

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-257613	Date Filed March 09, 2020

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 Precision: Land + Tree Clearing, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7993 140th St. N MN Hugo 55038	
3a. Employer Representative - Name and Title Cory Groholski		3b. Address (If same as 2b - state same) 7993 140th St. N MN Hugo 55038	
3c. Tel. No. (612) 685-3403	3d. Cell No. (612) 685-3403	3e. Fax No. (651) 482-8191	3f. E-Mail Address jascor@comcast.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service Landscape & Tree removal	5a. City and State where unit is located: Hugo, MN

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
4

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) **02/27/2020** and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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) Operating Engineers Local 49 Victor Ruzynski		8b. Address 2829 Anthony Lane South MN Minneapolis 55418	
8c. Tel No. (612) 788-9441	8d. Cell No.	8e. Fax No. (612) 788-1936	8f. E-Mail Address vruzynski@local49.org
8g. Affiliation, if any		8h. Date of Recognition or Certification 04/30/2020	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): March 30, 2020	11c. Election Time(s): 10:00 am	11d. Election Location(s): Hugo, MN	
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12a. Full Name of Petitioner (including local name and number) Joni L Tulenchik Highway Construction Workers Local 78		12b. Address (street and number, city, state, and ZIP code) 18505 State Hwy 371 MN Brainerd 56401	
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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)
Christian Labor Association of the United States of America

12d. Tel No. (218) 454-5018	12e. Cell No. (320) 212-0058	12f. Fax No. (218) 454-5019	12g. E-Mail Address jtulenchik@cla-usa.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	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) Joni L Tulenchik	Signature Joni L Tulenchik	Title National Representative	Date 02/27/2020 13:54:14
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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

Employees Included

4

Employees Excluded

0

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
18-RC-257613	March 09, 2020

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-257776	Date Filed March 10, 2020
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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: OT Training Solutions, LLC.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1500 HWY 15 Camp Ripley Bldg. 10-65 Little Falls, MN 53645
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3a. Employer Representative - Name and Title: Joyce A. Ward Human Resource Manager	3b. Address (if same as 2b - state same): 901 S Charles Richard Beall Blvd., Suite 12 Debary, FL 32713
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3c. Tel. No. 386-320-0456	3d. Cell No. 407-406-4404	3e. Fax No. 386-320-0115	3f. E-Mail Address jward@otts-llc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Simulations / Warehouse	4b. Principal Product or Service Military Training Services	5a. City and State where unit is located: Little Falls, MN
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5b. Description of Unit Involved: Included: All full-time and regular part-time training support specialists, warehouse specialists, and TADSS Schedulers employed at the employer's 1500 HWY 15 Camp Ripley Bldg. 10-65 Little Falls, MN facility Excluded: Office clerical employees, professional employees, guards and supervisors as defined by the act and all other employees.	6a. Number of Employees in Unit: 3	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) _____ 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 and election in this matter, state your position with respect to any such election: Any such election **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): March 31, 2020	11c. Election Time(s): 1:00pm - 1:30pm	11d. Election Location(s): Break Room
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12a. Full Name of Petitioner (including local name and number): District Lodge 77, International Association of Machinists and Aerospace Workers, AFL-CIO	12b. Address (street and number, city, State and ZIP code): 1901 S. Meyers Rd., Suite 210 Oakbrook Terrace, IL 60181
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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 Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No. 815-280-6400	12e. Cell No. 815-214-4587	12f. Fax No. 815-280-6345	12g. E-Mail Address wlepinske@iamaw.org
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13a. Name and Title: William J. LePinske	13b. Address (street and number, city, State and ZIP code): 1901 S. Meyers Rd., Suite 210 Oakbrook Terrace, IL 60181
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13c. Tel. No. 815-280-6400	13d. Cell No. 815-214-4587	13e. Fax No. 815-280-6345	13f. E-Mail Address wlepinske@iamaw.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) William J. LePinske	Signature 	Title Grand Lodge Representative	Date 3/10/2020
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-258165	Date Filed March 18, 2020
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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 Alltech d/b/a Ridley	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 23650 State Hwy 60 NE MN Worthington 56187-
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3a. Employer Representative - Name and Title E. Michael Castle II	3b. Address (If same as 2b - state same) 3031 Catnip Hill Road KY Nicholasville 40356-
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3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing	4b. Principal product or service	5a. City and State where unit is located: Worthington, MN
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 4
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Excluded: See Attached Page 2 for additional details	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? _____ 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.

