	1
(2-18)	

NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.	
Case No. 18-RC-242803	

INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 44	The petition m s named in th	e petition of: (panied b 1) the pe	y both a s tition: (2)	howing of interest (s Statement of Positio	see 6b i on form	below) an (Form N	nd a certifica LRB-505): a	ate of service nd (3) Descri	showing	service on
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	RC-CERTIFIC	ATION OF REF		TATIVE -	A substantial number of the employees. The P	of emplo	oyees wis	h to be repre	esented for pu	irposes of	collective
2a. Name of Employer:					Establishment(s) inve						
Royal Concrete					rcle, St. Paul, N						
3a. Employer Representative - Na	me and Title:		3b. Add	ress (if sai	me as 2b - state same	e):	_				
Brian Seubert			Sam	e		-					
3c. Tel. No.	3d. Cell No.			3e. Fax N	lo.	3	f. E-Mail	Address			ka i
651-900-0182	651-900-0			1		1	Srin	0.50	wher	1010	valed:
4a. Type of Establishment (Factory,	mine, wholesa	uler, etc.)		4b. Princi	pal Product or Service	9	Jane	5a. City a	nd State when	re unit is lo	cated:
Redimix Plant				Redim	ix delivery			St. Pau			_
5b. Description of Unit Involved: Included:									er of Employe	es in Unit	:
All regular full-time and part-	time drivers	domiciled at	1 Didde	r Cir St	Dout MAN			5			
Excluded:	unio 011/015	domiciled at		a ch. St				Rh Do co	whatantista		
All Office employees, professionals, manage	rs, supervisors, ga	urds and all other en	ployees as	defined by th	ie act			orthe	substantial nu employees in	the unit w	ish to be
Check One: 7a. Request for red	ognition as Ba	argaining Repre	sentative	was made	e on (Date)		ar	repres	ented by the I declined reco	Petitioner?	X Yes 🗌 No
on or about (Date)		(If no	o reply re	ceived, so	state)	_		ia mibioket		gnicon	
7b. Petitioner is cu 8a. Name of Recognized or Certific	rrently recogni	zed as Bargaini	ng Repre	sentative		on unde	r the Act.				
our raine of recognized of octain	sa baiyanniy	Agent (it none	, so sian	#) 80. A	ddress:						
Sc. Tel. No.	8d. Cell No.			8e. Fax N	0.	8	f. E-Mail /	Address			
Bg. Affiliation, if any:			8h	. Date of F	lecognition or Certifica	ation 8 R	i. Expirati lecent Co	on Date of C ntract, if any	urrent or Mos (Month, Day,	t Year)	
9. Is there now a strike or picketing a	t the Employer	's establishmen	t(s) invo	ved?	If so, approx	ximately	how ma	tv employee	s are participa	atina?	
(Name of Labor Organization)									er since (Mon	•	(aart)
 Organizations or individuals other individuals known to have a representation 	than Petitione sentative inter	er and those nar rest in any employer	med in ite oyees in	ems 8 and the unit de	9, which have claimed escribed in item 5b abo	d recom	nition as r	anreachtathu	es and other o	organizatio	ons and
none											
10a. Name	10	b. Address				10	0c. Tel. N	0.	10d. Cell No		
							0e. Fax N				
11. Election Details: If the NLRB con	nducts and ele	ction in this mat	tter, state	your posi	tion with respect to an	ly such	election:	11a. Election	n Type:		
								🔀 Manua		Mixe	d Manual/Mail
11b. Election Date(s):		c. Election Time	e(s):			11	1d. Electio	on Location(s	i):		
June 20, 2019		5:00 am						ee Breakro			
2a. Full Name of Petitioner (includ Teamsters Local 120	ing local name	and number):			12b. Address (street 9422 Ulysses						
120 Full name of patienal or interest		alastic di ti	L								
2c. Full name of national or internati International Brotherhood of T	eemetere T	unization of whit	n Petitic	ner is an a	ifiliate or constituent ((if none,	so state)				
2d. Tel. No.	12e. Cell No.	cal 120		4.5.5		- 1.22					
763-267-6120	651-343-1	714		12f. Fax N			g. E-Mail				
3. Representative of the Petitioner				763-267	/00121	1	pslattery	@teamster	slocal120.0	rg	
Sa. Name and Title:		else ogs ange og s	ni hahei	13b. Addre	oses of the represent ass (street and number	ntation ar. city 4	proceedi State end	ng, ZIP codeli			
Paul Slattery					llysses St. NE Bl						
3c. Tel. No.	13d. Cell No.			13e. Fax N	lo.	119	f. E-Mail	Address			
763-267-6120	651-343-1	714		763-267	- + -				slocal120.or		
declare that I have read the above			ents are			edge an	d belief	o wanisiei	5100at 120.01	5	
lame (Pnnt)		Signature		A	the second s	Title					Date
Paul Slattery		tan	1 8	atter	in	Orga	anizer				6/5/2019

