

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
55-RC-333456

Date Filed  
4/15/2015

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Prime Production Products, Inc. d/b/a P3	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1049 S. Euclid Ave. Anytown, OK 73249
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<b>3a. Employer Representative – Name and Title</b> Charles Johnson, President and CEO	<b>3b. Address (If same as 2b – state same)</b> Same
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<b>3c. Tel. No.</b> 707.342.5678	<b>3d. Fax No.</b> 707.342.5679	<b>3e. Cell No.</b> 707.342.5678	<b>3f. E-Mail Address</b> CJohnson@P3com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory	<b>4b. Principal product or service</b> Auto floor mats	<b>5a. City and State where unit is located:</b> Anytown, OK
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All production employees including leadmen <b>Excluded:</b> Maintenance, quality control, and inventory employees and all other employees	<b>6a. No. of Employees in Unit:</b> 19
	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? YES</b>

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

<b>11a. Name</b> None.	<b>11b. Address</b>	<b>11c. Tel. No.</b>	<b>11d. Fax No.</b>
		<b>11e. Cell No.</b>	<b>11f. E-Mail Address</b>

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

**12a. Election Type:**  Manual \_\_\_\_\_ Mail \_\_\_\_\_ Mixed Manual/Mail \_\_\_\_\_

<b>12b. Election Date(s)</b> Friday, May 15, 2015	<b>12c. Election Time(s)</b> 4 pm to 6 pm	<b>12d. Election Location(s)</b> Breakroom
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<b>13a. Full Name of Petitioner (including local name and number)</b> International Association of Production Employees, Local 10	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1050 S. 4 <sup>th</sup> Street, Anytown, OK 73124
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**13c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Production Employees

<b>13d. Tel No.</b> 707-912-1436	<b>13e. Cell No.</b> 707-912-1437	<b>13f. Fax No.</b> 707-912-1438	<b>13g. E-Mail Address</b> ProdL10@gmail.com
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**14. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title</b> Blake Moore, President	<b>14b. Address (street and number, city, state, and ZIP code)</b> 1050 S. 4 <sup>th</sup> Street, Hooter, OK 73124
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<b>14d. Tel No.</b> 707-912-1436	<b>14f. Cell No.</b> 707-912-1437	<b>14e. Fax No.</b> 707-912-1438	<b>14g. E-Mail Address</b> <a href="mailto:ProdL10@gmail.com">ProdL10@gmail.com</a>
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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.**

<b>Name (Print)</b> Blake Moore	<b>Signature</b> <i>Blake Moore</i>	<b>Title</b> President	<b>Date</b> April 15, 2015
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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.

## **REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE FILLING OUT A STATEMENT OF POSITION FORM**

**Completing and Filing this Form:** The Notice of Hearing indicates which parties are responsible for completing the form. If you are required to complete the form, you must have it signed by an authorized representative and file a completed copy (including all attachments) with the RD and serve copies on all parties named in the petition by the date and time established for its submission. If more space is needed for your answers, additional pages may be attached. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent assigned to handle this case. **You may E-File your Statement of Position at [www.nlr.gov](http://www.nlr.gov), but unlike other E-Filed documents, to be timely it must be filed by noon in the time zone specified in the Notice of Representation Hearing.**

*Note: Non-employer parties who complete this Statement of Position are NOT required to complete items 8f and 8g of the form, or to provide a commerce questionnaire or the lists described in item 7. In RM cases, the employer is NOT required to complete items 3, 5, 6, and 8a-8e of the form.*

**Required Lists:** The employer's Statement of Position must include a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. If the employer contends that the proposed unit is inappropriate, the employer must separately list the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit to make it an appropriate unit. The employer must also indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at [www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015](http://www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015).

