

Case No. 13-RC-258675

Date Filed 4/1/20

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: Eagle Express Lines, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 925 W. 175th St. Homewood, IL 60430
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3a. Employer Representative - Name and Title: Shawn Haslam	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 630-783-9860	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jasonhaslam@eagleexpresslines.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Transportation	4b. Principal Product or Service Delivery Services	5a. City and State where unit is located: Bedford Park, IL
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5b. Description of Unit Involved: Included: All full time, regular part time, and trainee drivers dispatched from Bedford Park, IL.	6a. Number of Employees in Unit: 33
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Excluded: All office, clerical employees, guards, professional employees and supervisors as defined by the Act

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/1/20 and Employer declined recognition on or about (Date) w/petition (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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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)
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 and election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): April 17, 2020	11c. Election Time(s): 8am-12pm	11d. Election Location(s): 6520 S. Cicero Ave, Chicago, IL 60638
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 727	12b. Address (street and number, city, State and ZIP code): 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60638
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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

12d. Tel. No. 847-696-7500	12e. Cell No.	12f. Fax No. 847-720-4984	12g. E-Mail Address jayna@teamsterslocal727.org
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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): 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60638
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13a. Name and Title: Jayna Brown, General Counsel	13c. Tel. No. 847-696-7500	13d. Cell No.	13e. Fax No. 847-720-4984	13f. E-Mail Address jayna@teamsterslocal727.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) Jayna Brown	Signature Jayna Brown	Title General Counsel	Date 4/1/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-258758	Date Filed 4/3/20

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 Cresco Labs, Inc., Sunnyside Dispensary - Lakeview	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3812 N. Clark St. Chicago, IL 60613
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3a. Employer Representative - Name and Title Lindsey Dadourian- Associate General Counsel	3b. Address (If same as 2b - state same) 400 W. Erie St. Suite 110. Chicago, IL 60654
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3c. Tel. No. 312 929-0993	3d. Cell No. 312 420-1402	3e. Fax No.	3f. E-Mail Address lindsey.dadourian@crescolabs.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail	4b. Principal product or service Cannabis	5a. City and State where unit is located: Chicago, IL
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5b. Description of Unit Involved Included: All full-time and part-time Wellness Advisors Excluded: Managers, supervisors, agent in charge and security guards as defined by the Act	6a. No. of Employees in Unit: 18	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) 4/3/20 and Employer declined recognition on or about 4/3/20 (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.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 4/20/20	11c. Election Time(s):	11d. Election Location(s): Mail in Ballot
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12a. Full Name of Petitioner (including local name and number) Untied Food and Commercial Workers Local 881	12b. Address (street and number, city, state, and ZIP code) 1350 E. Touhy Ave, Rosemont, IL 60018
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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)
Untied Food and Commercial workers International Union

12d. Tel No. 847 294-5064 x329	12e. Cell No. 630 254-3100	12f. Fax No. 847 759-7107	12g. E-Mail Address moiseszavala@local881ufcw.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 Joseph Torres, Attorney	13b. Address (street and number, city, state, and ZIP code) 221 N. LaSalle St. Chicago, IL 60601
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13c. Tel No. 3126412910	13d. Cell No.	13e. Fax No. 312 641-0781	13f. E-Mail Address joe@karmellawfirm.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Moises Zavala	Signature	Title Director of Organizing	Date 4/3/20
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-259269	Date Filed 4/20/20

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
MedMen- Evanston

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1804 Maple Ave, Evanston, IL 60201

3a. Employer Representative - Name and Title
Peter Smey- Manager

3b. Address (If same as 2b - state same)

3c. Tel. No. 847 528-1083 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**
peter.smey@medmen.com

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

4b. Principal product or service
Cannabis

5a. City and State where unit is located:
Evanston, IL

5b. Description of Unit Involved
Included: All full-time and part-time associates in hospitality and operations, including Agent in Charge
Excluded: Managers, security guards as defined by the Act

6a. No. of Employees in Unit:
30

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): 4/27/20 **11c. Election Time(s):** **11d. Election Location(s):**

12a. Full Name of Petitioner (including local name and number)
Untied Food and Commercial Workers Local 881

12b. Address (street and number, city, state, and ZIP code)
1350 E. Touhy Ave, Rosemont, IL 60018