7 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

					DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RD)	UNITED STATES (Case N			Date Filed		
(2-18)	NATIONAL LABOR REL RD PETI				18-RD-24343	0	6/17/19		
employer concerned is lo	Filed using the Agency's web cated. The petition must be ac parties named in the petition	site, www.nirb.gov/ , s ccompanied by both a sho	owing of interes	t (see 7 b	elow) and a certific	ate of service sh	gion in which the owing service on		
Case Procedures (Form N	LRB 4812). The showing of in	terest should only be file	d with the NLRE	B and sho	uld <u>not</u> be served o	n the employer of	or any other party.		
1. PURPOSE OF THIS PETI recognized bargaining repu	FION: RD-DECERTIFICATION	(REMOVAL OF REPRESI resentative. The Petitioner	ENTATIVE) - A s alleges that the	ubstantial e foliowin	number of employee	s assert that the	certified or currently		
	roceed under its proper autho								
2a. Name of Employer	oil 11		~ ~ * * *		(Street and number,				
PL: 3ter Hotel Mass	Hoter Grill	425 E. Ma	son Start	· //	Wursuker h	1024	22		
Ba. Employer Representative John Murray I. Tel. No.	3d. Fax No.	3b. Address (If sam			Milwanker h Address	1. 53	202		
414 905 1218	00. Tax 110.	414-708-6					De		
4a. Type of Establishment (Fa	ctory, mine, wholesaler. etc.)	1 1 100 0	,	b. Princin	al product or service	Maco yo. C	-7		
Hotel Restan				For	od and L	odaina			
5a. Description of Unit Involve	d			100		5b. City an	d State where unit		
Included: Hour he Dos	tamont emplose.	s of Mason Churt	Grill			is locat	ted:		
		/				Mit	wanker		
	loces of hotel a						W/		
6. No. of Employees in Unit	7. Do a substantial recognized barra	number (30% or more) of th aining representative? 🖌 Y	e employees in t	the unit no	longer wish to be re	presented by the	certified or currently		
8a. Name of Recognized or C		ming representativer pri			8b. Affiliation, if any	1 1	4		
Christine V					8b. Affiliation, if any Chicago and Fui WORKERS UNITE	NWEST Region	NALBOULD, AFFILIATE		
8c. Address			8d. Tel. No. 414 -659-5		8e. Cell No.				
633 S. HAWLEY RI				0 > +					
Milwauku WI	53214		8f. Fax No.	8g. E-Mail Address Widman & Compile. 019 Dest Recent Contract, if any (Month, Day, Year)					
9. Date of Recognition or Cert	fication	10. Expiration Date	of Current or Mo	ost Recen	t Contract, if any (Mo	nth, Day, Year)	· · · · · · · · · · · · · · · · · · ·		
Unknown			02/1	4/20	19				
	cketing at the Employer's establ	lishment(s) involved?		7	approximately how m	any employees a	are participating?		
	picketed by or on behalf of (Inst					.,	a labor organization, of		
(Insert Address)	No	,			sinc	e (Month, Day, Y	•		
12. Organizations or Individua	Is other those named in items 8				tatives and other orga		NO		
12a. Name	ave a representative interest in 12b. Address	any employees in the unit (5 above. 12c. Tel. N		12d. Fax No.			
					ļ				
			1	2e. Cell N	۹o.	12f. E-Mail Addre	ess		
13. Election Details: If the N	LRB conducts an election in this			3a, Electi	ion Type: 🚮 Manual	Mail 🗌	Mixed Manual/Mail		
matter, state your position	with respect to any such election	n							
13b. Election Date(s)		tion Time(s) I Am - Z Pro			ion Location(s) Pason Stut	a M			
14. Full Name of Petitioner				/ (usun stur	July			
(b) (6), (b) (7)(C)									
(b)(6),(b)(7)(C)	iber city state ZIP code)		1	14b. Tel. N	10.	14c. Fax No.			
(b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		
14f. Affiliation, if any		·····							
	titioner who will accept servic	e of all papers for purpos	ses of the repre	sentation	proceeding.				
15a, Name				5b.Title			1		
Su Abor				Ed Tol A	lo	15e. Fax No.			
15c. Address (Street and num	der, city, state, ZIP code)		1	15d. Tel. N	1 0.	136. Pax IVO.	ì		
				15f. Cell N	o.	15g. E-Mail Addr	·ess		
I declare that I have read the	(b) (b) (c) (b) (7)(c)		bf my know	viedae ar	nd belief.				
Name (Dant)	(b) (b), (b) (7)(C)			litle		<u> </u>	Date Filed		
(b) (6), (b) (7)	(C)						06/17/19		
WILLFUL FALS	E STATEMENTS ON THIS PET	TITION CAN BE PUNISHE	D BY FINE AND	IMPRISO	NMENT (U.S. CODE	, TITLE 18, SECT	TION 1001)		

