļ †	15f. Cell No.	15g. E-Mail Address	5
	·		70	芳 会
(b) (6) , (b) (7) (c)	of my kno	owledge and belief.		TT
b) (6) (b) (7)(C)(b) (0), (b) (1)	(\bigcirc)	Title	Date File	43
(a), (b) (1)(c)		PETITIONER	8/27	417
	FINE AND	IMPRISONMENT (U.S. COD	E TITLE 18 SECTION 1001)	

TEMENT