UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD			Case No.	Date Filed			
RC PETITION			18-RC	-244270	Ju	ly 02, 2019	
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 Re		eed under its prop	per authority pursuant to	Section 9 of the Na	tional Labor F	Relations Act.	
2a. Name of Employer			dress(es) of Establishmen	t(s) involved (Street a	nd number, cit	y, State, ZIP code)	
Lake Region Electric Cooperative			01 South Broadway N Pelican Rapids 56572-				
3a. Employer Representative – Name a	nd Title		3b. Address (If same as				
Tim Thompson			1401 South Broad MN Pelican Rapid	way s 56572-			
3c. Tel. No.	3d. Cell No.	3d. Cell No. 3e. Fa		3f. E-M		Mail Address	
(218) 863-1171			(218) 863-1172		tthompson@lrec coop		
4a. Type of Establishment (Factory, mine	wholesaler, etc)	4b. Principal proc	duct or service		5a. City	and State where unit is located:	
Electric Utilities			Electric Service			Pelican Rapids, MN	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addi	ional details					35	
						6b. Do a substantial number (30% or more) of the employees in he	
Excluded: See Attached Page 2 for addi	ional details					unit wish to be represented by the	
						Petitioner? Yes [ Vo [	
Check One: 7a. Request for	recognition as Barg	aining Representat	tive was made on (Date)	and	d Employer dea	clined recognition on or about	
	(Date)	(If no reply received	d, so state).				
7b. Petitioner is	curren ly recognize	ed as Bargaining Re	epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified B	argaining Agent (li	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.	1	8f. E-Mail Add	iress	
8g. Affiliation, if any	•		8h. Date of Recognition or	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 establis	snment(s) involved	<u>ir so, approx</u>	amately now many en	pioyees are pa	articipating?	
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)		·	
10. Organizations or individuals other that					resentatives an	d other organizations and individuals	
known to have a representative interest in	any employees in	the unit described in	n item 5b above. (If none,	so state)			
10a. Name	10b Ad	droop		10c Tel No		10d. Cell No.	
IUd. Name	10b. Ad	uless		10c. Tel. No.		Tud. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
				IDE. I AXINO.			
11. Election Details: If the NLRB condu	cts an election in th	is matter, state your	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
any such election.							
11b. Election Date(s): 7/23/19 or 7/24/19		lection Time(s):	7:15 am / Dolican Danide f	11d. Election Loca		Employeds Ottotal facility and The M	
12a. Full Name of Petitioner (including			7:15 am / Pelican Rapids f	Rapids 1 The Employee Break Room at the Employer's Ottertail facility and The M 12b. Address (street and number, city, state, and ZIP code)			
Mike O'Connor International Brotherhood of Electrical Workers, L				12908 Nicollet Aven MN Burnsville 5533/		city, state, and zir code)	
12c. Full name of national or international	labor organization	of which Petitioner i	is an affiliate or constituen		-		
International Brotherhood of Electrical Wo	kers						
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	ddress	
(952) 890-8484	(612) 845-0653		(952) 890-2241		moconnor@ib	pewlocal949.org	
13. Representative of the Petitioner wh	o will accept serv	ce of all papers fo					
13a. Name and Title				13b. Address (street and number, city, state, and ZIP code)			
Emily Marshall Attorney Miller O'Brien Jensen, P.A	120 South Sixth Street, MN Minneapolis 55402-	120 South Sixth Street, Suite 2400 MN Minneapolis 55402-					
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ac		
(612) 334-9001	(612) 333-5831	statements are to	(612) 342-2613	lades and ballsf	emarshall@m	iojiaw.com	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
	Signature		Title Business Depresentative		Date		
	Mike O'Connor		Business Representative		07/2/2019		
WILLFUL FALSE STATEN	LINES ON THIS PL		UNISHED BT FINE AND	INTRIJUNIVIENI (U.	J. CODE, IIIL	E 10, 3ECTION 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.

	DO NOT WR	ITE IN THIS SPACE
nent	Case 18-RC-244270	Date Filed 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.