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.

INFER STATES OF AMERICA				DO NOT WRITE IN THIS SPACE							
FORM N&RB-502 (RC) (2-18)		UNITED STATES OF AMERICA TIONAL LABOR RELATIONS BOARD C RC PETITION			Case	No. 18-	RC-243		Date		
INSTRUCTIONS: Unless a Filed i employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	must be accom the petition of: (panied by (1) the pe	y both a tition; (2	showing of interest (s Statement of Positio	see 6b In form	n (Form NL	d a certifica .RB-505); at	te of service sh d (3) Descriptio	owing m of R	service on poresentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	itioner desire	s to be certified a	as represe	intative of	the employees. The P	etitio	ner alleges	that the fol	lowing circumst	tances	
2a. Name of Employer:			2b. Add	ress(es)	of Establishment(s) invo	bevio	(Street and	number, City	, State, ZIP code	e):	
GMH Asphalt			9180) Lake	town Road, Cha	ska	MN 553	318			
3a. Employer Representative - Na	me and Title	:	3b. Add	ress (if se	me as 2b - state same	n):					
Gary Harms			Sam	e							
Sc. Tel. No.	3d. Cell No	J.		3e. Fax			3f. E-Mail /				
952-442-5288					42-5656		gmh@g	mhasphalt.			
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)			ipal Product or Service	9			d State where us	nit is lo	cated:
Paving Company				Pavin	g Streets/Surfaces			Chaska			
5b. Description of Unit Involved: included:								10	r of Employees i	in Unit	
All regular full-time and regular part-t	ime drivers d	omiciled at 9180 L	aketown R	d., Chasks	MN 55318			10			
Excluded:								6b. Do a s	ubstantial numbe	er (30%	or more)
Office cherical caupioyees, all other employees, profes								represe	mployees in the inted by the Petit	tioner?	X Yes 🗌 No
Check One: 7a, Request for rea on or about (Date)			esentative no reply re				an	d Employer (lectined recognit	ion	
7b. Petitioner is cu						on und	ier the Act.				
Sa. Name of Recognized or Certific					Address:						
Bc. Tel. No.	8d. Cell No	.		8e. Faxi	No.		8f. E-Mail /	Address			
8g. Affiliation, if any:			8h	h. 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 a	t the Employ	yer's establishme	nt(s) invol	ved?	If so, appro	ximat	ely how ma	ny employee	s are participating	g?	
(Name of Labor Organization)						, t	nas picketed	the Employ	er since (Month,	Day, Ye	er)
 Organizations or individuals othe individuals known to have a repre- 									e and other orga	inizatio	ns and
10a. Name		10b. Address	_			- 1	10c. Tel. N	0.	10d. Cell No.		
							10e. Fax N	0.	10f. E-Mail Addr	1888	
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, state	VOUT DO	sition with respect to an	TV SUC	h election:	11a, Electio	Type:		
Employees wish to be represent								X Manua		Mixed	t Manual/Mail
11b. Election Date(s):		11c. Election Tin	_				11d. Electic	on Location(s			
Monday July 8, 2019		6:00 - 6:30 a	m				Employ	ee break ro	om		
12e. Full Neme of Petitioner (includ	ting local na	me and number):			12b. Address (street						
Teamsters Local 120					9422 Ulysses	s St.	NE Bla	ine, MN :	55434		
12c. Full name of national or internat International Brotherhood of T		-	tich Petitic	oner is ar	affiliate or constituent	(if nor	ne, so statej):			
12d. Tel. No.	12e. Cell N			12f. Fax			12g. E-Mai				
763-261-6120 13. Representative of the Petitione	651-343				57-6121			@teamster	slocal120	_	
13a. Name and Title:	A MAIND ANIN'S S	coept service of			rposes of the represe ress (street and numb						
Paul Slattery					Ulysses St. NE, E						
13c. Tel. No.	13d. Cell N			13e. Fax		1	13f. E-Mail				
762-267-6120	651-343				67-6121				slocal120.org		
I declare that I have read the above	e petition ar			e true to	the best of my knowl						
Name (Print) Paul Slattery		Signature	Tal	60	1hm	Title	e rganizer				Date
a and Oldmerk	-	1	m	The	- Y	1.0	Bamter				06/24/2019
WILL FALL SE STAT											

