FORM NLRB-502 (RC)		ITED STATES OF AMERICA				DO NOT V	VRITE IN THIS SPACE			
(2-18) NATIONAL LABOR RELATION			0000			35	Date Filed 06/21/19			
employer concerned is lo the employer and all othe	cated. The petition m r parties named in the	ust be accompanied e petition of: (1) the	l by bo petitic	oth a showing of interest (s on; (2) Statement of Positio	see 6b below) and on form (Form NL	d a certifica RB-505); an	ffice in the Region in which the te of service showing service on ad (3) Description of Representation the employer or any other party.			
bargaining by Petitioner a	and Petitioner desires t	o be certified as repre	esenta		Petitioner alleges	that the fol	sented for purposes of collective lowing circumstances exist and ubor Relations Act.			
Needham Excavating, Inc.			2b. Address(es) of Establishment(s) involved (<i>Street and number, City, State, ZIP code</i>): 137 North Main St. Walcott, IA 52773							
3a. Employer Representati Joseph Needham, Pr		3b. A	ddres	s (if same as 2b - state same	ə):					
^{3c. Tel. No.} 563/529-5840	3d. Cell No. 563/529-	5834		. Fax No. 53/284-5036	3f. E-Mail A needhar		hamex.com			
4a. Type of Establishment (<i>H</i> Excavating Services		ler, etc)		. Principal Product or Service arthmoving	9	5a. City and State where unit is located: Walcott and jobsites				
5b. Description of Unit Inve Included: All full-time heavy		ators.				6a. Numbe 9	er of Employees in Unit:			
Excluded: Other classifications	, I ,	U		ý U		of the	ubstantial number (30% or more) employees in the unit wish to be ented by the Peti ioner? ⊠ Yes □ N			
on or abou		(If no reply	/ recei	as made on (Date) ved, so state). ntative and desires certificati		d Employer	declined recogni ion			
8a. Name of Recognized of None	r Certified Bargaining	Agent (If none, so s	tate)	8b. Address:						
8c. Tel. No.	8d. Cell No.		8e	. Fax No.	8f. E-Mail A	8f. E-Mail Address				
8g. Affiliation, if any:			8h. Date of Recognition or Certification			n 8i. Expiration Date of Current or Most Recent Contract, if any <i>(Month, Day, Year)</i>				
9. Is there now a strike or pic		r's establishment(s) ir	volve	d? <u>No</u> If so, appro			es are participating?			
	als other than Petition			s 8 and 9, which have claime a unit described in item 5b ab	ed recognition as r	epresentativ	ver since (Month, Day, Year)			
10a. Name 10b. Address						0.	10d. Cell No.			
						0.	10f. E-Mail Address			
	NLRB conducts and ele	ection in this matter, s	tate yo	our position with respect to a	ny such election:	11a. Electio				
11. Election Details: If the f		11b. Election Date(s): 11c. Election Time(s): July 1, 2019 7:00 a.m 8:30				11d. Election Location(s): 6623 W Kimberly Rd, Davenport, IA 52806				
	17	1c. Election Time(s): 2:00 a.m 8:30	a.m		11d. Election 6623 W	on Location(Kimber	^{s):} ly Rd, Davenport, IA 52806			

🗌 No

12c. Full name of national or internat International Union of Op				ffiliate or constituent (if nor	ne, so state):		
12d. Tel. No. 708/482-8800	12e. Cell No. n/a (see below) 12f. Fax 708/4			2-7186				
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): Local 150 Legal Dept., 6140 Joliet Road, Countryside IL 60525				
13c. Tel. No. 708/579-6666	13d. Cell No. 708/420-774	6	13e. Fax N 708/588					
I declare that I have read the above	e petition and that	the statements a	re true to th	ne best of my knowle	dge	and belief.		
