UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
18-RD-238845	April 2, 2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 <u>not</u> be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Penske Truck Leasing 1270 hickory st WI pewauke 53072-3a. Employer Representative - Name and Title 3b. Address (If same as 2b – state same) 1270 hickory st Sal Bilotta maintenance supervisor WI pewauke 53072 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. (262) 914-1739 sal.bilotta@penske.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation truck leasing Pewaukee, WI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? 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 curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 6200 w bluemound rd Teamsters local 200 tim pinter business agent WI milwaukee 53213-8d Cell No. 8e. Fax No. 8f. F-Mail Address (414) 771-6363 (414) 771-5850 contactinfo@teamsterslocal200.com 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) teamsters 04/01/2016 03/31/2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than 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 11a. Election Type: Manual Mail Mail Mixed Manual/Mail 11b. Élection Date(s): 11c. Election Time(s): 11d. Election Location(s): 04/10/2019 11701 w carmen ave milwaukee wi, 53225 1270 hickory st pewauke 2pm-5pm 12a. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6). (b) (7)(C 12b. Address (street and number, city, state, and ZIP code) penske truck leasing (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) none 12q. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13c Tel No 13d Cell No 13e Fax No 13f F-Mail Address 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) Signature Title Date (b) (6), (b) (7)(C) 5T(6)T(5T(7)(C (b) (6), (b) (7)(C) 04/2/2019 11:22:32

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.

	DO NOT WRITE IN THIS SPACE			
Attachment	Case 18-RD-238845	Date Filed April 2, 2019		

Employees Included penke truck leasing maintenance employees, technician 1-3 csr technician 1-2

Employees Excluded supervisors and service admin

(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
18-RD-239175	April 8 2019							

RD PETITION 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Cemstone Concrete Materials, LLC 2025 Centre Pointe Blvd. Ste 300, Mendota Heights, MN 55120 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Lia Draxler, Human Resources SAME AS ABOVE 3c. Tel. No. 3d Cell No 3e. Fax No. 3f. E-Mail Address (651)686-4259 ldraxler@cemstone.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Mendota Heights, IA Concrete 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All mixer drivers, mechanics and maintenance employees. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All guards and supervisors, as defined by the Act, and all other employees. unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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 8b. Address Laborers' International Union of North America, Local Union 177 3400 E Euclid Ave, Suite A, Des Moines, IA 50317 8c. Tel No. 8d Cell No. 8f. E-Mail Address (515)265-2558 @laborers177.com 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year, March 192019 March 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than 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 11a. Election Type: Manual Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 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) (b) (6), (b) (7)(C) SAME AS ABOVE 13c. Tel No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE 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) (b) (6), (b) (7)(C)

AN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMEN

^{Sig}(b) (6), (b) (7)(C

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 seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPAC	CE
Casa No.	18-RC-239242	Date Filed	April 9, 2019