NT (U.S. CODE, TITLE 18, SECTION 1001)

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			DO NOT WRITE IN THIS SPACE					
RC PE	Case No. 18-RC	2-244081	Date F	Filed ne 28, 2019				
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, w	ww.nlrb.gov, submit a	an original of this	Petition to a	n 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				12 1012). 110 011	oning of inc	si con cincula cing se mea		
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de	RTIFICATION OF esires to be certifi	REPRESENTATI	VE - A substantial number ve of the employees. The	Petitioner alleges that	t the following	circumstances exist and		
requests that the National Labor Relat 2a. Name of Employer	tions Board proc		per authority pursuant to Idress(es) of Establishmeni					
St. Stephen's Human Services		23	309 Nicollet Avenue		la namber, ony,			
St. Stephen's numan Services MN Minneapolis 55404- 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)								
Scott Redd	11100		2309 Nicollet Aver MN Minneapolis 5					
3c. Tel. No.	3d. Cell No.		3e. Fax No.	0404-	3f. E-Mail Addr	ress		
(612) 870-2278	(612) 807-0701	I.			Sredd@ststephe			
4a. Type of Establishment (Factory, mine, w	· · ·	4b. Principal pro	duct or service		5a. City a	and State where unit is located:		
Services			Human Services		-	Minneapolis, MN		
5b. Description of Unit Involved					<u> </u>	6a. No. of Employees in Unit:		
Included: See Attached Page 2 for addition	nal details					55		
						6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for addition	nal details					or more) of the employees in he unit wish to be represented by the		
- See Allacheu Fage 2 for addition	nal uctans					Petitioner? Yes [V No []		
Check One: 7a. Request for re	ecognition as Barg	aining Representa	tive was made on (Date)	and	Employer decl	ined 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	gaining Agent (li	f none, so state).	8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ress		
On Affliction if any			Oh Data of Deservition of	Ordification	Oi Eusiantian E			
8g. Affiliation, if any			8h. Date of Recognition or	Ceruncation		Date of Current or Most Recent ((Month, Day, Year)		
					,,	(
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? If so, approx	kimately how many em	ployees are par	ticipating?		
(Name of labor organization)		has pick	eted the Employer since (Month Day Year)				
10. Organizations or individuals other than I								
known to have a representative interest in a					esentatives and			
			. ,					
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				40a Fawbla				
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	s an election in thi	is matter, state vou	r position with respect to	11a Election Type:		Mail Mixed Manual/Mail		
any such election.			· · · · · · · · · · · · · · · · · · ·	That Election Type.				
11b. Election Date(s): 07/17/2019		lection Time(s):		11d. Election Loca i				
			ocation 2: 4:30p-6:30pm			Ite Ave. Minneapolis MN 55404. Loca		
12a. Full Name of Petitioner (including lo Abdikarim M Abdi AFSCME, AFL-CIO		-		300 Hardman Àve Sc MN South St Paul 5		city, state, and ZIP code)		
12c. Full name of national or international la American Federation of State, County, and M			is an affiliate or constituen	it (if none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad Abdikarim Abdi	dress i@afscmemn.org		
(651) 287-0541	(612) 368-9304		(651) 287-0534	antation proceeding		.@disarrenin.org		
13. Representative of the Petitioner who 13a. Name and Title	will accept servi	ice of all papers ic	13b. Address (street and					
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	dress		
I declare that I have read the above petiti	ion and that the	statements are tru	le to the best of my know	vledge and belief.				
	gnature		Title	-	Date			
	dikarim M. Abdi		Organizer		06/27/2019	14:04:29		
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE F	-	IMPRISONMENT (U.S				