Name (Print)SignatureElizabeth A. LaRose/s/ Elizabeth			A. LaR	Rose Title		e torney	Date 06/21/19	

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				DO NOT WRITE IN THIS SPACE						
NATIONAL LABOR REL RC PETI		Case No.	Case No. 25-RC-244154 Date Filed 6/28/19							
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 lo	ocated. The petition	must be acc	ompanied by I	both a showing c	of interest (se	e 6b below) and a certificate				
of service showing service on the em	ployer and all other	parties name	d in the petitio	on of: (1) the peti	tion; (2) State	ement of Position form				
(Form NLRB-505); and (3) Description	of Representation	Case Procedi	ires (Form NL	RB 4812). The si	howing of int	erest should only be filed				
with the NLRB and should not be sen	/ed on the employer	or anv other	partv.			-				
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										
2a. Name of Employer	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) Titan Machinery Inc. 3137 76th Street, Davenport, Iowa										
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)										
Mike Huth		Same								
	d. Cell No.	3e. Fa	x No.		3f. E-Mail Add					
515/681-2115 N		N/A			-	titanmachinery.com				
4a. Type of Establishment (Factory, mine, who		ipal product or s	ervice ruction equipr	mont	-	and State where unit is located:				
5b. Description of Unit Involved		Service const	ruction equip	nem	Davent	oort, Iowa 6a. No. of Employees in Unit:				
		1				6				
Included: All regular full-time a	and part-time n	nechanics	, yardmen	, and truck-c	irivers.	6b. Do a substantial number (30%				
Excluded:	da and alawaala			- 4		or more) of the employees in the unit wish to be represented by the				
All supervisors, guard	us, and ciericals	s as define	ed by the A	Cl.		Petitioner? Yes				
Check One: 7a. Request for recog	nition as Bargaining Rep			<mark>√/A</mark> ar	d Employer dec	lined recognition on or about				
<u>N/A</u>	(Date) (If no reply i	received, so stat	^{e).} N/A							
7b. Petitioner is curre 8a. Name of Recognized or Certified Bargain	ntly recognized as Barga			certification under the	e Act.					
None.			8b. Address N/A							
8c. Tel No. 8 N/A N/	d Cell No.	8e. Fa N/A	x No.		8f. E-Mail Add N/A	ress				
8g. Affiliation, if any	n		of Recognition or	r Certification		Date of Current or Most Recent				
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent N/A N/A N/A										
9. Is there now a strike or picketing at the Empl	oyer's establishment(s) ir	volved? No	If so, approx	imately how many er	nplovees are pa	rticipating? N/A				
(Name of labor organization) N/A				Month, Day, Year)						
10. Organizations or individuals other than Peti				· · · ·		d other organizations and individuals				
known to have a representative interest in any										
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.				
				N/A		N/A				
N/A	IN/A		10e. Fax No. N/A			10f. E-Mail Address N/A				
11. Election Details: If the NLRB conducts an	election in this matter, st	ate your position	with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail				
any such election. 11b. Election Date(s):	11c. Election Time	e(s):		11d. Election Loca	11d. Election Location(s):					
July 12, 2019	6:00 a.m 6:45 a.	.m.		Lunchroom, Employer's facility						
	12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 150, AFL-CIO					12b. Address (<i>street and number, city, state, and ZIP code</i>) 6140 Joliet Road, Countryside, Illinois 60525				
12c. Full name of national or international labor International Union of Operating Engineers, A		etitioner is an affi	liate or constituen	t (if none, so state)		and the second secon				
	2e. Cell No.	12f. Fa	ax No.		12g. E-Mail Ac	ddress				
708/482-8800 N/			8-1629		N/A					
13. Representative of the Petitioner who will			•	•	•					
^{13a. Name and Title} Charles R. Kis	ser, Attorney			d number, city, state, t, 6140 Joliet Road, Cour		525				
13c. Tel No. 17 708/579-6663 N/	3d. Cell No.	13e. F 708/58	ax No. 8-1647		13f. E-Mail Ad ckiser@local1					
I declare that I have read the above petition				vledge and belief.						