	<b></b>	DO NOT WRITE IN THIS SPACE					
UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION			Casa No				
			Case No. 18-RC-2	Jase No.         Date Filed           18-RC-245060         July 18, 2019			
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 s	served on the o	employer or an	y 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	uons Board proc		dress(es) of Establishment				
ALLETE Inc., d/b/a/ Minnesota Power		30	) West Superior Street N Dulu h 55802-		, ,	,,	
3a. Employer Representative – Name and	d Title	IVI	3b. Address (If same as				
Josh Goutermont			30 West Superior MN Duluth 55802-	Street			
3c. Tel. No.	3d. Cell No.	3d. Cell No. 3e. F		3f. E-M		-Mail Address	
(218) 723-7552				jgoutermont@a			
4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service       5a. City and State where unit is located							
Electric Utilities 5b. Description of Unit Involved			Electric Service			Cohasset, MN	
Included: See Attached Page 2 for addition	nal dataila					6a. No. of Employees in Unit: 7	
See Attached Page 2 for addition	nardetails					6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	nal dataila					or more) of the employees in he unit wish to be represented by the	
See Attached Page 2 for addition	nardetails					Petitioner? Yes [ No [ ]	
Check One: 7a. Request for re	ecognition as Barg	aining Representa	tive was made on (Date)	an	d Employer dec	lined recognition on or about	
	(Date)	(If no reply received	d, so state).				
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Bar International Brotherhood of Electrical Work		none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any			8h. Date of Recognition or	or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
International Brotherhood of Electrical Work	ers				oonadot, ir an	04/30/2020	
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? No If so, approx	imately how many en	nployees are pa	rticipating?	
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)			
10. Organizations or individuals other than	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as rep	resentatives and	d other organizations and individuals	
known to have a representative interest in a	any employees in	the unit described i	in item 5b above. (If none,	so state)		-	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
Tou. Nume	100.710		100.101.100.				
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	s an election in thi	s matter, state you	r position with respect to	11a Florting Trees	Variat C		
any such election.		-	position with respect to	D 11a. Election Type: 📝 Manual 🦳 Mail 🦳 Mixed Manual/Mail			
11b. Election Date(s): TBD		ection Time(s):		11d. Election Loca		Minnosota	
	TBD	umber)		Boswell Energy Center, Cohasset Minnesota 12b. Address (street and number, city, state, and ZIP code)			
12a. Full Name of Petitioner (including lo Will Keyes International Brotherhood of Electrical Workers, Loc				2002 London Road, Suite 105 MN Duluth 55812-			
12c. Full name of national or international la International Brotherhood of Electrical Work	ers	or which Petitioner	is an amiliate or constituen	t (II none, so state)			
12d. Tel No. (218) 728-4248	12e. Cell No.		12f. Fax No.	. Fax No. 12g. E-Mail Address wkeyes@ibew31.co		ddress 31.com	
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	entation proceeding	<b>]</b> .		
13a. Name and Title			13b. Address (street and		and ZIP code)		
Jane Poole Attorney Andrew, Bransky & Poole, P.A.			302 W. Superior Street, MN Duluth 55802-	Suite 300			
13c. Tel No. (218) 722-1764	13d. Cell No.		13e. Fax No. 13f. E-Mail Address				
I declare that I have read the above petiti	ion and that the s	statements are tru	(218) 722-1764 Ie to the best of my know	ledge and belief.			
Name (Print) Signature Title Date							
Jane Poole Jane Poole Attorney					07/18/2019	0 09:27:14	
		TITION CAN BE F	UNISHED BY FINE AND	IMPRISONMENT (U			

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.

	DO NOT WRITE IN THIS SPACE		
Attachment	Case 18-RC-245060	Date Filed 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

				DO NOT WRITE IN THIS SPACE			
FORM NLRB-502 (RD) UNITED STATES OF AMERICA							
(2-18)	NATIONAL LABOR RELATION			19-PD-245533			ate Filed
	RD PETITION			18-RD-245555 7/26/19			
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	<ol> <li>The petition must be accomp ties named in the petition of:(1)</li> </ol>	anied by both a sho the petition; (2) Sta	owing of interest tement of Posit	st (see 7 below) and tion form (Form NL	d a certificate RB-505); and	of service show (3) Description	ving service on of Representation
	: RD- DECERTIFICATION (REM tative is no longer their represent ed under its proper authority pu	ative. The Petitioner	alleges that th	e following circum	stances exist		
2a. Name of Employer			Establishment(s	) involved (Street an	d number, city	, state, ZIP code,	)
Wisconsin Diganost	tic Laboratories			Ave, Milwan			
3a. Employer Representative - Na Gloria Keshemberg	ame and Title	3b. Address (If sam Same	he as 2b - state s				
	3d. Fax No. N/A	3e. Cell No. 414-801-9	7047	3f. E-Mail Address gKeshemberg	Qwiscon	sindiagnosti	k, com
4a. Type of Establishment (Factory,	4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service						
Clinical laboratory supporting a large acute care hospital. Clinical laboratory testing							
5a. Description of Unit Involved	•					5b. City and S	State where unit
Included: All bargaining	unit employees					is located	
						Milwa	nkee, WI
Excluded: All non-barga	rining unit employe	9					
Ŭ	9				<u></u>		
6. No. of Employees in Unit 162	7. Do a substantial numbe			the unit no longer w	ish to be repre	esented by the ce	rtified or currently
8a. Name of Recognized or Certifie	ed Bargaining Agent				ation, if any		
Wisconsin, Federation of	F Nurses and Health P	Professionals 1	ocal 5000, AT				
8c. Address	Greenfield Ave		8d. Tel. No. 414-475-6	8e. Cell No.			
