FORM NLRB-502 (RC)	UNITED ST	ATES OF AMERIC	A		DO NOT WRITE IN THIS SPACE					
(2-18)		OR RELATIONS BO	DARD		Case No.	13-R	C-2586	75	Date Filed 4/1/20	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must named in the pe	be accompanied b tition of: (1) the pe	by both a sh etition; (2) S	owing of interest (s tatement of Position	ee 6b belo n form (Fo	ow) and orm NLR	a certificat B-505); and	e of service s d (3) Descript	howing service on ion of Representation	1
1. PURPOSE OF THIS PETITION: If bargaining by Petitioner and Petit requests that the National Labo	ioner desires to be	e certified as repres	entative of th	e employees. The P	etitioner a	alleges th	hat the follo	wing circum	stances exist and	
2a. Name of Employer:		2b. Add	dress(es) of	Establishment(s) invo	olved (Stre	et and nu	imber, City,	State, ZIP co	de):	
Eagle Express Lines, Inc.	W. 175th	St. Homewoo	d, IL 60	0430						
3a. Employer Representative - Nam	ne and Title:			e as 2b - state same,):					
Shawn Haslam		Same	~		1.00.0					
3c. Tel. No. 630-783-9860	3d. Cell No.		3e. Fax No		1000	E-Mail Ad		aleevorer	slines.com	
4a. Type of Establishment (Factory, I	mine wholesaler	etc.)	4b Princip	al Product or Service	Sector Sector	sonnas			unit is located:	
Transportation	inne, microduloi,	010 /		v Services			Bedford I			
5b. Description of Unit Involved: Ir	oluded: All full ti	ime, requiar part ti	me and tra	inee drivers dispate	had from		6a. Numbe	r of Employee	s in Unit:	
Bedford Park, IL.	icidded. Air fuir ti	inie, regulai part u	ine, and tra	mee unvers uispato	neu nom		33	50 50		
Excluded: All office, clerical emplo	8 GU 18			8	4 3 9		of the e represe	mployees in th nted by the Pe		No
Check One: X 7a. Request for rec on or about (Date) 7b. Petitioner is cur	w/petition	(If no reply r	received, so	state).	/1/20 on under th		Employer d	eclined recogr	IIIION	
8a. Name of Recognized or Certifie	ed Bargaining Ag	jent (If none, so sta	te) 8b. Ad	dress:						
		None								
8c. Tel. No.	8d. Cell No.		8e. Fax No			E-Mail Ad	dress			
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certifica				rrent or Most Month, Day, Y	′ear)	
9. Is there now a strike or picketing a	t the Employer's e	establishment(s) inv	olved? NO	If so, appro	ximately h	now many	employees	are participat	ing?	
(Name of Labor Organization)								er since (Month		
10. Organizations or individuals othe individuals known to have a representation of the second secon	esentative interest							s and other or	ganizations and	
10a. Name		Address			10c.	. Tel. No.	8	10d. Cell No.	1	
					10e	e. Fax No.	6	10f. E-Mail Ad	Idress	
11. Election Details: If the NLRB co	nducts and election	on in this matter, sta	te your posit	ion with respect to ar	ny such ele		1a. Election	Type: IMail	Mixed Manual/Mai	il
11b. Election Date(s):		Election Time(s):					Location(s		H (0(00	
April 17, 2020	AND	n-12pm			The second se				go, IL 60638	
12a. Full Name of Petitioner (includ International Brotherhood	A DE LES AND A MARKED AND A DE LES A			12b. Address (stree 1300 W. Higg					IL 60638	
12c. Full name of national or internat International Brotherhood			tioner is an a	ffiliate or constituent	(if none, s	io state):				
12d. Tel. No.	12e. Cell No.		12f. Fax N			. E-Mail /				
847-696-7500	~		847-72					local727.	org	
13. Representative of the Petitione 13a. Name and Title:	r who will accept	t service of all pap		oses of the represe ss (street and number						
Jayna Brown, General Coun	sel			. Higgins Rd, St			222.00	60638		
13c. Tel. No.	13d. Cell No.		13e. Fax N			E-Mail A				
847-696-7500			847-72				eamsters	local727.	org	
I declare that I have read the above Name (Print)	e petition and tha	at the statements a Signature	are true to th	ie best of my knowl	Title	pelief.			Date	
Jayna Brown		Jayna Brow	n		and the second sec	ral Co	unsel		4/1/20	
		50,000								

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.