Name (Print) Signat		/ Title	·	-	Date					
Charles R. Kiser	lala K.K.	Attorne			June 28, 2					
WILLFUL FALSE STATEMENTS	S ON THIS PETITION CA		D BY FINE AND	IMPRISONMENT (U	.S. CODE, TITL	E 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 (RC) (4-15)

UNITED STATES	DO NOT WRITE IN THIS SPACE								
RC PE		Case No. 25-	Date Filed 6/3/19						
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 i									
of service showing service on the									
(Form NLRB-505); and (3) Descript									
with the NLRB and should not be s						ioning of int	creat anound any seried		
1. PURPOSE OF THIS PETITION: RC-CEI	RTIFICATION OF	REPRESENTATI	VE - A sub	stantial number	of employees wish to	be represented	for purposes of collective		
bargaining by Petitioner and Petitioner de	esires to be certifie	d as representativ	ve of the er	mployees. The l	Petitioner alleges th	at the following	g circumstances exist and		
requests that the National Labor Relat 2a. Name of Employer	ions Board proce				Section 9 of the Na t(s) involved (Street a				
Arconic-Howmet Castings & S	ervices INC				Porte, IN 4635				
3a. Employer Representative – Name and		1110			2b - state same)	o Lai onto	County		
Andy Sickinger, Plant Manage			SAME		,				
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Add	ress		
(219) 326-7400			(219) 3	324-3193					
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro	duct or ser	vice		5a. City	and State where unit is located:		
Factory		Castings for Aero	ospace an	d Investment G	as Turbine Applicat	tions LaPort	e, IN		
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: All full-time and regular part	time Production,	maintenance, ar	nd product	tion support em	ployees including s	hipping,	611		
receiving, X-Ray, FPI, CMM						Sear 1999	6b. Do a substantial number (30% or more) of the employees in the		
Excluded: All other employees, inc					ce clerical emplo	yees,	unit wish to be represented by the		
professional employees							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). Petition to serve as request.									
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.									
Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address None Bb. Address									
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
De Affiliation if any					0 115 11	0.5.1.1.			
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?									
and an of the set					Month, Day, Year)				
10. Organizations or individuals other than I					220 AB 100				
known to have a representative interest in a	ny employees in th	ne unit described	in item 5b	above. (If none,	so state)		-		
10a. Name	10b. Add	ress			10c. Tel. No.		10d. Cell No.		
	1. A.M. 1997. A.M. 199				18.87 States 19.88				
					10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB conducts any such election. 	s an election in this	matter, state you	r position v	with respect to	11a. Election Type	e: 🖌 Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. Ele	ction Time(s):			11d. Election Loca	tion(s):			
June 27 & 28, 2019	4:00 AN	/ - 8:00 PM bo	th days		BC2 Breakroom				
12a. Full Name of Petitioner (including lo Local Lodge 2018, International Asso			ana Wark		12b. Address (stre	(street and number, city, state, and ZIP code) c Avenue, Ste. 100, Joliet, IL 60435			
12c. Full name of national or international la						renue, ste. Tu	0, Jonet, 12 80435		
International Association of Machinist				ate of constituen	it (in none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax	No.		12g. E-Mail A	ddress		
815-280-6400	815-280-6400 815-214-4587 8					wlepinske@i	iamaw.org		
13. Representative of the Petitioner who	will accept servic	e of all papers for	or purpose	es of the repres	sentation proceedin	g.			
