FORM NLRB-502 (RD) (8-16)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 13-RD-252781 Date Filed 12/4/19

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.

PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REM recognized bargaining representative is no longer their represent Labor Relations Board proceed under its proper authority put.)	tative. The Petitioner	alleges that t	ne followin	g circumstances ex		
2a. Name of Employer	1		-	(Street and number,	city, state, ZIP code	o)
Langer Transportedion Corp  3a. Employer Representative - Name and Title	1862	Terry D	٢	Joliet 1	11 60435	5 ~ 8541
3a. Employer Representative - Name and Title  3chn Van bus Kirk Terminal Hanage	3b. Address (If sam	ne as 2b - state	name)			
3c. Tel. No. 3d. Fax No. 815 725 2519 815 741 9524	3e. Cell No.			ushirk@Lav		t.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)			4b. Princip	al product or service	1 11-	
Trucking			Liquid	d bulk the	nebouterfioi	1
5a. Description of Unit Involved Included:	7 0 1 1				is located	
Employee drivers at Excluded:	fores sev	m rnet6			29	set IL
No. of Employees in Unit     7. Do a substantial number recognized bargaining			the unit no	longer wish to be re	presented by the ce	rtified or currently
8a. Name of Recognized or Certified Bargaining Agent Transfers Local 705				8b. Affiliation, if any		
1645 W Jackson Blud 74	IF A	8d. Tel. No. 3\3 T38	2800	8e. Cell No.		
Chicago IL 60613		8f. Fax No. 3\3 \738			.705 ibt	,019
9. Date of Recognition or Certification  June 6 2017	10. Expiration Date	of Current or N	lost Recen	Contract, if any (Mo	nth, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishme	ent(s) involved? Y	es No	11b. If so,	approximately how n	nany employees are	participating?
11c. The Employer has been picketed by or on behalf of (Insert Na.	,					a labor organization, of
(Insert Address)				sino	e (Month, Day, Yea	ır)
12. Organizations or individuals other those named in items 8 and 1	1c. which have claime	ed recognition a	is represen	tatives and other org	anizations	
and individuals known to have a representative interest in any en			n 5 above.	(If none, so state)		
12a. Name 12b. Address			12c. Tel. N	10.	12d. Fax No.	
None			12e. Cell N	lo.	12f. E-Mail Addres	s
<ol> <li>Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</li> </ol>				on Type: 🗹 Manual	Mail	Mixed Manual/Mail
13b. Election Date(s)	ime(s)		13d. Electi	Joliet	terminal	2
(b) (6), (b) (7)(C)						
14a. Address (Street and number, city, state, ZIP code)	'\(C\	į	14b. Tel. N	lo.	14c. Fax No.	
(b) (6), (b) (7	$\mathcal{N}^{\mathcal{C}}$		(b) (6),	(b) (7)(C)	14e. E-Mail Addres	ss
14f. Affiliation, if any						
15. Representative of the Petitioner who will accept service of a	II papers for purpos	es of the repr		proceeding.		
15a. Name			15b.Title			
15c. Address (Street and number, city, state, ZIP code)			15d. Tel. N	lo.	15e. Fax No.	
			15f. Cell N	0.	15g, E-Mail Addres	ss
declare that I have read the above petition and that the s	The rue to the	best of my kno	wledge an	d belief.		
Name (Print) Signature	,, (b) (r)(O)		Title			Date Filed
(b) (6), (b) (7)(C)			Pel	11 Jones		11-18-19

