

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-228691	Date Filed October 05, 2018

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: Tony Bernard Trucking/Aqua Power	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 800 Park Avenue, Eveleth, MN 55734
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3a. Employer Representative - Name and Title: Ray Preble	3b. Address (if same as 2b - state same): 800 Park Avenue, Eveleth, MN 55734
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3c. Tel. No. 218-744-1144	3d. Cell No. 218-290-9433	3e. Fax No.	3f. E-Mail Address ray@aquapower.us
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking	4b. Principal Product or Service Truck Drivers	5a. City and State where unit is located: Eveleth, MN
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5b. Description of Unit Involved: Included: Truck Drivers Excluded: Office Staff/Furnace Cleaners/Management	6a. Number of Employees in Unit: 10
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) June 7, 2018 and Employer declined recognition on or about (Date) No Reply (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) None	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
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8g. Affiliation, if any: N/A	8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A
(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A

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)
None

10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: I am open to any type of election
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): ASAP	11c. Election Time(s): Open	11d. Election Location(s): Open
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12a. Full Name of Petitioner (including local name and number): Teamsters General Local Union No. 346	12b. Address (street and number, city, State and ZIP code): 2802 West 1st Street, Duluth, MN 55806
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Teamsters General Local Union No. 346


12d. Tel. No. 218-628-1037	12e. Cell No. N/A	12f. Fax No. 218-628-1037	12g. E-Mail Address cward@teamsters346.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Chad Ward, Business Agent

13b. Address (street and number, city, State and ZIP code): 2802 West 1st Street, Duluth, MN 55806
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13c. Tel. No. 218-628-1037	13d. Cell No. N/A	13e. Fax No. 218-628-1037	13f. E-Mail Address cward@teamsters346.com
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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) Chad Ward	Signature 	Title Business Agent	Date 9-24-18
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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
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-228797	Date Filed October 09, 2018
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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 Trustees of Grinnell College	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1121 Park St IA Grinnell 50112-1640
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3a. Employer Representative - Name and Title Raynard Kington	3b. Address (If same as 2b - state same) 1121 Park St IA Grinnell 50112-1640
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3c. Tel. No. (641) 269-3000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kington@grinnell.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools	4b. Principal product or service Education	5a. City and State where unit is located: Grinnell, IA
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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: 915	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"/>
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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
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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
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11b. Election Date(s): 11/1	11c. Election Time(s): 8 a.m. — 5 p.m.	11d. Election Location(s): Joe Rosenfield Center Room 101, 1115 8th Ave., Grinnell, Iowa
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12a. Full Name of Petitioner (including local name and number) Cory McCartan Union of Grinnell Student Dining Workers	12b. Address (street and number, city, state, and ZIP code) 1115 8th Ave IA Grinnell 50112-1553
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No. (319) 343-7718	12e. Cell No. (425) 770-9244	12f. Fax No.	12g. E-Mail Address union@ugsdw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Cory McCartan	Signature Cory McCartan	Title Advisor to the Executive Board	Date 10/8/2018 14:27:33
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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-228797	October 09, 2018

Employees Included
All student employment positions

Employees Excluded
Positions in Dining Services, and all supervisors and guards, as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-229352	Date Filed October 16, 2018
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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 W Superior St MN Duluth 55802-2093
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3a. Employer Representative - Name and Title Josh Goutermont	3b. Address (If same as 2b - state same) 30 W Superior St MN Duluth 55802-2093
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3c. Tel. No. (218) 723-3921	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jgoutermont@allete.com
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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: Duluth, MN
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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: 25	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"/>
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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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): To be determined	11c. Election Time(s): To be determined	11d. Election Location(s): Mail ballot - Employees located in Duluth and Eveleth
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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 Rd Ste 105 MN Duluth 55812-2144
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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
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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 PA	13b. Address (street and number, city, state, and ZIP code) 302 W. Superior Street, Suite 300 MN Duluth 55804-
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13c. Tel No. (218) 722-1764	13d. Cell No.	13e. Fax No. (218) 722-6137	13f. E-Mail Address jpoole@duluhlawfirm.com
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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 10/16/2018 13:48:49
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
18-RC-229352	October 16, 2018

Employees Included

Petitioner seeks an Armour-Globe election - Add all Customer Care and Support Representatives and Administrative Assistant working in the Customer Call Center department (Duluth and Eveleth) to existing bargaining unit.