(1.1.1)						
	ATES GOVERNMENT			DO NOT	WRITE IN THI	
RC P	Case No. 13	3-RC-258758	Date	Filed 4/3/20		
INSTRUCTIONS: Unless e-Filed	l using the Agend	y's website, wy	vw.nlrb.gov, submit a	an original of this	Petition to a	an NLRB office in the Region
in which the employer concern						
of service showing service on t						
(Form NLRB-505); and (3) Desc						
with the NLRB and should <u>not</u>				ND 4012j. The S	nowing of int	lerest should only be med
1. PURPOSE OF THIS PETITION: RO	-CERTIFICATION O	EREPRESENTATI	VF - A substantial number	of employees wish t	o be represente	d for purposes of collective
bargaining by Petitioner and Petition						
requests that the National Labor F	Relations Board proc					
2a. Name of Employer			dress(es) of Establishmen		and number, city	, State, ZIP code)
Cresco Labs, Inc., Sunnyside I		eview 3812	N. Clark St. Chicago	22		
3a. Employer Representative – Name			3b. Address (If same as			
Lindsey Dadourian-Associate		el	400 W. Erie St. Sui	ite 110. Chicago		
3c. Tel. No.	3d. Cell No.	20	3e. Fax No.		3f. E-Mail Add	
312 929-0993	312 420-140	CALL REPORTED AND A LOS				ourian@crescolabs.com
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc)	4b. Principal proc	duct or service			and State where unit is located:
Retail		Cannabis			Chicag	
5b. Description of Unit Involved Included: All full-time and	nart time M	ollnoss Adv	visore			6a. No. of Employees in Unit: 18
All full-time and	part-time w	enness Auv	15015			6b. Do a substantial number (30%
Excluded:	vicere egent	in charge on	d accurity guards	a an defined b	with a A at	or more) of the employees in the unit wish to be represented by the
Managers, super	visors, agent	in charge an	a security guards	s as delined b	by the Act	Petitioner? Yes V No
Check One: 7a. Request f	or recognition as Bar	aining Representation	tive was made on (Date)	1/3/20 ar	nd Employer dec	lined recognition on or about
4/3/20	and the second	(If no reply received	Construction of the second			······································
7b. Petitioner			epresentative and desires	certification under the	e Act.	
8a. Name of Recognized or Certified	Bargaining Agent (I	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress
8g. Affiliation, if any			8h. Date of Recognition of	r Certification	8i. Expiration	Date of Current or Most Recent
annones and constrained and constraines to start the straines experiences					Contract, if an	y (Month, Day, Year)
9. Is there now a strike or picketing at the	he Employer's establi	shment(s) involved	<pre>/ If so, approx</pre>	kimately how many er	mployees are pa	articipating?
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)		<u> </u>
10. Organizations or individuals other the					presentatives an	d other organizations and individuals
known to have a representative interest	t in any employees in	the unit described i	n item 5b above. (If none,	, so state)		
10a Nama	105 4d	drage		10a Tol No		10d Coll No
10a. Name	10b. Ad	diess		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
				i de la da la da		
11. Election Details: If the NLRB cond any such election.	ducts an election in th	is matter, state you	r position with respect to	11a. Election Type	e: 🗸 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 4/20/20	11c. E	lection Time(s):		11d. Election Loca Mail in Ballot	tion(s):	
12a. Full Name of Petitioner (includin	ng local name and n	umber)			et and number.	city, state, and ZIP code)
Untied Food and Commercial Worker	s Local 881			1350 E. Touhy Av		
12c. Full name of national or internation Untied Food and Commercial workers		of which Petitioner	is an affiliate or cons ituen	nt (if none, so state)		
12d. Tel No. 847 294-5064 x329	12e. Cell No. 630 254-3100		12f. Fax No. 847 759-7107		12g. E-Mail A moiseszavala	ddress @local881ufcw.org
13. Representative of the Petitioner	The second se	ice of all papers fo	And the second states of the	sentation proceedin	and the second second second second second	
13a. Name and Title Loseph T		A A	13b. Address (street and	d number city state	and ZIP code)	
Joseph I	orres, Attorr	iey	221 N. Lasalle St. Chicago,		and Zir coucy	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	Idress
3126412910			312 641-0781		joe@karmella	
I declare that I have read the above p	etition and that the	statements are tru	e to the best of my know	vledge and belief.		
Name (Print)						
	Signature		Title		Date	
Moises Zavala			Title Director of Organizing		4/3/20	

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

UNITED STATE	S GOVERNMEN	Г		DÔ NO	T WRITE IN TH	IS SPACE
RC PETITION			Case No. 13	-RC-259269	Date	Filed 4/20/20
INSTRUCTIONS: Unless e-Filed us in which the employer concerned i of service showing service on the	is located. Th	e petition must	<u>ww.nlrb.gov</u> , submit t be accompanied by	an original of this both a showing	s Petition to of interest (s	ee 6b below) and a certificate
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s	served on the	employer or an	y other party.	and and the second s		Sandon C. Transformental (London) - Mit London € - Supply - Transforment
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner du requests that the National Labor Relat	esires to be certif	ied as representati	ve of the employees. The	Petitioner alleges t	hat the following	ng circumstances exist and
2a. Name of Employer		2b. Ac	ddress(es) of Establishme	nt(s) involved (Street		
MedMen- Evanston		1804	Maple Ave, Evansto			
3a. Employer Representative – Name and Peter Smey- Manager		1.97	3b. Address (If same a	as 2b – state same)	1	
зс. Теl. No. 847 528-1083	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad	dress /@medmen.com
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro	duct or service			and State where unit is located:
Dispensary	5	Cannabis			Evans	
5b. Description of Unit Involved						6a, No. of Employees in Unit:
Included: All full-time and part-tir	ne associate	es in hospitalit	y and operations, in	ncluding Agent i	n Charge	30 6b. Do a substantial number (30%
Excluded: Managers, security	guards as	s defined by	the Act			or more) of the employees in the unit wish to be represented by the
Check One: 7a. Request for re	coonition as Barr	aining Representa	tive was made on (Date)	ar	nd Employer de	Petitioner? Yes 🗸 No
		(If no reply receive				
			epresentative and desires	certification under th	e Act.	
8a. Name of Recognized or Certified Barg	gaining Agent (h	t none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	dress
8g. Affiliation, if any	-		8h. Date of Recognition of	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 Er	mployer's establis	shment(s) involved	? If so, appro	ximately how many er	l mployees are p	articipating?
(Name of labor organization)		and the second				
 Organizations or individuals other than F known to have a representative interest in a 					presentatives ar	d other organizations and individuals
10a, Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 			r position with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): 4/27/20		ection Time(s):		11d. Election Loca		
12a. Full Name of Petitioner (<i>including</i> loc Untied Food and Commercial Workers Loc	cal 881	-		1350 E. Touhy Ave		city, state, and ZIP code) L 60018
12c. Full name of national or international lat Untied Food and Commercial workers Inter	rnational Union	of which Petitioner		nt <i>(if none, so state)</i>		
12d. Tel No. 847 294-5064 x329	12e. Cell No. 630 254-3100	.0	12f. Fax No. 847 759-7107			ddress @local881ufcw.org
13. Representative of the Petitioner who					•	
^{13a. Name and Title} Joseph Torre		еу	13b. Address (street an 221 N. Lasalle St. Chicago,			
13c. Tel No. 3126412910	13d. Cell No.		13e. Fax No. 312 641-0781	And And And	13f. E-Mail Ac joe@karmella	
I declare that I have read the above petitio	on and that the s	tatements are tru		vledge and belief.	Joownannella	mara
Name (Print) Sig	nature	2 /	Title		Date	
Moises Zavala	Mother	Tonl	Director of Organizing		4/17/20	
WILLFUL FALSE STATEMEN	NO UN THIS PE	THIUN CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TITL	E 18, SECTION 1001)

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

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3.