**Consequences of Failure to Supply Information:** Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**STATEMENT OF POSITION**

DO NOT WRITE IN THIS SPACE	
Case No. 55-RC-34567	Date Filed

**INSTRUCTIONS:** Submit this Statement of Position to an NLRB Office in the Region in which the petition was filed and serve it and all attachments on each party named in the petition in this case such that it is received by them by the date and time specified in the notice of hearing.  
**Note:** Non-employer parties who complete this form are NOT required to complete items 8f or 8g below or to provide a commerce questionnaire or the lists described in item 7. In RM cases, the employer is NOT required to respond to items 3, 5, 6, and 8a-8e below.

1a. Full name of party filing Statement of Position Prime Production Products, Inc. d/b/a P3	1c. Business Phone: (707) 342-5678	1e. Fax No.: (707) 668-8765
1b. Address (Street and number, city, state, and ZIP code) 1049 S. Euclid Avenue, Anytown, Oklahoma 73249	1d. Cell No.: (556) 669-1919	1f. e-Mail Address P3@gmail.com

2. Do you agree that the NLRB has jurisdiction over the Employer in this case?  Yes  No  
(A completed commerce questionnaire (Attachment A) must be submitted by the Employer, regardless of whether jurisdiction is admitted)

3. Do you agree that the proposed unit is appropriate?  Yes  No (If not, answer 3a and 3b.)

a. State the basis for your contention that the proposed unit is not appropriate. (If you contend a classification should be excluded or included briefly explain why, such as shares a community of interest or are supervisors or guards.)  
The proposed unit does not include maintenance employees who work regularly with the production employees. It also does not include quality control and the inventory clerk who have regular contact with the production employees. The proposed unit improperly includes leadmen who are supervisors.

b. State any classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit.

Added Maintenance employees, quality control employees and inventory clerk	Excluded Leadmen
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4. Other than the individuals in classifications listed in 3b, list any individual(s) whose eligibility to vote you intend to contest at the pre-election hearing in this case and the basis for contesting their eligibility.  
Sally Jenkins – casual employee

5. Is there a bar to conducting an election in this case?  Yes  No If yes, state the basis for your position.

6. Describe all other issues you intend to raise at the pre-election hearing.  
None.

The employer must provide the following lists which must be alphabetized (overall or by department) in the format specified at <http://www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015>.

- (a) A list containing the full names, work locations, shifts and job classification of all individuals in the proposed unit as of the payroll period immediately preceding the filing of the petition who remain employed as of the date of the filing of the petition. (Attachment B)
- (b) If the employer contends that the proposed unit is inappropriate the employer must provide (1) a separate list containing the full names, work locations, shifts and job classifications of all individuals that it contends must be *added* to the proposed unit, if any to make it an appropriate unit, (Attachment C) and (2) a list containing the full names of any individuals it contends must be *excluded* from the proposed unit to make it an

State your position with respect to the details of any election that may be conducted in this matter. 8a. Type:  Manual  Mail  Mixed Manual/Mail

8b. Date(s) Friday, May 27, 2015	8c. Time(s) 10 a.m. to 11 a.m., 2 p.m. to 3 p.m. and 9 p.m. to 10 p.m.	8d. Location(s) Lunchroom at our Euclid Avenue plant
8e. Eligibility Period (e.g. special eligibility formula) None.	8f. Last Payroll Period Ending Date Friday, April 17, 2015	8g. Length of payroll period <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify length)

**9. Representative who will accept service of all papers for purposes of the representation proceeding**

9a. Full name and title of authorized representative Charles Johnson, President and CEO	9b. Signature of authorized representative /s/ Charles Johnson	9c. Date April 22, 2015
9d. Address (Street and number, city, state, and ZIP code) 1049 S. Euclid Avenue, Anytown, Oklahoma 73249		9e. e-Mail Address CJohnson@P3com
9f. Business Phone No.: 707.342.5678	9g. Fax No. 707.342.5679	9h. Cell No. 707.342.5678

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Revised 3/21/2011

## NATIONAL LABOR RELATIONS BOARD

## QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

## CASE NAME

Prime Production Products, Inc. d/b/a P3

## CASE NUMBER

55-RC-34567

## 1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)

Prime Production Products, Inc. d/b/a P3

## 2. TYPE OF ENTITY

 CORPORATION  LLC  LLP  PARTNERSHIP  SOLE PROPRIETORSHIP  OTHER (Specify )