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Untied Food and Commercial workers International Union

12d. Tel No. 847 294-5064 x329 **12e. Cell No.** 630 254-3100 **12f. Fax No.** 847 759-7107 **12g. E-Mail Address**
moiseszavala@local881ufcw.org

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

13a. Name and Title Joseph Torres, Attorney **13b. Address (street and number, city, state, and ZIP code)**
221 N. LaSalle St. Chicago, IL 60601

13c. Tel No. 3126412910 **13d. Cell No.** **13e. Fax No.** 312 641-0781 **13f. E-Mail Address**
joe@karmellawfirm.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) Moises Zavala	Signature 	Title Director of Organizing	Date 4/17/20
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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. 13-RC-259331	Date Filed 4/20/20

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 Nature's Care Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 975 Rohlwing Rd. Rolling Meadows, IL 60008	
3a. Employer Representative - Name and Title Jeff Neuschaefer- Manager		3b. Address (If same as 2b - state same)	
3c. Tel. No. 847 754-4955	3d. Cell No. 224 247-2047	3e. Fax No.	3f. E-Mail Address jeff@naturescarecompany.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Dispensary	4b. Principal product or service Cannabis	5a. City and State where unit is located: Rolling Meadows, IL
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5b. Description of Unit Involved Included: All full-time and part-time Patient Care Specialists, Agents in Charge, and Drivers Excluded: Managers, Outreach Coordinator, Scheduling Coordinator, security guards as defined by the Act	6a. No. of Employees in Unit: 30	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	
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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 5/04/20	11c. Election Time(s):
11d. Election Location(s):	

12a. Full Name of Petitioner (including local name and number) Untied Food and Commercial Workers Local 881	12b. Address (street and number, city, state, and ZIP code) 1350 E. Touhy Ave, Rosemont, IL 60018
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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)
Untied Food and Commercial workers International Union

12d. Tel No. 847 294-5064 x329	12e. Cell No. 630 254-3100	12f. Fax No. 847 759-7107	12g. E-Mail Address moiseszavala@local881ufcw.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 Joseph Torres, Attorney		13b. Address (street and number, city, state, and ZIP code) 221 N. LaSalle St. Chicago, IL 60601	
13c. Tel No. 3126412910	13d. Cell No.	13e. Fax No. 312 641-0781	13f. E-Mail Address joe@karmellawfirm.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) Moises Zavala	Signature 	Title Director of Organizing	Date 4/20/20
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-259423	Date Filed 4/22/20

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 Maplebear, Inc., d/b/a Instacart	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3400 N Western Ave IL Chicago 60618-
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3a. Employer Representative - Name and Title Nicole Hilmo	3b. Address (If same as 2b - state same) 50 Beale St Ste. 600 CA San Francisco 94105-
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3c. Tel. No. (888) 246-7822	3d. Cell No.	3e. Fax No.	3f. E-Mail Address hr@instacart.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Grocery Shopping Service	5a. City and State where unit is located: Chicago, IL
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 3
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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? 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.
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		10e. Fax No.	10f. E-Mail Address
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11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Tuesday, April 28, 2020	11c. Election Time(s): mail	11d. Election Location(s): mail
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12a. Full Name of Petitioner (including local name and number) Casey Hoag United Food and Commercial Workers International Union	12b. Address (street and number, city, state, and ZIP code) 1775 K St NW DC Washington 20006-
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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)
United Food and Commercial Workers International Union

12d. Tel No. (206) 947-7778	12e. Cell No.	12f. Fax No.	12g. E-Mail Address choag@ufcw.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 Amanda Jaret United Food and Commercial Workers International Union	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No. (202) 417-5665	13d. Cell No.	13e. Fax No.	13f. E-Mail Address ajaret@ufcw.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) Casey Hoag	Signature CASEY HOAG	Title	Date 04/21/2020 09:59:44
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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 13-RC-259423	Date Filed 4/22/20

Employees Included

All Instacart In-Store Shoppers working inside the Jewel-Osco store at the address above

Employees Excluded

Office clerical employees and guards, professional employees and supervisors

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-259551

Date Filed 4/24/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: 3C Compassionate Care Center -Naperville, IL Green Thumbs Industries
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 1700 Quincy Ave. Suite 103 Naperville, IL 60540