M

A cell No. 224 247-2047 and Title 3d. Cell No. 224 247-2047 be wholesaler, etc.) 4b. Principal pro- Cannabis coordinator, Scheduling Coordinator, Scheduling Coordinat	ww.nlrb.gov, submit a t be accompanied by t es named in the petitio Procedures (Form NLI by other party. IVE - A substantial number ve of the employees. The f oper authority pursuant to didress(es) of Establishment Rohlwing Rd. Rolling 3b. Address (If same as 3e. Fax No. 3e. Fax No. 3e. Fax No. 4. Constantial submit of the submit of the ecialists, Agents in ordinator, security gu	ooth a showing of inte in of: (1) the petition; (RB 4812). The showin of employees wish to be re Petitioner alleges that the Section 9 of the National (s) involved (Street and nu Meadows, IL 60008 2b – state same) 3f. E jeff@ n Charge, and Dri ards as defined by t	erest (see (2) Statem ng of inter opresented for following I Labor Rel Imber, city. -Mail Addre @natures 5a, City a Rolling N ivers	4/20/20 NLRB office in the Region 6b below) and a certificate ment of Position form rest should only be filed for purposes of collective circumstances exist and lations Act. State, ZIP code) ess Scarecompany.com ind State where unit is located: Meadows, IL 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 th
ed is located. The petition musi the employer and all other partie ription of Representation Case is be served on the employer or an -CERTIFICATION OF REPRESENTAT er desires to be certified as representati telations Board proceed under its pro- 2b. Ac 975 F and Title 3d. Cell No. 224 247-2047 db. Principal pro- Cannabis art-time Patient Care Spect of Coordinator, Scheduling Coordinator, Scheduling Coordinator, Scheduling Coordinator, It no reply receive s currently recognized as Bargaining Representations in Representation of the service of	the accompanied by the second panied by the second party of the party. IVE - A substantial number ve of the employees. The lopper authority pursuant to diress(es) of Establishment Rohlwing Rd. Rolling 3b. Address (If same as 3e. Fax No. aduct or service cialists, Agents in ordinator, security gunture to the security gunture to the security gunture to the security gunture to the security.	ooth a showing of inte in of: (1) the petition; (RB 4812). The showin of employees wish to be re Petitioner alleges that the Section 9 of the National (s) involved (Street and nu Meadows, IL 60008 2b – state same) 3f. E jeff@ n Charge, and Dri ards as defined by t	erest (see (2) Statem ng of inter opresented for following I Labor Rel Imber, city. -Mail Addre @natures 5a, City a Rolling N ivers	6b below) and a certificate ment of Position form rest should only be filed for purposes of collective circumstances exist and lations Act. State, ZIP code) ess SCARECOMPANY.COM Ind State where unit is located: Meadows, IL 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 th
and Title 3d. Cell No. 224 247-2047 te, wholesaler, etc.) 4b. Principal pro Cannabis art-time Patient Care Spe Coordinator, Scheduling Coor for recognition as Bargaining Representa (Date) (If no reply receive s currently recognized as Bargaining R	Rohlwing Rd. Rolling 3b. Address (If same as 3e. Fax No. duct or service ecialists, Agents in ordinator, security gu tive was made on (Date) _ d, so state).	Meadows, IL 60008 ^{2b – state same)} 3f. E jeff@ ards as defined by t	-Mail Addre @natures 5a. City a Rolling N ivers	ess scarecompany.com ind State where unit is located: Meadows, IL 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 th
3d. Cell No. 224 247-2047 (Cannabis art-time Patient Care Spect Coordinator, Scheduling Coordinator, Scheduling Coordinator, Interpretent (Date) (If no reply receive s currently recognized as Bargaining R	3e. Fax No. duct or service ecialists, Agents in ordinator, security gu tive was made on (Date) d, so state).	or Charge, and Dri ards as defined by t	2) natures 5a. City a Rolling M ivers	Accarecompany.com and State where unit is located: Meadows, IL 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 th
224 247-2047 te, wholesaler, etc.) 4b. Principal pro Cannabis art-time Patient Care Spect a Coordinator, Scheduling Coordinator, Scheduling Coordinator, Context (Date) (If no reply receive s currently recognized as Bargaining R	ecialists, Agents in prdinator, security gu tive was made on (Date) _ d, so state).	jeff@ n Charge, and Dri ards as defined by t	2) natures 5a. City a Rolling M ivers	Accarecompany.com and State where unit is located: Meadows, IL 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 th
e, wholesaler, etc.) 4b. Principal pro Cannabis art-time Patient Care Spe a Coordinator, Scheduling Coordinator, Scheduling Coordinator, Content of the second state o	ecialists, Agents ir ordinator, security gu tive was made on (Date) _ d, so state).	Charge, and Dri ards as defined by t	5a. City a Rolling M ivers	nd State where unit is located: Meadows, IL 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 th
Cannabis art-time Patient Care Spe Coordinator, Scheduling Coor recognition as Bargaining Representa (Date) (If no reply receive s currently recognized as Bargaining R	ecialists, Agents ir ordinator, security gu tive was made on (Date) _ d, so state).	ards as defined by t	Rolling M ivers	Meadows, IL 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 th
Coordinator, Scheduling Coordinator, Scheduling Coordinator, Scheduling Representation as Bargaining Representation (If no reply receive scurrently recognized as Bargaining R	ordinator, security gu tive was made on (Date) _ d, so state).	ards as defined by t	ivers	30 6b. Do a substantial number (30 or more) of the employees in the unit wish to be represented by th
Coordinator, Scheduling Coordinator, Scheduling Coordinator, Scheduling Representation as Bargaining Representation (If no reply receive scurrently recognized as Bargaining R	ordinator, security gu tive was made on (Date) _ d, so state).	ards as defined by t	the Act	6b. Do a substantial number (30 or more) of the employees in the unit wish to be represented by th
<u>(Date)</u> (If no reply receive s currently recognized as Bargaining R	d, so state).	and Em	alound doubt	Petitioner? Yes 🗸 No 🗍
	Selected and desiles (certification under the Act	pioyer decil	ined recognition on or about
8d Cell No.	8e. Fax No.	8f. E	E-Mail Addr	ress
	8h. Date of Recognition or	Certification 8i. E	Expiration [Date of Current or Most Recent y (Month, Day, Year)
n Petitioner and those named in items	keted the Employer since (8 and 9, which have claim	Month, Day, Year) ed recognition as represer		
				10d. Cell No.
100. Address				
		10e. Fax No.		10f. E-Mail Address
cts an election in this matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Ma
11c. Election Time(s):		11d. Election Location(s):		
local name and number) Local 881		12b. Address (street and number, city, state, and ZIP code) 1350 E. Touhy Ave, Rosemont, IL 60018		
labor organization of which Petitioner ternational Union	is an affiliate or constituer	nt (if none, so state)		
12e. Cell No.	12f. Fax No.			
1000.000000000000000000000000000000000	and the providence of the second		iseszavala	a@local881ufcw.org
res, Attorney	13b. Address (street an	d number, city, state, and	I ZIP code)	
13d. Cell No.	13e. Fax No. 312 641-0781			
tion and that the statements are tru	And the second s	Sector Sector		
Marin Juck	Title Director of Organizing		Date 4/20/20	
ENTS ON THIS PETITION CAN BE P		IMPRISONMENT (U.S.	CODE, TIT	TLE 18, SECTION 1001)
	has pick n Petitioner and those named in items any employees in the unit described 10b. Address ts an election in this matter, state you 11c. Election Time(s): 11c. Ele		has picketed the Employer since (Month, Day, Year) n Petitioner and those named in items 8 and 9, which have claimed recognition as represent any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10e. Fax No. 10e. Fax No. 10e. Fax No. 11a. Election Type: 11c. Election Time(s): 11d. Election Location(11d. Election Location(12b. Address (street ar 1350 E. Touhy Ave, Ro 12b. Address (street ar 1350 E. Touhy Ave, Ro 12c. Cell No. 12e. Cell No. 12e. Cell No. 12f. Fax No. 12f. Fax No. 12e. Cell No. 12f. Fax No. 12f. Fax No. 12f. Fax No. 12e. Cell No. 12f. Fax No. 13f. Address (street and number, city, state, and 221 N. Lasalle St. Chicago, IL 60601 13d. Cell No. 13f. Gell No. 13f. Gell No. 13f. Gell No. 13f. Gell No. 13f. Fax No. 13f. Gell No. 13f. Gell No. 13f. Gell No. 13f. Gell No. 13f. Fax No. 13f. Gell No. 13	