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

							13-100	-23203	,	12/.	3/17
INSTRUCTIONS: Unless e-Filed of employer concerned is located. It the employer and all other partie Case Procedures (Form NLRB 48	The petition m s named in th 112). The shov	ust be accomp e petition of: (1 ving of interest	anied b ) the pe should	y both a si tition; (2) s only be fil	howing of interest (s Statement of Position led with the NLRB an	ee 61 n for nd sh	b below) and m (Form NL nould not be	d a certifica .RB-505); an served on	te of service sh nd (3) Description the employer of	owing se on of Rep r any oth	ervice on presentation er party.
<ol> <li>PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratory</li> </ol>	tioner desires t	to be certified as	represe	entative of t	he employees. The Po	etitio	oner alleges	that the fol	lowing circums	tances e	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	lved	(Street and	number, City	, State, ZIP cod	e):	
black horse carriers inc.	•		680 R	temingto	n BLVD. Bolingbr	ook	Illinois 6	0440			
3a. Employer Representative - Na	me and Title:		3b. Add	ress (if san	ne as 2b - state same)	):					
Richard Berg			same								
3c. Tel. No.	3d. Cell No. 630-690-8			3e. Fax N			3f. E-Mail / richardbe		horsecarriers.	.com ,	
<ol> <li>Type of Establishment (Factory, warehouse)</li> </ol>	mine, wholesa	ler, etc.)		4b. Princip logistics	oal Product or Service			5a. City ar	nd State where u	nit is loca	nted:
5b. Description of Unit Involved: Included:								6a. Numb	er of Employees	in Unit:	
All full time and regular part tir	ne warehou:	semen, shipp	ing and	receivin	g, leads, dock wor	kers	3	40		•	
Excluded:					3,,			6b Doas	ubstantial numbe	er (30% o	or more)
all other employees as stated	in the Act.							of the	employees in the	unit wist	to be
Check One: 7a. Request for red							an		declined recogni		
on or about (Date) 7b. Petitioner is cu				ceived, so			dos the Act				
8a. Name of Recognized or Certific			·	<del></del>	dress:	n un	der the Act.				
•											.,
8c. Tel. No.	8d, Cell No.	o. 8e. Fax No.				8f. E-Mail Address					
8g. Affiliation, if any:			81	h. 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 a	t the Employe	r's establishmen	ıt(s) invo	Ived? No	If so, approx	kimat	tely how mai	ny employee	s are participatin	g?	
(Name of Labor Organization)						, 1	has picketed	the Employ	er since (Month,	Day, Yea	or)
<ol> <li>Organizations or individuals other individuals known to have a representation.</li> </ol>									es and other orga	anizations	and
10a. Name	11	0b. Address				_	10c. Tel. N	0.	10d. Cell No.		
,							10e. Fax N	0,	10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and ele	ection in this mat	tter, state	e your posit	tion with respect to an	y suc	ch election:	11a. Electio		Mixed	Manual/Mail
11b. Election Date(s):	11	1c. Election Tim	e(s):			_	11d. Election	n Location(s		Jiviinco	
December 3,,4,5 2019		norning and a		n		1		lunchroom or shipping & receiving office			
12a. Full Name of Petitioner (includ Tearnsters local 781	ling local name	and number):			12b. Address (street 747 church rd. b				,		,
12c. Full name of national or internat International Brotherhood of Te	_	anization of which	ch Petitio	oner is an a	ffiliate or constituent (	if nor	ne, so state)	:			
12d. Tel. No. 202-624-6800	12e. Cell No.			12f. Fax N	0.		12g. E-Mail	Address			
13. Representative of the Petitione	r who will acc	ept service of	all pape	rs for purp	oses of the represer	ıtatio	on proceedi	ng.			
13a. Name and Title: Tracy I. treadwell Secretary-	Treasurer				3b. Address (street and number, city, State and ZIP code): 47 Church RD. bldg. D Elmhurst ill 60126						
13c, Tel, No.	13d. Cell No.			13e. Fax N	lo	-	13f. E-Mail	Address			
847-298-9999	630-880-51	112		847-824	-0781		truck781(	@att.net			
I declare that I have read the above	petition and		nents ar	e true to th	e best of my knowle	_					
Name (Print)		Signature		M		Title	e e Presider	nt		.	Date 1-22-19
hernan Gomez		1 Miles	~~~	אוצי	\	VIC	e Freside	ir.		· · · · · · · · · · · · · · · · · · ·	12411

Solicitation of the information on this form is authorized by the National Labor Relations Act (MLRA), 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.	Date Filed				
13-RC-253265	12/12/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7501 S. Quincy Street Suite 100 IL Willowbrook 60527-Remprex Intelligent Operations, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7501 S. Quincy Street Suite 100 IL Willowbrook 60527-Dustin Melton 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address dmelton@remprex.com (630) 743-7058 (312) 914-0265 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Intermodal operation services Transportation Franklin Park, IL 6a. No. of Employees in Unit: 5b. Description of Unit Involved 55 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): January 03, 2020 1. Breakroom at CP Rail Bensenville Intermodal, Franklin Park location a 5 a.m. to 7 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Khristian G Parker Teamsters Local Union No. 705 1645 W. Jackson Blvd. 7 h Floor 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 12g. E-Mail Address kparker@L705ibt.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (312) 738-2823 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. F-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) Signature Title Date Khristian G. Parker General Counsel 12/12/2019 16:40:15 Khristian G Parker

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 Crane Operators, Side Loaders, Spotters, Ground Operators, Yard Checkers, and Mechanics at the Franklin Park and Schiller Park locations.

Employees Excluded Supervisors, Security Employees, Administrative and Clerical Employees

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
13-RC-253452	12/17/19				

Date

12/1719

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Cresco Labs 3301 Center Point Way, Joliet, IL 60421 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Lindsey Dadourian same 3c. Tel. No. 3d, Cell No. 3f, E-Mail Address 3e. Fax No. 708 274-1801 lindsey.dadourian@crescolabs.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Manufacturing Cannabis Joliet, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-lime and part-time employees in Lab Pack, Lab Tech, Extractors, Cultivation, Processing, Flower Pack, Order Fulfillment, Edibles, Maintenance, Warehouse/supply Chain, Logistics, and Operations 137 6h Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Managers, security guards as defined by the Act Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) 12/05/19 and Employer declined recognition on or about 12/06/19 (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). 8h Address 8d Cell No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification 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) 10c Tel No 10d Cell No. 10a, Name 10h Address 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 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s) 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1350 E. Touhy Ave, Des Plaines, IL 60018 Untied Food and Commercial Workers Local 881 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 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 630 254-3100 847 294-5064 x329 847 759-7107 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 13d. Cell No. 13c Tel No 13e Fax No. 13f F-Mail Address joe@karmellawfirm.com 3126412910 312 641-0781