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

WKIIC		1 113	SFA
	Da	te Filec	1

Employees Included

All employees employed in the state of Minnesota

Employees Excluded

Office clerical employees, confidential employees, and guards and supervisors as defined in the act

Case

	ES GOVERNMENT			DO NOT	WRITE IN THI	S SPACE	
RC PE	R RELATIONS BOA			8-RC-24407	1	Filed June 28, 2019	
INSTRUCTIONS: Unless e-Filed u in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip with the NLRB and should not be	l is located. The e employer and ption of Represe e served on the	e petition must all other partie entation Case I employer or an	t be accompanied by is named in the petition Procedures (Form NL av other party	both a showing o on of: (1) the peti RB 4812). The sl	f interest (se tion; (2) Stat howing of in	ee 6b below) and a certificate ement of Position form terest should only be filed	
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certifi	ed as representati- eed under its pro	ve of the employees. The per authority pursuant to	Petitioner alleges the Section 9 of the Na	at the followin ational Labor R	g circumstances exist and telations Act.	
2a. Name of Employer Toro Company 3a. Employer Representative – Name a		2b. Ad	ddress(es) of Establishmen ne Avenue, Tomah, WI 546	t(s) involved (Street a 60 (Main Plant) / 914	and number, city	/, State, ZIP code) Tomah, WI 54660 (Distribution Center	
Chris Hacker, Operations Ma	anager		3b. Address (If same as SAME	s 2b – state same)			
3c. Tel. No. 608-372-3991	3d. Cell No.		3e. Fax No.		31. E-Mail Add	Iress	
4a. Type of Establishment (Factory, mina, Factory	, wholesaler, etc.)	4b. Principal pro Commercial	duct or service I Lawn Care Equip	ment	5a. City Toma	and State where unit is located: h, WI	
5b. Description of Unit Involved Included: All full time and regular pa the Main Plant, 200 Sime Excluded: All other employees in employees, guards ar	Avenue, Tomah, V ncluding office (nd supervisors,	VI and the Distribu clerical employ as defined by	ution Center, 914 East Cl rees, professional err the Act.	ifton St. Tomah, WI Iployees, manag	54660. erial	6a. No. of Employees in Unit: 450 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ✔ No	
7b. Petitioner is 8a. Name of Recognized or Certified Ba	(Date) (Date)	(If no reply received d as Bargaining Re	tive was made on (Date) _ d, so state). Petition to epresentative and desires 8b. Address	serve as reques	it.	lined recognition on or about	
None 8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress	
8g. Affiliation, if any			8h. Date of Recognition of	Certification		Date of Current or Most Recent y (Month, Day, Year)	
 Is there now a strike or picketing at the (Name of fabor organization) Organizations or individuals other than known to have a representative interest in 	Petitioner and tho	, has pick	eted the Employer since (/	Month, Day, Year)			
10a. Name	10b. Add		in item 56 above. (If none,	so state) 10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct any such election.	ts an election in thi	s matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	fbulion Center 12:00pm-3:00pm 1 / 2:00pm-4:00pm	11d. Election Locat TBD					
