

NATIONAL LABOR RELATIONS BOARD
RC PETITION

Case No.
18-RC-242803

Date Filed
June 06, 2019

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: Royal Concrete		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Ridder Circle, St. Paul, MN, 55102	
3a. Employer Representative - Name and Title: Brian Seubert		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 651-900-0182	3d. Cell No. 651-900-0182	3e. Fax No.	3f. E-Mail Address brian.seubert@royalentr.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Redimix Plant	4b. Principal Product or Service Redimix delivery	5a. City and State where unit is located: St. Paul, MN
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5b. Description of Unit Involved: Included: All regular full-time and part-time drivers domiciled at 1 Ridder Cir. St Paul MN Excluded: All Office employees, professionals, managers, supervisors, guards and all other employees as defined by the act		6a. Number of Employees in Unit: 5	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
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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)
 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): June 20, 2019	11c. Election Time(s): 6:00 am	11d. Election Location(s): Employee Breakroom
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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
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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 Teamsters Local 120

12d. Tel. No. 763-267-6120	12e. Cell No. 651-343-1714	12f. Fax No. 763-26706121	12g. E-Mail Address pslattery@teamsterslocal120.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: Paul Slattery	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.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) Paul Slattery	Signature <i>Paul Slattery</i>	Title Organizer	Date 6/5/2019
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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

Case No.
18-RD-243430

Date Filed
6/17/19

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 7 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.

2a. Name of Employer/
Pister Hotel / Mason Street Grill

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
425 E. Mason Street Milwaukee WI 53202

3a. Employer Representative - Name and Title
John Murray

3b. Address (If same as 2b - state same)
100 E. Wisconsin Suite 1900, Milwaukee WI, 53202

3c. Tel. No.
414 905 1218

3d. Fax No.

3e. Cell No.
414-708-6158

3f. E-Mail Address
johnmurray@marcuscoyo.com

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

4b. Principal product or service
Food and Lodging

5a. Description of Unit Involved

Included: *Hourly Restaurant employees of Mason Street Grill*

Excluded: *Other employees of hotel represented by Union*

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

6. No. of Employees in Unit
50

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent
Christine Vidmar

8b. Affiliation, if any
Chicago and Midwest Regional Board, WORKERS UNITED, AN SEIU AFFILIATE

8c. Address
633 S. HAWLEY RD, No. 117 Milwaukee WI 53214

8d. Tel. No.
414-659-5537

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
cvidmar@cmrj6.org

9. Date of Recognition or Certification
Unknown

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
02/14/2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)
No

12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)
NO

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell 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.

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

13b. Election Date(s)
Any Saturday

13c. Election Time(s)
11 AM - 2 PM

13d. Election Location(s)
Mason Street Grill

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.
(b) (6), (b) (7)(C)

14e. E-Mail Address
(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name
See Above

15b. Title

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

I declare that I have read the above and the contents of this petition and the facts stated therein are true to the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

Title

Date Filed
06/17/19

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-243807	Date Filed June 24, 2019

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: GMH Asphalt		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9180 Laketown Road, Chaska MN 55318	
3a. Employer Representative - Name and Title: Gary Harms		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 952-442-5288	3d. Cell No.	3e. Fax No. 952-442-5656	3f. E-Mail Address gmh@gmhasphalt.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paving Company		4b. Principal Product or Service Paving Streets/Surfaces	5a. City and State where unit is located: Chaska MN
5b. Description of Unit Involved: Included: All regular full-time and regular part-time drivers domiciled at 9180 Laketown Rd., Chaska MN 55318 Excluded: Office clerical employees, all other employees, professional employees, managers, guards and supervisors as defined by the act.		6a. Number of Employees in Unit: 10	
Check One: <input type="checkbox"/> 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).		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	
<input type="checkbox"/> 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? <input checked="" type="radio"/> 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: Employees wish to be represented by Teamsters Local 120			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Monday July 8, 2019		11c. Election Time(s): 6:00 - 6:30 am	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. 763-261-6120	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		13b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE, Blaine MN 55434	
13c. Tel. No. 762-267-6120	13d. Cell No. 651-343-1714	13e. Fax No. 763-267-6121	13f. E-Mail Address pslattery@teamsterslocal120.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 	Title Organizer	Date 06/24/2019

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-244081

Date Filed
June 28, 2019

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
St. Stephen's Human Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2309 Nicollet Avenue
MN Minneapolis 55404-

3a. Employer Representative - Name and Title
Scott Redd

3b. Address (If same as 2b - state same)
2309 Nicollet Avenue
MN Minneapolis 55404-

3c. Tel. No.
(612) 870-2278

3d. Cell No.
(612) 807-0701

3e. Fax No.