13a. Name and Title					d number, city, state,		_		
William J. LePinske, Grand Lodge Representative/TOL 113 Republic Avenue, Ste. 100, Joliet, IL 60435 13c. Tel No. 13d. Cell No. 13e. Fax No. 13c. Tel No. 13f. E-Mail Address									
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587		13e. Fai 815-28			13f. E-Mail Ad wlepinske@i			
I declare that I have read the above petiti		tatements are tru			vledge and belief.	mopinione	a de la companya de la compa		
	gnature	1	Title			Date			
William J. LePinske	In. 18	Dh	2010 (10 Control of C	Lodge Repres	entative/TOL	June 3, 2	019		
WILLFUL FALSE STATEME	NTS ON THIS PE	1	100 Carlos Carlo	<u> </u>			the second se		
				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 (RC)	UNITED STATES OF AMERIC			A				DO NOT W	RITE IN THIS	IIS SPACE	
(2-18) NATIONAL LABOR RELATIONS BO RC PETITION				S BOARD Cas			No.		Date Filed		ed
						25-	RC-243	638	6/20/	'19	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48)	he petition mu named in the	st be accompa petition of: (1)	nied by the petit	both a sh ion; (2) S	owing of interest (statement of Positio	see 6b on form	below) and i (Form NL	d a certificat RB-505); and	e of service si I (3) Descripti	nowing se on of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to	be certified as	represent	ative of the	ne employees. The P	Petition	ner alleges	that the follo	wing circums	tances e	
2a. Name of Employer: Opportunity House INC.				Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7 N. California Street, Sycamore, IL 60178							
3a. Employer Representative - Nan Bob Shipman, Executive 1			sb. Addre Same	nddress (if same as 2b - state same): IIC							
3c. Tel. No. 815-895-5108	^{3d, Cell No.} 815-762-6	5315		3e, Fax No. 3f, E-Mail A 815-895-9840 bshipm				ddress an@ohinc.org			
4a. Type of Establishment (Factory, r Human Services	nine, wholesale	er, etc)			al Product or Service d Living/DT	e		5a. City and Sycam	d State where i	unit is loca	ated:
5b. Description of Unit Involved: Included: All "Residential Trainers,"	" "Resident	tial Subs "	and "T	evelor	mental Traine	rs"		6a, Numbe 76	r of Emp l oyees	in Unit:	
Excluded: All other employees.	residen	ilui Suos,		evelo _F	Jinenaar Traine	.15		of the e	bstantial numb	e unit wis <u>l</u>	n to be
Check One: 7a. Request for rec on or about (Date)	-	(If no	reply rec	eived, so	state).				nted by the Pe eclined recogn		× Yes No
		•			and desires certificati	ion und	ler the Act.				
	8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address:										
8c. Tel. No.	8d. Cell No.			e, Fax No	-	8f, E-Mail Address					
8g. Affiliation, if any:			8h.	Date of R	ecognition or Certific				rrent or Most Month, Day, Y	ear)	
9. Is there now a strike or picketing a	t the Employer's	s establishment	(s) involv	ed? No	If so, appro	oximate	ely how mai	ny employees	are participati	ng?	
(Name of Labor Organization)							•		er since (Month		·
10. Organizations or individuals other individuals known to have a repre									s and other or	ganization	s and
10a. Name	10	b. Address					10c. Tel. N	0.	10d. Cell No.		
						-	10e, Fax N	0.	10f. E-Mail Ad	dress	
11. Election Details: If the NLRB con				your posit	ion with respect to a			11a. Election	Mail [Mixed	Manua/Mai
11b. Election Date(s): July 16th, 2019	10	c. Election Time AM to 2P	e(s): Man	d 5PM			11d. Election Location(s): CLF Living Room & Main Building				
12a. Full Name of Petitioner (includ RWDSU	ing local name	and number):			12b. Address (stree 3181 Eastern Grand Rapids	Ave	S.E.	/, State and Z	IP code):		
12c. Full name of national or international	ional labor orga	nization of whic	h Petitior	ier is an a	-	·		:			
RWDSU-UFCW 12d, Tel. No. 616-241-4357	12e. Cell No. 774-282-0	050		2f. Fax N	<u>o.</u> 1-1310		12g. E-Mai	Address			
								0	u.org		
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Colin Hennigar				13b. Address (street and number, city, State and ZIP code): 5181 Zenith Pkwy #3 Machesney Park, IL 61115							
13c, Tel. No.	13d. Cell No. 774-282-0	959	1	3e, Fax N	lo.		13f. E-Mai	Address			
I declare that I have read the above	e petition and t		ents are	true to th	ne best of my know						Data
Name (Print) Colin Hennigar		Signature	lin ;	Henr	iigar	Title Or	ganizer				Date 06/20/19
			_		0						

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.