3a. Employer Representative - Name and Title: Gregory Zeman- General Manger
3b. Address (If same as 2b - state same):

3c. Tel. No.: 630 460-9311
3d. Cell No.:
3e. Fax No.:
3f. E-Mail Address: gzeman@gtgrows.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Dispensary
4b. Principal product or service: Cannabis
5a. City and State where unit is located: Naperville IL

5b. Description of Unit Involved
Included: All full-time and part-time Agent in Charge, Patient Care Specialist, and Shift Supervisor
Excluded: Outreach Coordinator, Managers, and security guards as defined by the Act
6a. No. of Employees in Unit: 18
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): 5/11/20
11c. Election Time(s):
11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number): Untied Food and Commercial Workers Local 881
12b. Address (street and number, city, state, and ZIP code): 1350 E. Touhy Ave, Rosemont, IL 60018

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Untied Food and Commercial workers International Union

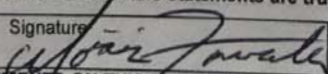
12d. Tel No.: 847 294-5064 x329
12e. Cell No.: 630 254-3100
12f. Fax No.: 847 759-7107
12g. E-Mail Address: moiseszavala@local881ufcw.org

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

13a. Name and Title: Joseph Torres, Attorney
13b. Address (street and number, city, state, and ZIP code): 221 N. LaSalle St. Chicago, IL 60601

13c. Tel No.: 3126412910
13d. Cell No.:
13e. Fax No.: 312 641-0781
13f. E-Mail Address: joe@karmellawfirm.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): Moises Zavala
Signature: 
Title: Director of Organizing
Date: 4/23/20

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-259782	Date Filed 4/29/2020

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 WEDRIVEU AMERICA LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2300 Troop St IL Chicago 60608-
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3a. Employer Representative - Name and Title Stacie M Allen	3b. Address (If same as 2b - state same) 700 AIRPORT BLVD, SUITE 250 CA BURLINGAME 98010-
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3c. Tel. No. (773) 952-0255	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Stacie.a@wedriveu.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Shuttle service	5a. City and State where unit is located: Chicago, IL
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 37	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): May 7, 2020	11c. Election Time(s): 5 am-7am and 12pm-2pm	11d. Election Location(s): Employee Breakroom at facility
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12a. Full Name of Petitioner (including local name and number) Jayna Brown Teamsters Local 727	12b. Address (street and number, city, state, and ZIP code) 1300 W. Higgins Rd, Suite 111 IL Park Ridge 60018-
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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

12d. Tel No. (847) 696-7500	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jayna@teamsterslocal727.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 Jayna Brown General Counsel Teamsters Local 727	13b. Address (street and number, city, state, and ZIP code) 1300 W. Higgins Rd, Suite 111 IL Park Ridge 60068-
--	---

13c. Tel No. (847) 696-7500	13d. Cell No.	13e. Fax No.	13f. E-Mail Address jayna@teamsterslocal727.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) Jayna Brown	Signature Jayna Brown	Title General Counsel	Date 04/29/2020 17:56:02
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time, regular part time, and trainee shuttle drivers.

Employees Excluded

All office, clerical employees, guards, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-259788	Date Filed 4/30/20

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 Roseland Community Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 54 W 111th St IL Chicago 60628-
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3a. Employer Representative - Name and Title Timothy Egan	3b. Address (If same as 2b - state same) 54 W 111th St IL Chicago 60628-
---	---

3c. Tel. No. (773) 995-3000	3d. Cell No.	3e. Fax No. (773) 995-6602	3f. E-Mail Address tegan@roselandhospital.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service acute healthcare	5a. City and State where unit is located: Chicago, IL
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 18	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) 04/24/2020 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).	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): May 12, 2020	11c. Election Time(s): mail	11d. Election Location(s): mail ballot election due to COVID-19 pandemic
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12a. Full Name of Petitioner (including local name and number) Heather McNabola SEIU Healthcare Illinois & Indiana	12b. Address (street and number, city, state, and ZIP code) 2229 S Halsted Ave IL Chicago 60608-
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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)
Service Employees International Union