1 1	, WI 53214-26	45	8f. Fax No.	Bg. E-Mail Address dkosloske@wfnhp, org			
9. Date of Recognition or Certification	on	10. Expiration Date	of Current or M	ost Recent Contract			<u></u>
	1997		- 31, 20		y (womin	,,, , corj	
11a. Is there now a strike or picketi					ately how mos	v employees are	participating? N/A
		mal	ערייט	. i.e. ii so, approxim			a labor organization, of
11c. The Employer has been picket	eed by or on behair of (Insert Na	<sup>me)</sup> N/A			oines (		
(Insert Address)	ar those named in Home & t	1c which have also	ed recognition -	s representativos		Month, Day, Year	
	a representative interest in any er		described in item	15 above. (If none,	so state)		
12a. Name	12b. Address			12c. Tel. No.	12	d: Fax No.	land
None	None		ļ,	None			Jone
ivone	IVONE		ľ	12e. Cell No. Non é		f. E-Mail Address	None
				· · ·			
13. Election Details: If the NLRB matter, state your position with				13a, Election Type:	🔀 Manual	🛄 Mail 🗌 N	Mixed Manual/Mail
13b. Election Date(s)				-			
ASAP 06:00-08:00, 15:00-17:00				13d. Election Locati	on(s) Wiscon	sin Diagne	ostic
1-2/1P	13c. Election Ti		0-17:00	13d. Election Location	on(s) Wiscon Break Ri	sin Diagne	estic
HOHP 14. Full Name of Petitione(b) (6), (	13c. Election Ti 06:00 -		0-17:00	13d. Election Location Laboratories	on(s)Wiscon Break Ri	bom bom	estic
14. Full Name of Petitione(b) (6), (	(b) (7)(C) (b) (6), (b) (7)(C) (b) (6)	08:00, 15:00	0-17:00	13d. Election Locati Laberatories 14b. Tel. No.	Break Ro	hsin Diagne born Hc. Fax No.	estic
14. Full Name of Petitione(b) (6), ( 14a. Address (Street and number ( (b) (6), (b) (7)(C)	(b) (7)(C) (b) (6), (b) (7)(C) (b) (6)	08:00, 15:00	0-17:00	Laboratories 14b. Tel. No.	Break Ri	tc. Fax No.	
14. Full Name of Petitione(b) (6), (	(b) (7)(C) (b) (6), (b) (7)(C) (b) (6)	08:00, 15:00	0-17:00	Laboratories	Break Ri	bom	
14. Full Name of Petitione <sup>(b)</sup> (6), ( 14a. Address (Street and number ( (b) (6), (b) (7)(C)	(b) (7)(C) (b) (6), (b) (7)(C) (b) (6)	08 <sup>°</sup> :00 <sub>/</sub> 15:00 )). (b) (7)(C)	0-17:00	Laboratories 14b. Tel. No.	Break Ri	tc. Fax No.	
14. Full Name of Petitione(b) (6), ( 14a. Address (Street and number (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14f. Affiliation, if any	(b) (7)(C) (b) (6) (b) (7)(C) (b) (6 city state ZIP code)	08 <sup>1</sup> 00 , 15:00	0 - [7:00 -	Laboratories 14b. Tel. No. (b) (6), (b) (	Break Ro 14 7)(C) (b)	tc. Fax No.	
14. Full Name of Petitione <sup>(b)</sup> (6), ( 14a. Address <i>(Street and number</i> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	13c. Election Ti         06:00 -         (b) (7)(C)       (b) (6) (b) (7)(C)         (b) (7)(C)       (b) (6)         (city state ZIP code)         ner who will accept service of a	08 <sup>1</sup> 00 , 15:00	o - (7:00	Laboratories 14b. Tel. No. (b) (6), (b) (	Breg ⊭ Rå 14 7)(C) (b) ing.	tc. Fax No.	
14. Full Name of Petitione <sup>(b)</sup> (6), ( 14a. Address <i>(Street and number (</i> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14f. Affiliation, if any <b>15. Representative of the Petition</b>	$\begin{array}{c} 13c. \ Election \ Till \\ 0\ 6\ 00 \ \sim \ (b)\ (7)(C) \\ (b)\ (6)\ (b)\ (7)(C) \\ (b)\ (6)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c$	08 <sup>1</sup> 00 , 15:00	o – (7:00	Laboratories 14b. Tel. No. (b) (6), (b) ( esentation proceed	Breg ⊭ Rå [14] [14] [14] [14] [14] [14] [16] [16] [16] [16] [16] [16] [16] [16	tc. Fax No.	