Employees Excluded

Guards, supervisors, professionals and managers as defined by the Act, as amended.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-229854	Date Filed Oct. 24, 2018

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 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: Fairview Range Medical Center	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 750 E. 34th Street, Hibbing, MN 55746
3a. Employer Representative - Name and Title: Mitch Vincent Director of Human Resources	3b. Address (if same as 2b - state same): Same

3c. Tel. No. (218) 262-4882	3d. Cell No. (218) 969-8296	3e. Fax No.	3f. E-Mail Address mvincent@range.fairview.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal Product or Service Medical care	5a. City and State where unit is located: Hibbing, MN	

5b. Description of Unit Involved: Included: At Fairview Plaza Billing dept: Patient service, financial, account, & billing Specialists & Lead Worker. Excluded: * accurate "Globe" into existing AFSCME unit *	6a. Number of Employees in Unit: 11
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Confidential, Accredited technicians, Supervisors, & Professional Employees.	

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 08/03/18 and Employer declined recognition on or about (Date) 08/29/18 (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) None	8b. Address:
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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)
None

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): Send ballots about 11/7/18	11c. Election Time(s):	11d. Election Location(s): Mail
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12a. Full Name of Petitioner (including local name and number): Thor Edward Backus AFSCME Council 65	12b. Address (street and number, city, State and ZIP code): 1322 Eleanor Avenue St Paul, MN 55116
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Federation of State, County and Municipal Employees (AFSCME)

12d. Tel. No. (612) 619-2542	12e. Cell No. (612) 619-2542	12f. Fax No. (218) 885-3245	12g. E-Mail Address tbackus@afscme65.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Thor Backus Lead Organizer, AFSCME Council 65	13b. Address (street and number, city, State and ZIP code): 1322 Eleanor Avenue St Paul, MN 55116

13c. Tel. No. (612) 619-2542	13d. Cell No. (612) 619-2542	13e. Fax No. (218) 885-3245	13f. E-Mail Address tbackus@afscme65.org
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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) Thor E. Backus	Signature 	Title Lead Organizer, AFSCME Cncl.65	Date 10/24/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE
Case No. 18-RC-229937 Date Filed October 25, 2018

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: Mayo Clinic Health Systems Fairmont-PUC
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 800 Medical Center Drive Fairmont MN 56031
3a. Employer Representative - Name and Title: Mandy Hansen
3b. Address (if same as 2b - state same): Same

3c. Tel. No. 507-594-5630 **3d. Cell No.** 507-995-1196 **3e. Fax No.** 507-385-4750 **3f. E-Mail Address** Hansen.amanda@mayo.edu

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital **4b. Principal Product or Service** Healthcare **5a. City and State where unit is located:** Fairmont MN

5b. Description of Unit Involved:
Included: All full-time and regular part-time unit technicians of the PUC unit located at 800 Med
Excluded: All Office employees, professional employees, managerial employees and supervisors a
6a. Number of Employees in Unit: 6
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the 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).
 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? _____ 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 and election in this matter, state your position with respect to any such election: **11a. Election Type:** Manual Mail Mixed Manual/Mail
We would like to file as a Armour-Globe election

11b. Election Date(s): November 13, 2018 **11c. Election Time(s):** 2-3 pm **11d. Election Location(s):** employee break room

12a. Full Name of Petitioner (including local name and number): Teamsters Local 120 **12b. Address (street and number, city, State and ZIP code):** 9422 Ulysses St. NE Blaine MN 55434

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local 120

12d. Tel. No. 763-267-6120 **12e. Cell No.** 651-343-1714 **12f. Fax No.** 763-267-6121 **12g. E-Mail Address** pslattery@teamsterslocal120