12d. Tel No. (312) 980-9000	12e. Cell No. (773) 459-3108	12f. Fax No. (312) 784-3189	12g. E-Mail Address heather.mcnabola@seiuhcil.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 George A Luscombe III Attorney Dowd, Bloch, Bennet, Cervone, Auerbach, & Yokich	13b. Address (street and number, city, state, and ZIP code) 8 S Michigan Ave 19th floor IL Chicago 60603-
--	--

13c. Tel No. (312) 372-1361	13d. Cell No. (312) 480-0840	13e. Fax No. (312) 372-6599	13f. E-Mail Address gluscombe@laboradvocates.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Heather McNabola	Signature Heather McNabola	Title Field Director	Date 04/28/2020 11:42:49
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-RC-259788	4/30/20

Employees Included

All full-time & part-time Mental Health Associates and Intake Coordinators to be represented in the existing unit as defined in the collective bargaining agreement between the Petitioner & Employer (see accompanying unit description)

Employees Excluded

All confidential employees, managerial employees, guards, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RD-258697	Date Filed 4/2/20

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: 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
Sodexho Lake Park High School East & West Campuses

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
600 S Medinah Rd
IL Roselle 60172-

3a. Employer Representative - Name and Title
Cheryl Kostner Manager

3b. Address (if same as 2b - state same)
600 S Medinah Rd
IL Roselle 60172-

3c. Tel. No. (630) 295-5229 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

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

4b. Principal product or service
Food Service

5a. City and State where unit is located:
Roselle, IL

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
19

6b. 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

Excluded: See Attached Page 2 for additional details

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

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent
SEIU local 1

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**
07/01/2017

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
06/30/2020

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 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): 05/01/2020 **11c. Election Time(s):** 2:30pm

11d. Election Location(s):
Lake Park High School East Campus

12a. Full Name of Petitioner (b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code)
(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. (b) (6), (b) (7)(C) **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address** (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)**

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) (b) (6), (b) (7)(C) **Signature** (b) (6), (b) (7)(C) **Title** **Date** 03/24/2020 11:35:20

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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Attachment

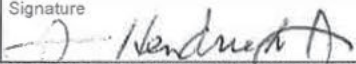
Employees Included
all employees at east and west campuses

Employees Excluded
none

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-RD-258697	4/2/20

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 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 Zeigler Lincolnwood LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 6900 N. McCormick Blvd. Lincolnwood, IL 60712	
3a. Employer Representative - Name and Title Aaron Zeigler, President		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (847) 745-4300	3d. Fax No. (847) 675-0655	3e. Cell No.	3f. E-Mail Address AZ@zeigler.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automobile Sales & Service		4b. Principal product or service Sales & Service	
5a. Description of Unit Involved Included: Regular full time and regular part time utility employees, garage attendants, drivers, stockroom attendants, c Excluded: Technicians, guards, and supervisors as defined in the Act			5b. City and State where unit is located: Lincolnwood, IL
6. No. of Employees in Unit 5	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 731		8b. Affiliation, if any Illinois Brotherhood of Teamsters	
8c. Address 1000 Burr Ridge Pkwy, Suite 300 Burr Ridge, IL 60527		8d. Tel. No. (630) 887-41--	8e. Cell No.
		8f. Fax No. (630) 887-4114	8g. E-Mail Address john@teamsters731.org
9. Date of Recognition or Certification 01/01/18		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 7/31/2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) NA (Insert Address)		11b. If so, approximately how many employees are participating? a labor organization, of since (Month, Day, Year)	
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)			
12a. Name NA	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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) May 8, 2020	13c. Election Time(s) 10:00 a.m.-10:30 a.m.		13d. Election Location(s) Lunchroom
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. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	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 James F. Hendricks, Jr.		15b. Title Attorney	
15c. Address (Street and number, city, state, ZIP code) Leech Tishman Fuscaldo & Lampl LLC 2215 York Road, Suite 310 Oak Brook, IL 60523		15d. Tel. No. (630) 536-1165	15e. Fax No. (630) 505-1608
		15f. Cell No. (312) 501-1000	15g. E-Mail Address jhendricks@leechtishman.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) James F. Hendricks, Jr.	Signature 	Title Attorney	Date Filed 04/28/2020

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.