RC PE	TITION			18	8-KC-239242		April 9, 2019	
INSTRUCTIONS: Unless e-Filed us								
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 NJ DP 505); and /2) Describe	employer and inn of Bankoo	an other par	rties named	i in the petitio	on ot: (1) the peti	lion; (2) St ate	ment of Position form	
(Form NLRB-505); and (3) Descript with the NLRB and should not be s	on of Repres	entation Gas employer or	se Procedui	res (rorm NL) hartu	KB 4612). INE SI	nowing of Inte	erest snould only be tiled	
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENT	ATIVE - A sub	asiantial number	of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner de	saires to be certifi	ed as represer	stative of the e	mployees. The i	Petitioner alleges th	at the following	g circumstances exist and	
requests that the National Labor Relat 2a. Name of Employer	ions Board proc				Section 9 of the Na (s) involved (Street a			
M.J. VanDamme, Inc.				A, Gwinn, Mi		ma manasan, eng.	State, Eli Cooo,	
3a. Employer Representative - Name and	Title		******		2b - state same)			
Rod Wells			same					
3c, Tel. No.	3d. Cell No.	.,	3e. Fax	No.		3f. E-Mail Adda		
906 346-2641		400000000000000000000000000000000000000					ijvandammeinc.com	
4a. Type of Establishment (Factory, mine, w	rholesaler, etc.)	4b. Principal	product or sea	rvice		5a. City a	and State where unit is located:	
5b. Description of Unit Involved Included: All full-time and regular part-time en	pioveos who perfor	m mechanic work	k in and out of its	facilities located in	Gwinn, Michigan and Bi	g Bay, Michigan,	6a. No. of Employees in Unit:	
included:							6b. Do a substantial number (30%	
Excluded:						ĺ	or more) of the employees in the unit wish to be represented by the	
Guards and superv	risors as di	etined in	the Act				Petitioner? Yes V No	
Check One: 7a, Request for re	cognition as Barr	aining Repres	entative was m	nade on (Date)_	80	d Employer decl	ined recognition on or about	
	(Date)	(If no reply rece	eived, so state,).				
					certification under the	Act.		
Ba. Name of Recognized or Certified Bary None known		none, so stat		8b. Address				
Bc. Tel No.	8d Cell No.		8e Fax	No.		81. E-Mail Addi	ress	
8g. Affiliation, if any							Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the Er							rticipating?	
(Name of labor organization)		, has	picketed the E	mployer since (/	Month. Day, Year)			
10. Organizations or individuals other than F known to have a representative interest in a	ethioner and tho ny employees in	se named in ite the unit describ	ems 8 and 9, w bed in item 5b	which have claims above. (If none,	ed recognition as rep so state)	resentatives and	d other organizations and individuals	
10a. Name	1Gb. Ad	dress			10c. Tel. No.		10d, Cell No.	
1					10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in the	s matter, state	your position	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): Tuesday April 30, 2019		lection Time(s) sm and 12ncor			11d. Election Loca Blg Bay and Gwinn			
12a. Full Name of Petitioner (<i>Including to</i> International Union of Operating Engineers	cal name and ni				12b. Address (street and number, city, state, and ZIP code) 500 Hutet Drive, Bloomfield Township, Mt 48302			
12c. Full name of national or international la International Union of Operating Engineers	hor organization	of which Petitio	oner is an affilia	ate or constituen				
12d, Yel No.	12e. Cell No.		12f. Fax	r No		12g. E-Mail Ad	Idress	
248 451-0324 248 454-1766						reg. ic (var)		
13. Representative of the Petitioner who	will accept serv	ce of all paper	rs for purpos	es of the repres	entation proceeding	g.		
13a. Name and Title Amy Bachel	der, Attor	ney		dress (street and For St., Suite 1400,	f number, city, state, Delroit, MI 48226	and ZIP code)		
13c, Tel No. 13d, Cell No. 13e, 313 496-9408 248 224-4600 313 9						13f. E-Mail Ad		
313 496-9408	313 965		dadaa ana bakar	abachelder@n	nichianor.iegal			
I declare that I have read the above petiti		STATERNETTS AN		est of my know	rieuge and belief.			
Amy Bachelder	My D	relate	Attorney			Date.	/9//9	
WILLFUL FALSE STATEME	NTS ON THIS PI			STATEMENT	imprisonment (u	.s. code, tipl	E 19, SECTION 1601)	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Retations 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 Rigidition. 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, faiture to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
18-RD-239688	April 16, 2019				