14. Full Name of Petitione(b) (6), (14a. Address (Street and number (b) (6), (b) (7)(C)         14a. Address (Street and number (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)         14f. Affiliation, if any         15a. Name       (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)	$\begin{array}{c} 13c. \ Election \ Till \\ 0\ 6\ 00 \ \sim \ (b)\ (7)(C) \\ (b)\ (6)\ (b)\ (7)(C) \\ (b)\ (6)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c$	08 <sup>1</sup> 00 , 15:00	o – (7:00	Laberatories 14b. Tel. No. (b) (6), (b) ( resentation proceed 15b. Title (b) (6), (b) 15d. Tel. No.	Brea ⊭ Rå 14 7)(C) (b) ing. ) (7)(C) 15	ьс. Fax No. le E-Mail Addres ) (б), (b) (7)( 	Č)
14. Full Name of Petitione(b) (6), (         14a. Address (Street and number (         (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)         14f. Affiliation, if any         15. Representative of the Petition         15a. Name       (b) (6), (b) (7)(C)         15c. Address (Street and number, of the petition)	$\begin{array}{c} 13c. \ Election \ Till \\ 0\ 6\ 00 \ \sim \ (b)\ (7)(C) \\ (b)\ (6)\ (b)\ (7)(C) \\ (b)\ (6)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c)\ (c$	08 <sup>1</sup> 00 , 15:00	o – (7:00	Laberatories 14b. Tel. No. (b) (6), (b) ( resentation proceed 15b. Title (b) (6), (b) 15d. Tel. No.	Brea ⊭ Rå 14 7)(C) (b) ing. ) (7)(C) 15	ьс. Fax No. le E-Mail Addres ) (б), (b) (7)( 	Č)
14. Full Name of Petitione(b) (6), (14a. Address (Street and number (b) (6), (b) (7)(C)         14a. Address (Street and number (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)         14f. Affiliation, if any         15a. Name       (b) (6), (b) (7)(C)         15c. Address (Street and number, of (b) (6), (b) (7)(C)         15c. Address (Street and number, of (b) (6), (b) (7)(C)	13c. Election Ti         06:00 ~         (b) (7)(C)       (b) (6), (b) (7)(C)         (city_state_ZIP code)         ner who will accept service of a         (b) (7)(C)       (b) (6), (b) (7)(C)         (city_state, ZIP code)	08 <sup>1</sup> 00 <sub>1</sub> 15.00	o – (7:00	Laberatories 14b. Tel. No. 14b. Tel. No. 14b. $(b)$ (6), (b) (1 15b. Title(b) (6), (b) 15d. Tel. No. 15f. Cell No. (b) (6), (b) (7)	Brea ⊭ Rå 14 7)(C) (b) ing. ) (7)(C) 15	ьом Ic. Fax No. (6), (b) (7)(	Č)
14. Full Name of Petitione(b) (6), (14a. Address (Street and number (15b) (6), (b) (7)(C)         14a. Address (Street and number (15b) (6), (b) (7)(C)         14f. Affiliation, if any         15c. Address (Street and number (15a. Name (15b) (6), (b) (7)(C)         15c. Address (Street and number (15c), (15b) (7)(C)         15c. Address (Street and number (15b) (6), (b) (7)(C)         15c. Address (Street and number (15b) (15b) (15b) (15b) (15b)         15c. Address (Street and number (15b) (15b) (15b) (15b)         15c. Address (Street and number (15b) (15b) (15b) (15b) (15b)         15c. Address (Street and number (15b) (15b) (15b) (15b)         15c. Address (15b) (15b) (15b) (15b) (15b) (15b)         15c. Address (15b) (15b) (15b) (15b) (15b) (15b)         15c. Address (15b) (15b) (15b) (15b) (15b) (15b)         15b) (15b) (15b) (15b) (15b) (15b) (15b) (15b)         15b) (15b) (15b) (15b) (15b) (15b) (15b) (15b)         15b) (15b)	(b) (7) (C) (b) (6) (b) (7) (C) (b) (6) (c) (7) (C) (c	08:00 , 15:00 (b) (7)(C) Ill papers for purpos	best of my kno	Laberatories 14b. Tel. No. (b) (6), (b) ( esentation proceed 15b. Title(b) (6), (b) 15d. Tel. No. 15f. Cell No. (b) (6), (b) (7) wiedge and belief.	Breq ⊭ R.a 14 7)(C) (b) ing. (C) (15 (C) (15 15 15	ьс. Fax No. le E-Mail Addres ) (б), (b) (7)( 	Č)
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Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef 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.