June 19, 2019			17 2.00pm-4.00pm				
12a. Full Name of Petitioner (including) District Lodge 66, International Asso	local name and nu ociation of Machi	mber) nists & Aerospa	ace Workers AFL-CIO	12b. Address (stree 113 Republic Ave	et and number, enue, Ste. 10	city, state, and ZIP code) 10, Joliet, IL 60435	
12a. Full Name of Petitioner (including District Lodge 66, International Asso 12c. Full name of national or international International Association of Machinis	local name and nu ociation of Machi labor organization sts & Aerospace	mber) nists & Aerospa of which Petitioner	ace Workers AFL-CIO is an affiliate or constituen CIO	12b. Address (stree 113 Republic Ave	enue, Ste. 10	10, Joliet, IL 60435	
12a. Full Name of Petitioner (including District Lodge 66, International Asso 12c. Full name of national or international International Association of Machinis 12d. Tel No. 815-280-6400	local name and nu ociation of Machi labor organization sts & Aerospace 12e. Cell No. 630-430-6455	mber) nists & Aerospa of which Petitioner Workers AFL-C	ace Workers AFL-CIO Is an affiliate or constituen CIO 121. Fax No. 815-280-6345	12b. Address (stree 113 Republic Ave 1 (if none, so state)	12g. E-Mail Arrmickschl @iz	IO, Joliet, IL 60435	
12a. Full Name of Petitioner (including district Lodge 66, International Association of Machinis 12c. Full name of national or international International Association of Machinis 12d. Tel No. 815-280-6400 13. Representative of the Petitioner who 13a. Name and Title Rick Mickschl, Grand	local name and nu ociation of Machi labor organization sts & Aerospace 12e. Cell No. 630-430-6455 o will accept service	mber) nists & Aerospa of which Petitioner Workers AFL-C workers for	ace Workers AFL-CIO is an affiliate or constituen CIO 12f, Fax No. 815-280-6345 or purposes of the repres 13b. Address (street and	12b. Address (stree 113 Republic Ave t (if none, so state) entation proceeding I number, city, state,	12g. E-Mail Ar rmickschl @i. g. and ZIP code)	l0, Joliet, IL 60435 ddress amaw.org	
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12a. Full Name of Petitioner (including in District Lodge 66, International Association of International Association of Machinis 12d. Tel No. 815-280-6400 13. Representative of the Petitioner who is a name and Title Rick Mickschl, Grand 13c. Tel No.	local name and nu ociation of Machi labor organization sts & Aerospace 12e. Cell No. 630-430-6455 o will accept servi- d Lodge Repres 13d. Cell No. 630-430-6455	mber) nists & Aerospa of which Petitioner Workers AFL-C ce of all papers fo sentative	ace Workers AFL-CIO is an affiliate or constituen 20 121. Fax No. 815-280-6345 or purposes of the repres 13b. Address (street and 113 Republic Aven 13e. Fax No. 815-280-6345	12b. Address (stree 113 Republic Ave t (if none, so state) entation proceeding i number, city, state, ue, Ste. 100, Jol	enue, Ste. 10 12g. E-Mail Ar mickschl @i. g. and ZIP code) iet, IL 60435	IO, Joliet, IL 60435 ddress amaw.org 5 idress	