UNITED STATE	DO NOT WRITE IN THIS SPACE			S SPACE		
NATIONAL LABOR	RELATIONS BOA		Case No. 13	Case No. 13-RC-259423 Date Filed 4/22/20		
	TITION		2			
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript				RB 4812). The sh	owing of in	terest should only be filed
with the NLRB and should not be s						
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d	esires to be certifi	ed as representative	e of the employees. The	Petitioner alleges that	be represente at the following	d for purposes of collective
requests that the National Labor Rela	tions Board proc	eed under its prop	er authority pursuant to	Section 9 of the Nat	ional Labor F	Relations Act.
2a. Name of Employer			fress(es) of Establishmen 00 N Western Ave	t(s) involved (Street ar	nd number, cit	y, State, ZIP code)
Maplebear, Inc., d/b/a Instacart	1 7:0-		Chicago 60618-	Ob state same)		
3a. Employer Representative – Name and	1 The		3b. Address (If same as 50 Beale St Ste. 6			
Nicole Hilmo 3c. Tel. No.	3d. Cell No.		50 Beale St Ste. 6 CA San Francisco 3e. Fax No.		3f. E-Mail Add	tress
(888) 246-7822	ou. our no.		00. Tax 10.		hr@instacart.co	
4a. Type of Establishment (Factory, mine, V	wholesaler, etc)	4b. Principal prod	luct or service		5a. City	and State where unit is located:
Retail (Grocery)			Grocery Shopping Se	rvice		Chicago, IL
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for additio	nal details					3
						6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for additio	nal details					unit wish to be represented by the
						Petitioner? Yes [Vo []
Check One: 7a. Request for re		and the second second second second	ive was made on (Date)	and	Employer de	clined recognition on or about
		(If no reply received				
7b. Petitioner is c 8a. Name of Recognized or Certified Bar			presentative and desires 8b. Address	certification under the	Act.	
sa. Name of Recognized of Certified Bar	ganning Agent (n	none, so statej.	OD. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	dress
8g. Affiliation, if any	4		8h. Date of Recognition o	r Certification	8i Expiration	Date of Current or Most Recent
og. / unitation, it any		3	on but of recognition of	ooranoadon		y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	No If so, approx	kimately how many em	ployees are pa	articipating?
(Name of labor organization)		has picke	eted the Employer since (Month, Day, Year)		
10. Organizations or individuals other than					esentatives an	d other organizations and individuals
known to have a representative interest in a	any employees in	the unit described in	n item 5b above. (If none,	, so state)		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
I COM DIVERSION OF LOWING						
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct	s an election in thi	e matter, etate vour	position with respect to	44- Election Trace		
any such election.	s an elecuon in un	s matter, state your	position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): Tuesday, April 28, 2020	The second se	ection Time(s):		11d. Election Location	on(s):	
12a. Full Name of Petitioner (including lo	mail	um harl		mail	t and number	aity state and ZID code)
Casey Hoag United Food and Commercial Workers International		iniber)		1775 K St NW DC Washington 2000	6-	city, state, and ZIP code)
12c. Full name of national or international la United Food and Commercial Workers Intern	abor organization	of which Petitioner is	s an affiliate or cons ituen			
12d. Tel No. (206) 947-7778	12e. Cell No.		12f. Fax No.		12g. E-Mail A choag@ufcw.	ddress org
13. Representative of the Petitioner who	will accept servi	ce of all papers for	r purposes of the repres		194344	2000 2000
13a. Name and Title			13b. Address (street and			
Amanda Jaret United Food and Commercial Workers Intern	national Union			, ,,,		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	
(202) 417-5665			3	5	ajaret@ufcw.	org
I declare that I have read the above petit	ion and that the	statements are true	e to the best of my know	vledge and belief.		
	gnature		Title		Date	
Cuscy Houg	ASEY HOAG		UNISHED BY FINE AND			0 09:59:44