INSTRUCTIONS: Unless e-Filed using to located. The petition must be accompa- in the petition of: (1) the petition; (2) Sta interest should only be filed with the NI	nnied by both a show atement of Position t LRB and should <u>not</u>	ing of interest (see orm (Form NLRB-5 be served on the e	6b below 05); and (i nployer o) and a certificate 3) Description of I r any other party.	of service showing Representation Case	service Proce	e on the en edures (Fo	mployer and all other parties named rm NLRB 4812). The showing of	
 PURPOSE OF THIS PETITION: RE recognized bargaining representative Labor Relations Board proceed ur 	e is no longer their re	presentative. The	Petitione	r alleges that the of the National L	following circums abor Relations Ac	tances t	s exist and	d requests that the National	
2a. Name of Employer USF Holland	2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)								
3a. Employer Representative – Name	and Title	VVIIV			2b – state same)				
Jennifer Benner Labor Relations				6. 6th St.	,				
3c. Tel. No.	3d. Cell No.		3e. Fax	waukee 53221- k No.		3f. E	-Mail Addr	ress	
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc)	4b. Principal pro	duct or se	ervice			5a. City a	and State where unit is located:	
Trucking				Transportation			-	Milwaukee, WI	
5b. Description of Unit Involved				· · ·				6a. No. of Employees in Unit:	
Included: See Attached Page 2 for	or additional detail	s					L	9	
iliciuded.							[6b. Do a substantial number (30%	
								or more) of the employees in he unit no longer wish to be	
Excluded: See Attached Page 2 f	or additional detail	s						represented by the cer ified or	
								currently recognized bargaining	
								representative? Yes 🔽 No 🗌	
Check One: 7a. Request for	or recognition as Bar	gaining Represent	ative was i	made on (Date) _	ar	nd Emp	oloyer decl	ined recognition on or about	
	<u>(</u> Date)	(If no reply receive	ed, so state	e).					
7b. Petitioner	is curren ly recogniz	ed as Bargaining R	epresenta	ive and desires o	certification under the	e Act.			
8a. Name of Recognized or Certified	Bargaining Agent			8b. Address	6200 West Bluemou	ınd Rd.			
International Brotherhood of Teamsters,	Local 200 Tim Pinter	President	_		WI Milwaukee 5321				
8c. Tel No. (414) 771-5600	8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address (414) 771-5600							ress	
8g. Affiliation, if any			8h. Date	of Recognition or	Certification			Date of Current or Most Recent	
International Brotherhood of Teamsters.			07/14/2018		Con	Contract, if any (Month, Day, Year) 04/01/2019			
9. Is there now a strike or picketing at the	ne Employer's establi	shment(s) involved	? <u>No</u>	If so, approxi	imately how many er	mploye	ees are par	rticipating?	
(Name of labor organization)		, has pic	keted the I	Employer since (A	Month, Day, Year) _				
10. Organizations or individuals other thave a representative interest in any en					as representatives a	nd oth	er organiza	ations and individuals known to	
10a. Name	10b. Ac	dress			10c. Tel. No.			10d. Cell No.	
					10e. Fax No.			10f. E-Mail Address	
11. Election Details: If the NLRB cond	lucts an election in th	is matter, state you	ır position	with respect to	11a. Election Type	: V	Manual 🗆	Mail Mixed Manual/Mail	
any such election.	Laase	1			444 []	4:	. –	-	
11b. Election Date(s): 05/06/19		lection Time(s): 1 to 2:00 pm			11d. Election Loca Employer's premis).		
12a. Full Name of Petitioner (b) (6), (b)							l number d	city, state, and ZIP code)	
	·		·	: - t t : t	(6	o) (6), (l	o) (7)(C)		
12c. Full name of national or internation None		of which Pelluone			t (ii none, so state)				
12d. Tel No. (b) (6), (b) (7)(C)	12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (b) (6), (b) (7)(C)								
13. Representative of the Petitioner v	vho will accept serv	ice of all papers f		•	•	_			
13a. Name and Title Frank D Garrison Atto	omey			ddress (street and Braddock Road St	I number, city, state,	and Z	IP code)		
National Right to Work Legal Defense Foundati	on			ringfield 22160-	C. 000				
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address							dress		
(703) 321-8510 I declare that I have read the above p	etition and that the	statements are tr	ue to the	hest of my know	ledge and belief	iug(entw.org		
<u>_</u>		Juliennents are ti		Deat of my know	reage and benef.				
Name (Print)	Signature Frank D. Garriso	nn.	Title Attorne	v		- 1	Date	47-04-00	
Frank D Garrison	TIAIR D. Gallis			D DV FINE AND		0	4/15/2019	17.34.33	

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

Employees Included Clerical/Clerks

Employees Excluded
Managers and Supervisors

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
18-RD-239688	April 16, 2019				

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN TH	IIS SPACE
ĺ	Case No.	Date Filed
į	18-RC-240217	April 25, 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 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Aveda Institute Neill Corporation 400 Central Ave. SE, Minneapolis, MN 55114 3a. Employer Representative - Name and Title: Sandra Wagner, Director 3b. Address (if same as 2b - state same): SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 612-378-7420 sandra.wagner@avedaarts.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: School Education Minneapolis, MN 5b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: 28 See attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No See attached Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/24/19 and Employer declined recognition 04/24/19 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. 8f. E-Mail Address 8e. Fax No. 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) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address 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 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s) 5/4/19, 5/11/19, or 5/18/19 400 Central Ave SE, Mpls, MN 55114 10:00am-11:00am CST 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 41 Sherburne Ave, St. Paul, MN 55103 Education Minnesota Aveda Institute Instructors 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Education Association, American Federation of Teachers, AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 651-292-4873 651-292-4801 612-406-5514 sarah.derdoski@edmn.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 41 Sherburne Ave, St. Paul, MN 55103 Sarah Derdoski, Organizing Specialist 13e. Fax No. 13c. Tel. No. 13d. Cell No. 13f, E-Mail Address 651-292-4873 651-292-4801 sarah.derdoski@edmn.org 612-406-5514 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date 04/24/19 Name (Print) Signatur Organizing Specialist Sarah Derdoski

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

National Labor Relations Board RC Petition

Form NLRB-502 (RC)

5b. Description of Unit

Included: All full-time and regular part-time educators employed by the Employer working in the education department at its Minneapolis, MN facility.