PRIVACY ACT STATEMENT 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 will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) UNITED STATES OF AMERICA				ia l		DO NOT WRITE IN THIS SPACE				
(2-18) NATIONAL LABOR RELATIONS BO					Case No.		Date Filed			
		RC PETITIO	N			18-RC-2	244098		June 28,	2019
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accom the petition of: (panied i 1) the p	by both a etition; (2)	showing of interest (s Statement of Position	of this Petition (ee 6b below) and n form (Form N	o an NLRB o nd a certifica LRB-505); an	ffice in the Reg te of service sh id (3) Descriptic	ion in which the owing service o on of Represent	e on tation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desire	s to be certified a	s repres	entative of	f the employees. The Pe	etitioner allege	s that the fol	lowing circums	tances exist an	
2a. Name of Employer:			2b. Ad	dress(es) d	of Establishment(s) invo	lved (Street and	number, City	, State, ZIP code	e):	
SRT Communications Inc.			3615	North B	roadway, Minot, N	ID 58703				
3a. Employer Representative - Name and Title: 3b. Add Steve Lysne, General Manager, CEO Same				Address (if same as 2b - state same): IMC						
3c. Tel. No.	3d. Cell No	.	1	3e. Fax	No.	3f. E-Mail	Address			
(701) 858-1200				(701) 8	58-5449	steved@	srttel.com			
4a. Type of Establishment (Factory, I	mine, whole	saler, etc.)			cipal Product or Service		1 .	d State where u	nit is located:	
Telephone CO-OP		· · · · · · · · · · · · · · · · · · ·		leleph	one services		Minot, N			
5b. Description of Unit Involved: Included:								er of Employees	in Unit:	
Seeking to Globe in Accountin	g Clerks a	and Senior Fina	ancial /	Accounta	nt into existing Cust	t. Serv. unit	4			
Excluded:	-				_				er (30% or more))
Supervisors as defined by the								employees in the ented by the Pet	itioner? X Yes	
Check One: X 7a. Request for rec on or about (Date)	∑May 28	8, 2019 (İfn	o reply i	received, s				declined recogni	tion	
8a. Name of Recognized or Certifie					Address:					
IBEW Local Union 714				125	5 35th Ave NE, PC) Box 1906, I	Minot, ND :	58702		
8c. Tel. No.	8d. Cell No	D. <u>,</u> .		8e. Fax	No.	8f. E-Mail	Address			
(701) 852-3025	(701) 34	0-8560					ew714@srt.			
8g. Affiliation, if any: AFL-CIO				Bh. Date of Recognition or Certification 8i. Expiration Date of Current or Most March 24, 2005 Recent Contract, if any (Month, Day, Year) 12/31/2					2020	
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) inv	olved? No	O If so, appro	ximately how ma	any employee	s are participatin	ıg?	
(Name of Labor Organization)						, has pickete	d the Employ	er since (Month,	Day, Year)	
10. Organizations or individuals other individuals known to have a repre None								es and other org	anizations and	
10a. Name		10b. Address				10c. Tel. 1	No.	10d. Cell No.		
rou. Wante		TOD. / Iduress				10e. Fax 1		10f. E-Mail Address		
						IVE. FAX	10.		1033	
11. Election Details: If the NLRB con Armour Globe	nducts and	-	-	ite your po	sition with respect to an		🔀 Manua	I 🗌 Mail 🔤	Mixed Manua	ıl/Mail
11b. Election Date(s): July 15,2019		11c. Election Tin 7:30 - 8 am	ne(s):				ion Location(s	•		
12a. Full Name of Petitioner (includ	0	me and number):		on 714	12b. Address (street 125 35th Ave N	and number, ci	ty, State and 2	ZIP code):		
International Brotherhood of								, ND 30702		
12c. Full name of national or internati International Brotherhood of El		•		tioner is an	affiliate or constituent	(if none, so state	;) :			
12d. Tel. No. (701) 852-3025	12e. Cell N (701) 34			12f. Fax	No. 52-3026	1 -	12g. E-Mail Address randyibew714@srt.com			
13. Representative of the Petitione	• •		f all pap	1 ' '		1 *	•	com		
13a. Name and Title: Randy Bartsch/Business Mai				13b. Add	iress (street and number oth Ave NE, PO Bo	er, city, State and	d ZIP code):	02		
13c. Tel. No.	13d. Ceil N	lo.	<u> </u>	13e. Fax	No.	13f. E-Ma	Address			
(701) 852-3025	(701) 34				52-3026	randyibe	w714@srt.	com		
I declare that I have read the above	petition a			re true to	the best of my knowle		• • • • • • • • • • • • • • • • • • • •			
Name (Print) Randy Bartsch		Signature	. /	D.	A	Title Business M	anager		Date 6/26/2	2019
			ery	Da	the					

WILLFUL FALSE STATEMENTS ON THIS PETITION AN 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.