DO NO	DT WRITE IN	THIS SPACE
-------	--------------------	------------

Attachment

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

(4-15)	D STATES GOVERNMENT			DO NO	T WRITE IN TH	IS SPACE
NATIONA	L LABOR RELATIONS BOARD			3-RC-259551	Date	Filed 4/24/20
INSTRUCTIONS: Unless e- in which the employer con of service showing service (Form NLRB-505); and (3) with the NLRB and should	Filed using the Agency's v accerned is located. The pe e on the employer and all o Description of Representa I not be served on the emp	tition must be a other parties na tion Case Proc lover or any of	accompanied by amed in the petit edures (Form Ni ther party.	both a showing ion of: (1) the per LRB 4812). The s	of interest (s tition; (2) Stat showing of in	terest should only be med
1. PURPOSE OF THIS PETITION	N: RC-CERTIFICATION OF REP Petitioner desires to be certified as abor Relations Board proceed	RESENTATIVE -	A substantial number the employees. The	o Section 9 of the M	lational Labor F	Relations Act.
2a. Name of Employer		2b. Address	s(es) of Establishme	nt(s) involved (Street	and number, cit	y, State, ZIP code)
3C Compassionate Care Center -N 3a. Employer Representative -		nes 1700 Qui	Address (If same a	s 2b - state same)		
Gregory Zeman- General		00	. Address (it sume s			
3c. Tel. No. 630 460-9311	3d, Čell No.	3e	. Fax No.		3f. E-Mail Add	tigrows.com
4a. Type of Establishment (Facto Dispensary	and the second se	Principal product on nabis	or service		5a. City Napen	and State where unit is located: ville IL
5b. Description of Unit Involved	d			19 20 State		6a. No. of Employees in Unit:
Included: All full-time an Excluded: Outreach Co	nd part-time Agent in Ch pordinator, Managers					18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
7b. Pet	quest for recognition as Bargaining (Date) (If no itioner is currently recognized as it tified Bargaining Agent (If none	reply received, so Bargaining Repres	state).			lined recognition on or about
Ro Tol No	Rd Call No	00	Eax No.		of E Mail Add	
8c. Tel No.	8d Cell No.	8e.	. Fax No.		8f. E-Mail Add	ress
8c. Tel No. 8g. Affiliation, if any	8d Cell No.		Fax No.	r Certification	8i. Expiration (ress Date of Current or Most Recent y (Month, Day, Year)
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) _ 10. Organizations or individuals of the strike of t	ng at the Employer's establishmen ther than Petitioner and those nar	ht(s) involved?, has picketed f	Date of Recognition o	imately how many er Month, Day, Year)	8i. Expiration f Contract, if an nployees are pa	Date of Current or Most Recent y (Month, Day, Year) rticipating?
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) _ 10. Organizations or individuals o known to have a representative in 	ng at the Employer's establishmen ther than Petitioner and those nar terest in any employees in the un	ht(s) involved?, has picketed f	Date of Recognition o	timately how many er Month, Day, Year) ed recognition as rep so state)	8i. Expiration f Contract, if an nployees are pa	Date of Current or Most Recent y (Month, Day, Year) rticipating?
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) _ 10. Organizations or individuals of the strike of t	ng at the Employer's establishmen ther than Petitioner and those nar	ht(s) involved? has picketed to med in items 8 and	Date of Recognition o	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No.	8i. Expiration f Contract, if an nployees are pa	Date of Current or Most Recent y (Month, Day, Year) rticipating?
8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) _ 10. Organizations or individuals o known to have a representative in 10a. Name	ng at the Employer's establishmen ther than Petitioner and those nar terest in any employees in the un 10b. Address	tt(s) involved?, has picketed to med in items 8 and it described in item	Date of Recognition o If so, approx the Employer since (i 1 9, which have claim n 5b above. (If none,	timately how many er Month, Day, Year) ed recognition as rep so state)	8i. Expiration f Contract, if an nployees are pa	Date of Current or Most Recent y (Month, Day, Year) rticipating?
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 	ng at the Employer's establishmen ther than Petitioner and those nar terest in any employees in the un 10b. Address	tt(s) involved?, has picketed to med in items 8 and it described in item	Date of Recognition o If so, approx the Employer since (i 1 9, which have claim n 5b above. (If none,	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No.	8i. Expiration I Contract, if an nployees are pa resentatives and	Date of Current or Most Recent y (Month, Day, Year) rticipating? d other organizations and individual 10d. Cell No. 10f. E-Mail Address
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s): 	ng at the Employer's establishmen ther than Petitioner and those nar terest in any employees in the un 10b. Address	t(s) involved? , has picketed to med in items 8 and it described in item ter, state your posi	Date of Recognition o If so, approx the Employer since (i 1 9, which have claim n 5b above. (If none,	imately how many er Month, Day, Year) ed recognition as rep . so state) 10c. Tel. No. 10e. Fax No.	8i. Expiration I Contract, if any mployees are pa resentatives and	Date of Current or Most Recent y (Month, Day, Year) rticipating? d other organizations and individual 10d. Cell No. 10f. E-Mail Address
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s): 5/11/20 12a. Full Name of Petitioner (Inc Untied Food and Commercial Works) 	ng at the Employer's establishmen ther than Petitioner and those nar interest in any employees in the un 10b. Address 3 conducts an election in this matt 11c. Election cluding local name and number, privers Local 881	t(s) involved? has picketed to med in items 8 and hit described in item ter, state your posi Time(s):	Date of Recognition o	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 12b. Address (stre 1350 E. Touly Ave	8i. Expiration I Contract, if any mployees are pa resentatives and resentatives and ition(s): et and number,	Date of Current or Most Recent y (Month, Day, Year) rticipating? d other organizations and individual 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail City, state, and ZIP code)
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s): 5/11/20 12a. Full Name of Petitioner (Inc Intied Food and Commercial Wo 12c. Full name of national or interr 	ng at the Employer's establishmen ther than Petitioner and those nar interest in any employees in the un 10b. Address 3 conducts an election in this matt 11c. Election 11c. Election cluding local name and number, orkers Local 881 national labor organization of whic	t(s) involved? has picketed to med in items 8 and hit described in item ter, state your posi Time(s):	Date of Recognition o	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 12b. Address (stre 1350 E. Touly Ave	8i. Expiration I Contract, if any mployees are pa resentatives and resentatives and ition(s): et and number,	Date of Current or Most Recent y (Month, Day, Year) rticipating? d other organizations and individual 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail City, state, and ZIP code)
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) 10. Organizations or individuals o known to have a representative in 10a. Name 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s): 5/11/20 12a. Full Name of Petitioner (inc Jutied Food and Commercial Wo 12c. Full name of national or inter Jutied Food and Commercial wo 12d. Tel No. 347 294-5064 x329 	ng at the Employer's establishmen ther than Petitioner and those nar terest in any employees in the un 10b. Address 3 conducts an election in this matt 11c. Election 11c. Election cluding local name and number, orkers Local 881 national labor organization of whic rkers International Union 12e. Cell No. 630 254-3100	8h. D ht(s) involved? , has picketed (med in items 8 and ht described in item ter, state your posi Time(s):) ch Petitioner is an a 12f. 847	Date of Recognition o	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 12b. Address (stre 1350 E. Touhy Ave t (if none, so state)	8i. Expiration 1 Contract, if an inployees are pa resentatives and resentatives and ition(s): et and number, a, Rosemont, IL 12g. E-Mail Ad	Date of Current or Most Recent y (Month, Day, Year) rticipating? d other organizations and individual 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail city, state, and ZIP code) 60018
 8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s): 5/11/20 12a. Full Name of Petitioner (Inc Jutied Food and Commercial We 12c. Full name of national or interr Jutied Food and Commercial wo 12d. Tel No. 13. Representative of the Petitio 	ng at the Employer's establishmen ther than Petitioner and those nar iterest in any employees in the un 10b. Address 3 conducts an election in this matt 11c. Election 11c. Election 11c. Election 11c. Election 11c. Election 11c	ter, state your posi Time(s): 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Date of Recognition o If so, approv the Employer since (i 19, which have claim in 5b above. (If none, tion with respect to affiliate or constituen Fax No. 759-7107 poses of the repres Address (street and	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 12b. Address (stre 1350 E. Touhy Ave t (if none, so state)	8i. Expiration I Contract, if any nployees are pa resentatives and imployees are pa resentatives and iton(s): et and number, i a, Rosemont, IL 12g. E-Mail Ad moiseszavala(g.	Date of Current or Most Recent y (Month, Day, Year) rticipating? d other organizations and individual 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail city, state, and ZIP code) 60018 Idress
8g. Affiliation, if any 9. Is there now a strike or picketin (Name of labor organization) 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s): //11/20 12a. Full Name of Petitioner (Inc Intied Food and Commercial Wo 12c. Full name of national or inter Intied Food and Commercial wo 12d. Tel No. 47 294-5064 x329 13. Representative of the Petitio 13a. Name and Title JOSEPH	ng at the Employer's establishmen ther than Petitioner and those nar iterest in any employees in the un 10b. Address 3 conducts an election in this matt 11c. Election 11c. Election 11c. Election 11c. Election 11c. Election 11c	ter, state your posi Time(s): 2 2 2 2 2 2 2 2 2 2 2 3 3 4 4 4 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 2 2 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of Recognition o If so, approvident the Employer since (if 9, which have claim in 5b above. (If none, 19, which have claim in 5b above. (If none, 19, which have claim in 5b above. (If none, 19, which have claim n 5b above. (If none, 19, which have claim 19, which have claim	imately how many er Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 12b. Address (stre 1350 E. Touhy Ave t (if none, so state)	8i. Expiration I Contract, if any nployees are pa resentatives and imployees are pa resentatives and iton(s): et and number, i a, Rosemont, IL 12g. E-Mail Ad moiseszavala(g.	Date of Current or Most Recent y (Month, Day, Year) rticipating? d other organizations and individual 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail City, state, and ZIP code) 60018 Idress Dilocal881ufcw.org
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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