11b. Election Date(s): April 2, 2020	11c. Election Time(s): 12:00 p.m 12:45 p.m.	11d. Election Location(s): Conference Room
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12a. Full Name of Petitioner (including local name and number) Paula Steig Bakers Union Local No. 433	12b. Address (street and number, city, state, and ZIP code) 1248 River Dr SD North Sioux City 57049-
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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)
Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, AFL-CIO, CLC

12d. Tel No. (605) 242-2821	12e. Cell No. (712) 577-0589	12f. Fax No. (605) 242-3816	12g. E-Mail Address bcfgmbakerslocal433@gmail.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	13b. Address (street and number, city, state, and ZIP code)
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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) Paula Steig	Signature Paula Steig	Title President/Business Agent	Date 03/17/2020 14:43:08
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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 18-RC-258165	Date Filed March 18, 2020

Employees Included
All Drivers, Production and Maintenance Employees

Employees Excluded
All Managers, Guards and Supervisors as defined in the AT

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-258607 Date Filed March 31, 2020

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: **Ramsey Companies** 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): **8297 Brooklyn Blvd, Brooklyn Park MN.**

3a. Employer Representative - Name and Title: **Allan Ramsey** 3b. Address (if same as 2b - state same): **55445**

3c. Tel. No. **612-529-0077** 3d. Cell No. **612-** 3e. Fax No. **612-529-0074** 3f. E-Mail Address **info@ramseyco.com**

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

5b. Description of Unit Involved:
Included: **All regular full-time and regular part-time drivers working for Ramsey Companies located in Brooklyn Park MN**
Excluded: **Office Clerical, Professional, Managers, guards, all other employees** 6a. Number of Employees in Unit: **9**

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) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition
 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 an election in this matter, state your position with respect to any such election: **We are requesting an expedited election** 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): **4/19/2020** 11c. Election Time(s): **7 AM** 11d. Election Location(s): **Employee Breakroom**

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**

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

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@teamstarlocal120.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) **PAUL SLATTERY** Signature **Paul Slattery** Title **ORGANIZER** Date **3/24/20**

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-258635	Date Filed March 31, 2020

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 Abbott Northwestern Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 800 East 28th Street MN Minneapolis 55407-
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3a. Employer Representative - Name and Title Tim Kohls	3b. Address (If same as 2b - state same) Mail Route 10705 2925 Chicago Avenue South MN Minneapolis 55407-
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3c. Tel. No. (612) 262-5023	3d. Cell No.	3e. Fax No. (612) 262-4164	3f. E-Mail Address timothy.kohls@allina.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Hospital	5a. City and State where unit is located: Minneapolis, MN
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 90
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Excluded: See Attached Page 2 for additional details	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) 03/31/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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). SEIU, Healthcare MN Jamie Gulley	8b. Address 345 Randolph Avenue Suite 100 MN St. Paul 55102-
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8c. Tel No. (651) 294-8100	8d. Cell No.	8e. Fax No. (651) 294-8200	8f. E-Mail Address mac@seiuhealthcaremn.org
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8g. Affiliation, if any 113	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2020
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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): April 28, 2020	11c. Election Time(s): 6:30am to 8:30am to 2:30pm to 4:30pm	11d. Election Location(s): Abbott Northwestern
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12a. Full Name of Petitioner (including local name and number) Brenda K. Sollars Association of Diagnostic Imaging Technologists	12b. Address (street and number, city, state, and ZIP code) 13750 Crosstown Drive NW Suite 108 MN Andover 55304-5855
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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)

12d. Tel No. (763) 213-8252	12e. Cell No. (612) 423-0633	12f. Fax No. (763) 753-7463	12g. E-Mail Address xraybrendas@aol.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	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) Brenda K. Sollars	Signature Brenda K. Sollars	Title President	Date 03/31/2020 12:04:11
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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 18-RC-258635	Date Filed March 31, 2020

Employees Included

All regularly scheduled full-time, part-time, and casual Diagnostic Imaging Technologists, Special Imaging Technologists, and Multi-Specialty Imaging Technologists.

Employees Excluded

All managers, guards, and supervisors as defined by the Act, and all other employees.