Excluded: Temporary, substitute, and casual educators working less than 10 hours/week, and supervisors as defined in the Act, as amended, and all other employees.

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FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
18-RC-240457	April 30, 2019					

						18-KC-	24045/		Apr	11 30, 2019	
INSTRUCTIONS: Unless e-Filed us employer concerned is located, Ti the employer and all other parties Case Procedures (Form NLRB 481	ne petition mu named in the	ist be accomp	anied by I the petit	both a sh ion: (2) S	owing of interest (se tatement of Position	e 6h below) a form (Form l	nd a certificat ILRB-505); an	e of service s d (3) Descript	howing se ion of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	oner desires to	be certified as	represent	ative of th	ne employees. The Pet	titioner allege	s that the foll	owing circum	stances e		
2a. Name of Employer: St. Paul Riverside Intercontir	ental Hotel	I		, ,	Establishment(s) involu ulevard East, St. F			, State, ZIP co	de):		
3a. Employer Representative - Nam Greenwood Hospitality/ Joe		-	3b. Addre Same	ss (if sam	ie as 2b - state same):						
3c, Tel. No. 651-292-1900	3d. Cell No.		3	e. Fax No).		l Address ur@greenwo	odhospitalit	y.com		
4a. Type of Establishment (Factory, r Hospitality/hotel	nine, wholesai	er, etc.)		b. Princip rospitali	al Product or Service ty		5a. City an Saint Pa	d State where ul, MN	unit is loca	ated:	
5b. Description of Unit Involved:			,				6a. Numbe	or of Employee	s in Unit:		
Included: All full time and regular part tim	e maintena	nce nainters					2				
Excluded: See Attachment	in manifesta	noo pantoro					of the e	ubstantial num employees in the ented by the Po	he unit wis!	to be	
Check One:	4-30-20	019 (If no	reply rec	eived, so			and Employer of	declined recog	nition		
8a. Name of Recognized or Certifie	d Bargaining	Agent (If none	, so state)	8b. Ac	Idress:						
8c. Tel. No.	8d, Cell No.		8	le. Fax No	D.	8f. E-Ma	8f. E-Mail Address				
8g. Affiliation, if any:			8h.	n. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing a	t the Employer	's establishmer	ıt(s) involv	ed? No	If so, approx	imately how n	tely how many employees are participating?				
(Name of Labor Organization)							led the Emptoy				
 Organizations or individuals other individuals known to have a repre 	than Petitione sentative inter	er and those na rest in any empi	med in iter loyees in t	ns 8 and he unit de	9, which have claimed scribed in item 5b abo	recognition a ve. (if none, s	s representative o s <i>tate)</i>	es and other o	rganization	is and	
10a. Name	10	Ob. Address				10c. Tel.	No.	10d. Cell No.			
							10e. Fax No. 10f. E-Mail Address				
11. Election Details: If the NERB co	nducts and ele	ection in this ma	tter, state	your posi	tion with respect to any	y such election	; 11a, Election X Manua		□ Missad	Manual/Mail	
11b. Election Date(s):	1.	1c. Election Tim	e(s):			11d. Elec	ction Location(s	—	Livilxed	IVI BIT I CONTROL	
5-14-2019	I	A.M.					ogg Blvd E,		55101		
12a, Full Name of Petitioner (Includ International Union of Painte 82			istrict Co	ouncil	12b. Address (street 3205 Country Di						
12c. Full name of national or internati International Union of Painters			ich Petition	ner is an a	affiliate or constituent (i						
12d, Tel, No. 12e, Cell No. 12f, Fax No. 651-379-9670 612-300-4423 651-224-5486						12g, E-Mail Address jfry@jupat82.org					
13. Representative of the Petitione			all papers	s for purp	ooses of the represer	tation proce	eding.				
13a, Name and Title: Jordan Fry, Business Representative					ess (street and number ountry Drive, Little						
13c. Tel. No. 651-379-9670	13d. Cell No. 612-300-44	423	- 1	3e. Fax N			all Address pat82.org			-	
I declare that I have read the above			nents are	true to ti	he best of my knowle	dge and belie					
Name (Print)		Signature			\supset	Title		10		Date 4-30-2019	
Jordan A Fry				-		Business i	Representati	/ U		4-30-2019	

RC Petition

Section 5b. Description of Unit Involved:

Included: All full time and regular part time Maintenance Painters

Excluded: Office and Clerical employees, Managers and Supervisors as defined in the Act, Guards, Janitorial employees, engineers, all other employees