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	TES GOVERNMENT			DO NOT WRITE IN THIS SPACE		
	OR RELATIONS BOA	ARD	Case No.			Filed
	ETITION		13-RC-259782		and the second sec	0/2020
INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, <u>ww</u>	<u>w.nlrb.gov</u> , submit a	an original of this	Petition to a	an NLRB office in the Region
in which the employer concerne	ed is located. Th	e petition must	be accompanied by I	both a showing o	f interest (se	ee 6b below) and a certificate
of service showing service on t	he employer and	all other parties	s named in the petitio	on of: (1) the petit	tion; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Desc	ription of Repres	entation Case P	Procedures (Form NL	RB 4812). The sl	nowing of in	terest should only be filed
with the NLRB and should not I	be served on the	employer or any	y other party.		60 7 0	-
1. PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor R	-CERTIFICATION OF er desires to be certifi	REPRESENTATIV	VE - A substantial number e of the employees. The	Petitioner alleges th	at the followin	ng circumstances exist and
2a. Name of Employer	ciutions bourd proc		dress(es) of Establishment			
WEDRIVEU AMERICA LLC		23	00 Troop St Chicago 60608-			
3a. Employer Representative - Name	and Title		3b. Address (If same as			
Stacei M Allen			700 AIRPORT BL	VD. SUITE 250 5 98010-		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	dress
(773) 952-0255					Stacie.a@wedr	iveu com
4a. Type of Establishment (Factory, min	ne, wholesaler, etc)	4b. Principal prod			5a. City	and State where unit is located:
Transportation			Shuttle service			Chicago, IL
5b. Description of Unit Involved						6a. No. of Employees in Unit: 37
Included: See Attached Page 2 for ad	ditional details					6b. Do a substantial number (30%
Excluded: See Attached Page 2 for additional details or more) of the en unit wish to be rep					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [V No []	
Check One: 7a. Request for	or recognition as Baro	aining Representat	ive was made on (Date)	an	d Employer de	clined recognition on or about
	And the second se	(If no reply received			a Employer de	child recognition of about
7b. Petitioner			presentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified	Bargaining Agent (I	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	dress
	÷			Ordifordian	0: Emination	Data of Ourseaf on Mart Dagast
8g. Affiliation, if any			8h. Date of Recognition or	Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (<i>Month, Day, Year</i>)		
9. Is there now a strike or picketing at the	e Employer's establis	shment(s) involved?	No If so, approx	imately how many en	nplovees are pa	articipating?
(Name of labor organization)						
10. Organizations or individuals other th			S (2) S	3 33 5.0		
known to have a representative interest	in any employees in	the unit described in	n item 5b above. <i>(If none,</i>	so state)	resentatives an	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
						(c) A start (a) A start (b) and (c)
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	lucts an election in th	is matter, state your	position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
11b. Election Date(s):	to the second	lection Time(s):		11d. Election Locat		
May 7, 2020		am and 12pm-2pm		Employee Breakroo	and the second se	
12a. Full Name of Petitioner (includin Jayna Brown Teamsters Local 727	Š	,		1300 W Higgins Rd II Park Ridge 60018	et and number, Suite 111	city, state, and ZIP code)
12c. Full name of national or internation International Brotherhood of Teamsters	al labor organization	of which Petitioner i	is an affiliate or cons ituen	t (if none, so state)		
12d. Tel No. (847) 696-7500	12e. Cell No.		12f. Fax No.		12g. E-Mail A	ddress terslocal727.org
13. Representative of the Petitioner v	who will accept cervi	ce of all papers fo	r purposes of the repres	ontation proceeding		increased and a start of g
13a. Name and Title	no will accept servi	ice of all papers to	13b. Address (street and	100		
Jayna Brown General Counsel			1300 W. Higgins Rd. Su IL Park Ridge 60068-			
Teamsters Local 727 13c. Tel No.	13d. Cell No.		IL Park Ridge 60068- 13e. Fax No.		13f. E-Mail Ad	ddress
(847) 696-7500						sterslocal727.org
I declare that I have read the above p	etition and that the	statements are tru	e to the best of my know	ledge and belief.		
Name (Print)	Signature		Title		Date	
Jayna Brown	Jayna Brown		General Counsel			0 17:56:02
WILLFUL FALSE STATE	MENTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U	S CODE TITI	E 18 SECTION 1001)

DO NOT WRITE IN THIS SPACE

Attachment

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.