3f. E-Mail Address
Sredd@ststephensmpls.org

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

4b. Principal product or service
Human Services

5a. City and State where unit is located:
Minneapolis, 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:
55

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 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):
07/17/2019

11c. Election Time(s):
Location 1: 12pm-2pm. Location 2: 4:30p-6:30pm

11d. Election Location(s):
Location 1: Main Office, 2309 Nicollet Ave. Minneapolis MN 55404. Location 2: _____

12a. Full Name of Petitioner (including local name and number)
Abdikarim M Abdi
AFSCME, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
300 Hardman Ave South
MN South St. Paul 55075-

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, AFL-CIO

12d. Tel No.
(651) 287-0541

12e. Cell No.
(612) 368-9304

12f. Fax No.
(651) 287-0534

12g. E-Mail Address
Abdikarim.Abd@afscmemn.org

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

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)
Abdikarim M Abdi

Signature
Abdikarim M. Abdi

Title
Organizer

Date
06/27/2019 14:04:29

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 employees employed in the state of Minnesota

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-244071	Date Filed June 28, 2019

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
Toro Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
200 Sime Avenue, Tomah, WI 54660 (Main Plant) / 914 East Clifton St. Tomah, WI 54660 (Distribution Center)

3a. Employer Representative - Name and Title
Chris Hacker, Operations Manager

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

3c. Tel. No.
608-372-3991

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Commercial Lawn Care Equipment

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

5b. Description of Unit Involved

Included: All full time and regular part time production and maintenance employees working at the employer's facilities located at the Main Plant, 200 Sime Avenue, Tomah, WI and the Distribution Center, 914 East Clifton St. Tomah, WI 54660.

Excluded: All other employees including office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.

6a. No. of Employees in Unit:
450

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

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). Petition to serve 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)

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):
June 19, 2019

11c. Election Time(s): Distribution Center 12:00pm-3:00pm
Main Plant 4:00am-6:00am / 2:00pm-4:00pm

11d. Election Location(s):
TBD

12a. Full Name of Petitioner (including local name and number)
District Lodge 66, International Association of Machinists & Aerospace Workers AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
113 Republic Avenue, Ste. 100, Joliet, IL 60435

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 & Aerospace Workers AFL-CIO

12d. Tel No.
815-280-6400

12a. Cell No.
630-430-6455

12f. Fax No.
815-280-6345

12g. E-Mail Address
rmickschl@iamaw.org

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

13a. Name and Title
Rick Mickschl, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)
113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel No.
815-280-6400

13d. Cell No.
630-430-6455

13e. Fax No.
815-280-6345

13f. E-Mail Address
rmickschl@iamaw.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)
Rick Mickschl

Signature


Title
Grand Lodge Representative

Date
June 28, 2019

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-24098	Date Filed June 28, 2019

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: SRT Communications Inc.
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3615 North Broadway, Minot, ND 58703

3a. Employer Representative - Name and Title: Steve Lysne, General Manager, CEO
3b. Address (if same as 2b - state same): Same

3c. Tel. No.: (701) 858-1200
3d. Cell No.:
3e. Fax No.: (701) 858-5449
3f. E-Mail Address: steved@srttel.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Telephone CO-OP
4b. Principal Product or Service: Telephone services
5a. City and State where unit is located: Minot, ND

5b. Description of Unit Involved:
Included: Seeking to Globe in Accounting Clerks and Senior Financial Accountant into existing Cust. Serv. unit
Excluded: Supervisors as defined by the Act.
6a. Number 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) May 28, 2019 and Employer declined recognition on or about (Date) May 28, 2019 (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): IBEW Local Union 714
8b. Address: 125 35th Ave NE, PO Box 1906, Minot, ND 58702

8c. Tel. No.: (701) 852-3025
8d. Cell No.: (701) 340-8560
8e. Fax No.: (701) 852-3026
8f. E-Mail Address: randyibew714@srt.com

8g. Affiliation, if any: AFL-CIO
8h. Date of Recognition or Certification: March 24, 2005
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): 12/31/2020

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)
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: Armour Globe
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): July 15, 2019
11c. Election Time(s): 7:30 - 8 am
11d. Election Location(s): SRT Conference Room

12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local Union 714
12b. Address (street and number, city, State and ZIP code): 125 35th Ave NE, PO Box 1906, Minot, ND 58702

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, AFL-CIO

12d. Tel. No.: (701) 852-3025
12e. Cell No.: (701) 340-8560
12f. Fax No.: (701) 852-3026
12g. E-Mail Address: randyibew714@srt.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Randy Bartsch/Business Manager
13b. Address (street and number, city, State and ZIP code): 125 35th Ave NE, PO Box 1906, Minot, ND 58702

13c. Tel. No.: (701) 852-3025
13d. Cell No.: (701) 340-8560
13e. Fax No.: (701) 852-3026
13f. E-Mail Address: randyibew714@srt.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) Randy Bartsch
Signature 
Title Business Manager
Date 6/26/2019

**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.