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Paul Slattery, Organizer **13b. Address (street and number, city, State and ZIP code):** 9422 Ulysses St. NE Blaine MN 55434

13c. Tel. No. 763-267-6120 **13d. Cell No.** 651-343-1714 **13e. Fax No.** 763-267-6121 **13f. E-Mail Address** pslattery@teamsterslocal120

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) Paul Slattery Signature Paul Slattery Title Organizer Date 10/25/2018

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
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-230023

Date Filed

October 26, 2018

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
Dyno Nobel Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5392 Vermilion Trail Biwabik, MN 55708

3a. Employer Representative - Name and Title
Keith Maki Site Manager

3b. Address (if same as 2b - state same)
Same as above

3c. Tel. No.
218-742-6793

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
keith.maki@am.dynonobel.com

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

4b. Principal product or service
Blasting services

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

5b. Description of Unit Involved

Included: All full-time and regular part-time production and maintenance employees employed by the Employer at its Biwabik, MN location.

Excluded: All other employees including professional employees, office clerical employees, confidential employees, and guards and supervisors defined in the Act, as amended.

6a. No. of Employees in Unit:
22

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

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 10/26/18 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition serves as request**

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).
None

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)
None

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):
November 21, 2018

11c. Election Time(s):
4:45a - 5:15a

11d. Election Location(s):
Training room at the Biwabik facility

12a. Full Name of Petitioner (including local name and number)
United Steelworkers (also known as USW)

12b. Address (street and number, city, state, and ZIP code)
60 Blvd. of the Allies Pittsburgh, PA 15222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC

12d. Tel No.
412-562-2553

12e. Cell No.
816-863-9679

12f. Fax No.
412-562-2555

12g. E-Mail Address
bgooch@usw.org

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

13a. Name and Title
Robert L Gooch

13b. Address (street and number, city, state, and ZIP code)
60 Blvd. of the Allies Pittsburgh, PA 15222

13c. Tel No.

13d. Cell No.
816-863-9679

13e. Fax No.
412-562-2555

13f. E-Mail Address
bgooch@usw.org

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)
Robert L Gooch

Signature
Robert L Gooch

Title
USW Organizer

Date
October 26, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-230127	Date Filed October 30, 2018
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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 Sunbelt Rentals, Inc. (HVAC & Dehumidification)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 309 Wilmont Drive, Waukesha, WI 53189
---	--

3a. Employer Representative - Name and Title Thomas Hunter, Manager	3b. Address (If same as 2b - state same) same
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3c. Tel. No. (262) 521-1514	3d. Cell No.	3e. Fax No.	3f. E-Mail Address pcm587@sunbeltrentals.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) tool and equipment rental shop	4b. Principal product or service heating, cooling and dehumidifying equipment	5a. City and State where unit is located: Waukesha, WI
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5b. Description of Unit Involved Included: All full-time and regular part-time HVAC technicians, mechanics, installers, and drivers employed by the Employer at its Profit Center #587 in Waukesha, WI. Excluded: All other employees, including clericals, sales people, guards, supervisors and managers as defined under the Act.	6a. No. of Employees in Unit: 2	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) 10/30/18 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **no reply**
 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). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)
309hNone

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.

11b. Election Date(s): Nov. 14, 2018	11c. Election Time(s): 6:30-7:00 a.m.	11d. Election Location(s): 309 Wilmont Dr., Waukesha, IL
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12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 139, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) N27 W23233 Roundy Dr., Pewaukee, WI 53072
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers, AFL-CIO

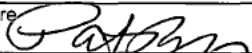
12d. Tel No. 262-896-0139	12e. Cell No.	12f. Fax No. 262-896-0758	12g. E-Mail Address mervin@iuoe139.org
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13. **Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Patrick N. Ryan, Attorney	13b. Address (street and number, city, state, and ZIP code) 200 W. Adams St., Ste. 2200, Chicago, IL 60606
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13c. Tel No. 312-236-4316	13d. Cell No.	13e. Fax No. 312-236-0241	13f. E-Mail Address pryan@baumsigman.com
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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) Patrick N. Ryan	Signature 	Title Attorney	Date October 30, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-230294