## 3. IF A CORPORATION or LLC

## A. STATE OF INCORPORATION OR FORMATION

Oklahoma

## B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

None

## 4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS

## 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR

## 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).

Manufacture of automobile floor mats

## 7. A. PRINCIPAL LOCATION:

Anytown, OK

## B. BRANCH LOCATIONS:

None

## 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED

A. Total: 33

B. At the address involved in this matter: 33

9. DURING THE MOST RECENT (Check appropriate box):  CALENDAR YR  12 MONTHS or  FISCAL YR (FY dates )

	YES	NO
A. Did you <b>provide services</b> valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ <u>None</u>		X
B. If you answered no to 9A, did you <b>provide services</b> valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ <u>None</u>		X
C. If you answered no to 9A and 9B, did you <b>provide services</b> valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ <u>None</u>		X
D. Did you <b>sell goods</b> valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ _____	X	
E. If you answered no to 9D, did you <b>sell goods</b> valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ _____		
F. Did you <b>purchase and receive goods</b> valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ _____	X	
G. Did you <b>purchase and receive goods</b> valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ _____	X	
H. <b>Gross Revenues</b> from all sales or performance of services (Check the largest amount): <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input checked="" type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 or more If less than \$100,000, indicate amount.		
I. <b>Did you begin operations within the last 12 months?</b> NO If yes, specify date: _____		

## 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?

 YES  NO (If yes, name and address of association or group).

## 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS

NAME  
Stanley GuessTITLE  
AccountantE-MAIL ADDRESS  
SGuess@P3.comTEL. NUMBER  
707.342-4567

## 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE (Type or Print)

Charles Johnson, President and CEO

SIGNATURE

/s/ Charles Johnson

E-MAIL ADDRESS

CJohnson@P3com

DATE

April 21, 2015

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**Attachment B: Petitioned for Unit of all Production Employees**

Employee Name	Work Location	Shift	Job Classification
1. Alquent, Joseph	Prep-room	First	Mixer
2. Allen, Sophia	Production	First	Machine Operator
3. Bailey, Shirley	Production	Third	Machine Operator
4. Baines, Mark	Warehouse	Second	Forklift Operator
5. Boyer, Susie	Production	Second	Leadman
6. Darby, Cindy	Prep-room	Third	Mixer
7. Davis, Matt	Production	Second	Machine Operator
8. Goody, Joe	Warehouse	First	Forklift Operator
9. Jenkins, Sally	Warehouse	First	Order Picker
10. Johnson, Jim	Production	Third	Leadman
11. Lewis, Pete	Warehouse	Third	Order Picker
12. Luther, Frank	Production	Second	Machine Operator
13. Moss, Claude	Warehouse	First	Helper
14. Mossier, Janice	Warehouse	Second	Order Picket
15. Miller, Mary	Prep-room	Second	Mixer
16. Powers, Richard	Warehouse	Second	Helper
17. Ramirez, Jose	Warehouse	Third	Forklift Operator
18. Rivers, Greg	Warehouse	First	Order Picker
19. Sanders, Carol	Prep-room	Third	Mixer
20. Smith, Frank	Production	First	Leadman

**Attachment C: List of Employees to be Added**

Employee Name	Work Location	Shift	Job Classification
1. Franklin, Marty	Shop	First	Maintenance
2. Rucker, Joel	Shop	Second	Maintenance
3. Sand, Ira	Shop	Third	Maintenance
4. Dibbler, Doris	Lab	Second	QC Tech
5. Findley, Amy	Lab	First	QC Tech
6. Smith, Dorien	Lab	Third	QC Tech
7. Schneider, Bill	Plant Office	First	Inventory Control Coordinator

**Attachment D: List of Employees to be Excluded**

Employee Name
Boyer, Susie
Jenkins, Sally
Johnson, Jim
Smith, Frank