Case

UNITED STATE	S GOVERNMENT	2		DONOTY		SBACE
NATIONAL LABOR			Case No.	Case No. 13-RC-259788 Date Filed 4/30/20		
RC PE			13-	-RC-259788	Dute	4/30/20
INSTRUCTIONS: Unless e-Filed us		v'e woheito www.r			Potition to a	n NI PR office in the Pegion
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript				RB 4812). The sho	owing of int	erest should only be filed
with the NLRB and should <u>not</u> be s	served on the	employer or any oti	her party.	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d	RTIFICATION OF	REPRESENTATIVE -	A substantial number	of employees wish to t	be represented	d for purposes of collective
requests that the National Labor Rela	tions Board proc	eed under its proper a	uthority pursuant to	Section 9 of the Nati	onal Labor R	elations Act.
2a. Name of Employer		2b. Address	s(es) of Establishment	t(s) involved (Street and		
Roseland Community Hospital		54 W 1	11th St ago 60628-			
3a. Employer Representative – Name and	d Title		. Address (If same as			
Timothy Egan			54 W 111th St IL Chicago 60628-	25		
3c. Tel. No.	3d. Cell No.	3e.	Fax No.		3f. E-Mail Add	ress
(773) 995-3000	1 m 10 10 10	(77	73) 995-6602		tegan@roseland	Ihospital org
4a. Type of Establishment (Factory, mine, v	wholesaler, etc)	4b. Principal product of	or service		5a. City	and State where unit is located:
Healthcare			acute healthcare			Chicago, IL
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details					18
						6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for additio	nal details					unit wish to be represented by the
						Petitioner? Yes [🗹 No [🗋]
Check One: 7a. Request for re	ecognition as Barg	aining Representative v	was made on (Date) 0.	4/24/2020 and	Employer dec	lined recognition on or about
	(Date)	(If no reply received, so	state). No reply recei	ived		
	urren ly recognize	d as Bargaining Repres			Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (In	f none, so state).	8b. Address			
0 T 11			- N			
8c. Tel No.	8d Cell No.	8e.	. Fax No.		Bf. E-Mail Add	ress
8g. Affiliation, if any		8h [Date of Recognition or	Certification	Ri Expiration I	Date of Current or Most Recent
og. / milduon, n any		UII. L	Sale of Recognition of			y (Month, Day, Year)
						na de la superior de la contra d
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	If so, approx	imately how many emp	loyees are pa	rticipating?
(Name of labor organization)		, has picketed	the Employer since (I	Month, Day, Year)		
10. Organizations or individuals other than						
known to have a representative interest in a	any employees in	the unit described in iter	n 5b above. (If none,	so state)	Sentatives and	
10	58 652 58		1.53 65	6522		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10- E N		
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct	s an election in thi	is matter state your pos	ition with respect to	11a Election Type:	Manual	Anil Mixed Menuel/Mail
any such election.		ie marter, state your pos	and that to poor to	Ta. Elecuori Type.		Mail Mixed Manual/Mail
11b. Election Date(s):	the state of the s	lection Time(s):		11d. Election Locatio		
May 12, 2020	mail	0.5.900-0.000		mail ballot election du		
12a. Full Name of Petitioner (including lo Heather McNabola SEIU Healthcare Illinois & Indiana	ocal name and n	umber)		12b. Address (street 2229 S Halsted Ave II Chicago 60608-	and number,	city, state, and ZIP code)
12c. Full name of national or international la Service Employees Interna ional Union	abor organization	of which Petitioner is an	affiliate or cons ituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.	12	f. Fax No.		12g, E-Mail Ac	Idress
(312) 980-9000	(773) 459-3108	(31)	2) 784-3189	1	neather.mcnat	oola@seiuhcil.org
13. Representative of the Petitioner who	will accept servi			57 S		
13a. Name and Title George A Luscombe III Attorney				d number, city, state, ai	nd ZIP code)	
George A Luscombe III Attorney Dowd, Bloch, Bennet, Cervone, Auerbach,			S Michigan Ave 19th f Chicago 60603-			
13c. Tel No.	13d. Cell No.		e. Fax No.		13f. E-Mail Ad	dress aboradvocates.com
(312) 372-1361	(312) 480-0840		12) 372-6599	5		
I declare that I have read the above petit			-	neuge and bellet.		
	gnature eather McNabola	Titl	le Id Director		Date	14:40:40
Heather McNabola	sautor munapula	110			04/28/2020	111.42.49

	DO NOT WRITE IN THIS SPACE		
Attachment	Case 13-RC-259788	Date Filed 4/30/20	
		1	

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.