Date Filed
October 31, 2018

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
Deer District, LLC d/b/a Fiserv Forum

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1111 Vel R Phillips Ave
WI Milwaukee 53203

3a. Employer Representative - Name and Title
Raj Saha

3b. Address (If same as 2b - state same)
1543 N 2nd St Fl 6
WI Milwaukee 53212-4036

3c. Tel. No.
(845) 282-4185

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
RSaha@bucks.com

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

4b. Principal product or service
Live entertainment

5a. City and State where unit is located:
Milwaukee, WI

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
110

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).

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
Mailing 11/23/2018

11c. Election Time(s):
n/a

11d. Election Location(s):
Mail ballot

12a. Full Name of Petitioner (including local name and number)
Craig Carlson
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United

12b. Address (street and number, city, state, and ZIP code)
1110 N Old World 3rd St Ste 650
WI Milwaukee 53203-1117

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada

12d. Tel No.
(312) 705-2020

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
CCarlson@iatselocal2.com

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

13a. Name and Title
David Huffman-Gottschling Attorney
Jacobs, Burns, Orlove & Hernandez

13b. Address (street and number, city, state, and ZIP code)
150 N Michigan Ave Ste 1000
IL Chicago 60601-7569

13c. Tel No.
(312) 327-3443

13d. Cell No.

13e. Fax No.
(312) 726-3887

13f. E-Mail Address
davidhg@jbosh.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)
David Huffman-Gottschling

Signature
David Huffman-Gottschling

Title
Attorney

Date
10/31/2018 13:00:05

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

Employees Included

All full-time and regular part-time production employees employed by the Employer at the Fiserv Forum, including employees who perform rigging, carpentry, electrical, properties, audio/visual, load-in, load-out, and other production-related work.

Employees Excluded

Office clerical employees and guards, professional employees and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RM-230200	Date Filed 10/30/18

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner: Waukesha Prescription Center Ltd.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 501 S. Grand Avenue Waukesha, WI 53186
3a. Employer/Petitioner Representative - Name and Title: Daniel Strause, President	3b. Address (if same as 2b - state same): 333 Lowville Road, Rio, WI 53960

3c. Tel. No. (608)516-2076	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dstrause@hometownpharmacywi.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (drugs)	4b. Principal Product or Service Retail pharmacy
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5a. Description of Unit Involved: Included: All employees covered by the OPEIU Local #9 Agreement through January 1, 2019. Excluded: Supervisors as defined in the Act, pharmacists.	5b. City and State where unit is located: Waukesha, WI
	6. Number of Employees in Unit: 4

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name Office & Professional Employees International Union, Local #9, AFL-CIO-CLC	8b. Affiliation, if any:
8c. Address: 6333 W. Bluemound Road Milwaukee, WI 53213	8d. Tel. No. (414)771-9730
	8e. Cell No.
	8f. Fax No. (414)771-9732
	8g. E-Mail Address local9dave@sbcglobal.com

9. Date of Recognition or Certification Pre-1976	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/01/2019
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11. 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) _____

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
None.

12a. Name and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Employer requests a mail election be conducted as soon as possible.

13a. Election Type:
 Manual Mail Mixed Manual/Mail

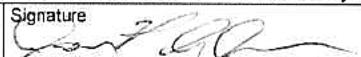
13b. Election Date(s): As soon as possible	13c. Election Time(s): Outside business hours (9 am to 6 pm)	13d. Election Location(s): Employer's location
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14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title: James R. Phelan, Attorney for Employer	14b. Address (street and number, city, State and ZIP code): Remley & Sensenbrenner, S.C. 219 E. Wisconsin Avenue, Neenah, WI 54956
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14c. Tel. No. (920)725-2601	14d. Cell No.	14e. Fax No. (920)725-5814	14f. E-Mail Address jphelan@remleylaw.com
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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) James R. Phelan	Signature 	Title Attorney for Employer	Date 10/30/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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