

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-244270	Date Filed July 02, 2019
---------------------------------	------------------------------------

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Lake Region Electric Cooperative	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1401 South Broadway MN Pelican Rapids 56572-
---	---

3a. Employer Representative - Name and Title Tim Thompson	3b. Address (If same as 2b - state same) 1401 South Broadway MN Pelican Rapids 56572-
---	--

3c. Tel. No. (218) 863-1171	3d. Cell No.	3e. Fax No. (218) 863-1172	3f. E-Mail Address tthompson@lrec.coop
---------------------------------------	---------------------	--------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities	4b. Principal product or service Electric Service	5a. City and State where unit is located: Pelican Rapids, MN
--	---	--

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: 35	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

11b. Election Date(s): 7/23/19 or 7/24/19	11c. Election Time(s): Ottertail facility: 6:45 am - 7:15 am / Pelican Rapids	11d. Election Location(s): The Employee Break Room at the Employer's Ottertail facility and The M
---	---	---

12a. Full Name of Petitioner (including local name and number) Mike O'Connor International Brotherhood of Electrical Workers, Local Union 949, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 12908 Nicollet Avenue MN Burnsville 55337-
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers	12d. Tel. No. (952) 890-8484	12e. Cell No. (612) 845-0653	12f. Fax No. (952) 890-2241	12g. E-Mail Address moconnor@ibewlocal949.org
---	--	--	---------------------------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title Emily Marshall Attorney Miller O'Brien Jensen, P.A.	13b. Address (street and number, city, state, and ZIP code) 120 South Sixth Street, Suite 2400 MN Minneapolis 55402-

13c. Tel. No. (612) 334-9001	13d. Cell No. (612) 333-5831	13e. Fax No. (612) 342-2613	13f. E-Mail Address emarshall@mojlaw.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) Mike O'Connor	Signature Mike O'Connor	Title Business Representative	Date 07/2/2019 10:20:14
--------------------------------------	-----------------------------------	---	-----------------------------------

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
18-RC-244270	July 02, 2019

Employees Included

All full-time and regular part-time mechanics, distribution technicians, electrical technicians, cable locators, warehousemen, staking technicians, equipment operators, laborers, lead linemen, journeymen linemen, apprentice linemen, and gas technicians.

Employees Excluded

Managers, office clerical employees, janitors, professional employees, guards, and supervisors as defined by the Act, as amended.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-245060

Date Filed
July 18, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
ALLETE Inc., d/b/a/ Minnesota Power

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
30 West Superior Street
MN Duluth 55802-

3a. Employer Representative - Name and Title
Josh Goutermont

3b. Address (If same as 2b - state same)
30 West Superior Street
MN Duluth 55802-

3c. Tel. No.
(218) 723-7552

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
jgoutermont@allete.com

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

4b. Principal product or service
Electric Service

5a. City and State where unit is located:
Cohasset, MN

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
7

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

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).
International Brotherhood of Electrical Workers, Local 31

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any
International Brotherhood of Electrical Workers

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
04/30/2020

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):
TBD

11c. Election Time(s):
TBD

11d. Election Location(s):
Boswell Energy Center, Cohasset Minnesota

12a. Full Name of Petitioner (including local name and number)
Will Keyes
International Brotherhood of Electrical Workers, Local 31

12b. Address (street and number, city, state, and ZIP code)
2002 London Road, Suite 105
MN Duluth 55812-

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

12d. Tel No.
(218) 728-4248

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
wkeyes@ibew31.com

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

13a. Name and Title
Jane Poole Attorney
Andrew, Bransky & Poole, P.A.

13b. Address (street and number, city, state, and ZIP code)
302 W. Superior Street, Suite 300
MN Duluth 55802-

13c. Tel No.
(218) 722-1764

13d. Cell No.

13e. Fax No.
(218) 722-1764

13f. E-Mail Address
jpoole@duluhlawfirm.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)
Jane Poole

Signature
Jane Poole

Title
Attorney

Date
07/18/2019 09:27:14

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
18-RC-245060	July 18, 2019

Employees Included

Armour-Globe election - Add all employees in the Instrument & Control Specialist II classification to the existing bargaining unit

Employees Excluded

Professionals, managers, guards and supervisors as defined by the Act, as amended

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RD-245533	Date Filed 7/26/19

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 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 Wisconsin Diagnostic Laboratories	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 9200 W. Wisconsin Ave, Milwaukee, WI 53226
3a. Employer Representative - Name and Title Gloria Keshemberg	3b. Address (If same as 2b - state same) Same
3c. Tel. No. 414-805-7503	3d. Fax No. N/A
3e. Cell No. 414-801-9047	3f. E-Mail Address gkeshemberg@wisconsinidiagnostic.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Clinical laboratory supporting a large acute care hospital.	4b. Principal product or service Clinical laboratory testing
5a. Description of Unit Involved Included: All bargaining unit employees Excluded: All non-bargaining unit employees	5b. City and State where unit is located: Milwaukee, WI

6. No. of Employees in Unit 162	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--

8a. Name of Recognized or Certified Bargaining Agent Wisconsin Federation of Nurses and Health Professionals local 5400, AFT, AFL-CIO	8b. Affiliation, if any
--	-------------------------

8c. Address 9620 W. Greenfield Ave West Allis, WI 53214-2645	8d. Tel. No. 414-475-6065	8e. Cell No. N/A
	8f. Fax No.	8g. E-Mail Address dkosloske@wfnhp.org

9. Date of Recognition or Certification 1997	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October 31, 2019
---	---

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating? N/A
--	---

11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) N/A	a labor organization, of since (Month, Day, Year)
--	---

12. Organizations or individuals other 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 None	12c. Tel. No. None	12d. Fax No. None
		12e. Cell No. None	12f. E-Mail Address None

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
---	---

13b. Election Date(s) ASAP	13c. Election Time(s) 06:00-08:00, 15:00-17:00	13d. Election Location(s) Wisconsin Diagnostic Laboratories Break Room
-------------------------------	---	---

14. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
--	-----------------------------------

15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No.	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed July 24, 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 may cause the NLRB to decline to invoke its processes.