		MENT		r		NOTWOITE	N THE SPACE
	ATES GOVERNI			C3			N THIS SPACE Filed
	ETITIC			Ca	^{ise No.} 13-RD-25869)7	4/2/20
INSTRUCTIONS: Unless e-Filed using the A located. The petition must be accompanied in the petition of: (1) the petition; (2) Statem interest should only be filed with the NLRB	l by both a showi ent of Position fo	ing of interest (see orm (Form NLRB-5	6b below) 05); and (3)	and a certificate Description of	e of service showing s Representation Case	ervice on the	employer and all other parties named
1. PURPOSE OF THIS PETITION: RD- DE recognized bargaining representative is r Labor Relations Board proceed under	no longer their rep	presentative. The	Petitioner	alleges that the	e following circumsta	ances exist a	
2a. Name of Employer Sodexho Lake Park High School East & We	st Campuses	2b. Ac 600 S	dress(es) 6 Medinah F selle 60172	of Establishmen	t(s) involved (Street a	nd number, cit	y, State, ZIP code)
3a. Employer Representative – Name and Cheryl Kostner Manager	Title		3b. Add 600 S M		s 2b – state same)		
3c. Tel. No. (630) 295-5229	3d. Cell No.		3e. Fax			3f. E-Mail Add	dress
4a. Type of Establishment (Factory, mine, w	holesaler, etc)	4b. Principal pro	duct or ser	vice		5a. City	and State where unit is located:
Schools				Food Service			Roselle, IL
5b. Description of Unit Involved Included See Attached Page 2 for a	dditional dotails	-					6a. No. of Employees in Unit: 19
Included: See Attached Page 2 for a		2					6b. Do a substantial number (30% or more) of the employees in he
Excluded: See Attached Page 2 for additional details						unit no longer wish to be represented by the cer ified or currently recognized bargaining representative? Yes V No	
Check One: 7a. Request for re	cognition as Barg	aining Representa	ative was m	ade on (Date)	and	Employer de	clined recognition on or about
7h Petitioner is ci		(If no reply receive			certification under the	Act	
8a. Name of Recognized or Certified Barg		a as barganning re	cpresenta	8b. Address	certification under the		
SEIU local 1							
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	dress
8g. Affiliation, if any			8h. Date o	of Recognition of Recognition of 07/01/20			Date of Current or Most Recent ny (Month, Day, Year) 06/30/2020
9. Is there now a strike or picketing at the Er	mplover's establis	shment(s) involved	? No		kimately how many em	plovees are p	
(Name of labor organization)	. ,				Month, Day, Year)		
10. Organizations or individuals other than the have a representative interest in any employed		ems 8 and 9, which	have clain	ned recognition	as representatives an	d other organi	zations and individuals known to
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10e, Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in thi	is matter, state you	ir position v	with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 05/01/2020	11c. El 2:30pm	lection Time(s):			11d. Election Location(s): Lake Park High School East Campus		
12a. Full Name of Petitioner (b) (6), (b)	(7)(C)				12b. Address (stree	t and number,) (6), (b) (city, state, and ZIP code)
12c. Full name of national or international la	bor organization	of which Petitioner	is an affilia	ate or constituen			
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.		12f. Fax	No.		12g. E-Mail A (b) (6), (b) (
13. Representative of the Petitioner who 13a. Name and Title	will accept servi	ice of all papers f			sentation proceeding d number, city, state, a		
13c. Tel No.	13d. Cell No.		13e. Fax	x No.	[13f. E-Mail Ad	ddress
I declare that I have read the above petiti	on and that the	statements are tru	ue to the b	est of my know	vledge and belief.		
	nature		Title			Date	
(b) (6), (b) (7)(C) WILLFUL FALSE STATEME	(b) (6), (b) (7)(NTS ON THIS PE		PUNISHED	BY FINE AND	IMPRISONMENT (U.		0 11:35:20 LE 18, SECTION 1001)

DO NOT WRITE IN THIS SPACE	
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Attachment

ise	Date Filed
13-RD-258697	4/2/20

Case

Employees Included all employees at east and west campuses

Employees Excluded none

				DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RD) UNITED STATES OF AMERICA (2-18) NATIONAL LABOR RELATIONS BOARD RD PETITION		Case	13-RD-2592	731	Date Filed 4/29/20			
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.								
	N: RD- DECERTIFICATION (R ntative is no longer their repres and under its proper authority	entative. The Petitioner	r alleges that t	the followi	ng circumstances e	es assert that the kist and request	certified or currently s that the National	
Zeigler Lincolnwood LLC 6900 N. McCormick Blvd. L			Lincol					
3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state sa Same Aaron Zeigler, President Same								
3c. Tel. No. (847) 745-4300	3d. Fax No. (847) 675-0655	3e. Cell No.		AZ@zo	z E-Mail Address Z@zeigler.com			
4a, Type of Establishment (Factory, mine, wholesaler, etc.) Automobile Sales & Service Sales & Service								
5a. Description of Unit Involved Included:						is loca	d State where unit ted:	
Regular full time and regular part time utility employees, garage attendants, drivers, stockroom attendants, c				s, c Lincoln	Lincolnwood, IL			
Excluded: Technicians, guards, and supervisors as defined in the Act								
6. No. of Employees in Unit 5	7. Do a substantial num			n the unit n	o longer wish to be re	presented by the	certified or currently	
recognized bargaining representative? Yes No 8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 731 No				8b. Affiliation, if any Illinois Brotherhood of Teamsters				
1000 Burr Ridge Pkwy, Suite 300 (63		8d. Tel. No. (630) 887-	41	8e. Cell No.	8e. Cell No.			
		8f. Fax No, (630) 887-						
9. Date of Recognition or Certificat 01/01/18	lion	10. Expiration Date 7/31/2018	of Current or N	Nost Recer	nt Contract, if any (Mo	nth, Day, Year)		
11a. Is there now a strike or picket	ing at the Employer's establish	ment(s) involved?	'es 🗙 No	11b, If so,	approximately how m	any employees a	are participating?	
11c. The Employer has been picke (Insert Address)	eted by or on behalf of (Insert I	Name) NA			sinc	e (Month, Day, Y	a labor organization, of	
12. Organizations or individuals oth	her those named in items 8 and	11c, which have claime	ed recognition a	as represer		and the second se	oury	
and individuals known to have 12a, Name	known to have a representative interest in any employees in the unit described in iter 12b. Address				12d. Fax No.	J. Fax No.		
NA				12e. Cell No. 12		12f. E-Mail Addr	2f. E-Mail Address	
 Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 			13a. Elect	3a. Election Type: Manual Mail Mixed Manual/Mail				
13b. Election Date(s) May 8, 2020	13c. Election Time(s) 10:00 a.m10:30 a.m.				3d. Election Location(s) Junchroom			
<u>14. Full Name of Petitioner</u> (b) (6), (b) (7)(C)								
14a Address (Street and number, city, state, ZIP code) 14		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 Petition	ner who will accept service of	f all papers for purpose	es of the repr	C AN AN A REAL PROPERTY OF A P	proceeding.			
James F. Hendricks, Jr. A		Attorney						
15c. Address (Street and number, city, state, ZIP code) Leech Tishman Fuscaldo & Lampl LLC 2215 York Road, Suite 310				15d. Tel. No. (630) 536-1165		5e. Fax No. 630) 505-1608		
Oak Brook, IL 60523						5g. E-Mail Address nendricks@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.								
WILLFUL FALSE ST	ATEMENTS ON THIS PETITIC	ON CAN BE PUNISHED	BY FINE AND	IMPRISC	NMENT (U.S. CODE	TITLE 18, SECT	TION 1001)	