Director of Organizing WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Moises Zavala

Title

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature

Name (Print)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef 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				
13-RC-253452	12/17/19				

#### **Employees Included**

All full-time and part-time employees in Lab Pack, Lab Tech, Extractors, Cultivation, Processing, Flower Pack, Order Fulfillment, Edibles, Maintenance, Warehouse/Supply Chain, Logistics and Operations

Employees Excluded

Mangers, Supervisors, and Security Guards as defined by the Act

FORM NLRB-502 (RD)

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# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
13-RD-253564	12/19/19					

INSTRÜCTIONS: Unless e-File employer concerned is locate the employer and all other par Case Procedures (Form NLRB	d. The petition r ties named in th	nust be accompa e petition of:(1) t	anied by both a sho the petition; (2) Sta	wing of interestement of Pos	est (see 7 b ition form	elow) and a (Form NLR)	a certificat B-505); an	te of service id (3) Descri	showing service on ption of Representation
PURPOSE OF THIS PETITION     recognized bargaining representations Board proce	ntative is no longe	er their representa	tive. The Petitioner	alleges that t	he followin	g circumst	ances exi	s assert that t st and reque	he certified or currently ests that the National
2a. Name of Employer	· · · · · · · · · · · · · · · · · · ·		2b. Address(es) of	Establishment(	s) involved	(Street and	number, c	ity, state, ZIP	code)
Aperion Care Tolleston Pa	ark		2350 Taft St. C	Gary, IN 46	404				
3a. Employer Representative - N	lame and Title		3b. Address (If sam	ne as 2b - state	ite same)				
Rosa Navarro			same as 2b						
3c. Tel. No.	3d. Fax No.		3e. Cell No.		3f. E-Mail	Address	,		
219-977-2600	219-977-260	02			rnavarro@aperioncare.com				
4a. Type of Establishment (Factor	y, mine, wholesal	er, etc.)			4b. Princip	al product o	or service		
Nursing Home					Skilled	Nursing			
5a. Description of Unit Involved									and State where unit
Included:								IS 10	ocated:
SEE ATTACHMENT A									
Excluded:									
6. No. of Employees in Unit 60	7. Do a s	ubstantial number	r (30% or more) of th	ne employees ir	n the unit no	longer wisl	h to be rep	resented by	the certified or currently
			epresentative? X Y	es No					
8a. Name of Recognized or Certifi						8b. Affiliati			
International Brotherhood	of Teamsters	Local 743				Teamste	ers Joint	Council 2	25
8c. Address		-		8d. Tel. No.		8e. Cell No	0.		
4620 S. Tripp Ave, Chicag	go IL 60632			773-254-7	460				
				8f. Fax No.		8g. E-Mail	Address		, , , , , , , , , , , , , , , , , , , ,
						L			
9. Date of Recognition or Certifica	tion		<ol><li>10. Expiration Date September 25,</li></ol>		Most Recen	t Contract, i	f any (Mon	th, Day, Yea	r)
				<u> </u>				· .	
11a. Is there now a strike or picke				res X No	11b. If so,	approximate	ely how ma	any employee	es are participating?
11c. The Employer has been picket	eted by or on beh	alf of <i>(Insert Nan</i>	ne)						a labor organization, of
(Insert Address)							since	(Month, Day	y, Year)
12. Organizations or individuals of								inizations	
and individuals known to have 12a. Name	12b. Addre		nployees in the unit o	described in ite	n 5 above. 12c. Tel. N			12d. Fax No.	
							-		
					12e, Cell N	No.		12f. E-Mail A	ddroes
	i				120. 0011	10. <b>J</b>	i	IZI. E-Wall A	udiess
13. Election Details: If the NLRB	conducts an elec	ction in this			13a. Elect	ion Type:	 ☐ Manual		Mixed Manual/Mail
matter, state your position with	respect to any st	uch election							
13b. Election Date(s) 12/2/2019		13c. Election Tin		D) (	13d. Election Location(s)				
		IPM - ZPM	4:30PM - 5:30	PM	Conference Room or Employee Breakroom				eakroom
14. Full Name of Petitioner (b) (6), (b) (7)(C)							,		
14a. Address (Street and number,	city, state, ZIP c	ode)						14c. Fax No.	
(b) (6), (b) (7)(C)					(b) (6), (b) (7)(C)				
					14d. Cell I	<b>√o</b> .		14e. E-Mail A	
								(b) (6),	(b) (7)(C)
14f. Affiliation, if any n/a									
15. Representative of the Petitio	ner who will acc	cept service of al	I papers for purpos	ses of the repr		proceedin	g.		
15a. Name				•	15b.Title				
15c. Address (Street and number,	city, state, ZIP co	ode)		•• 1	15d. Tel. N	No.		15e. Fax No.	-
					15f Call 5	lo ·		15 o 5 Marie	Addraga
	,				15f. Cell N	io.	1	15g. E-Mail A	Address
I declare that I have read the ab	ove petition a	h) (C)	(b) (	7\ <u>(</u> C	ledge at	nd belief.	-		
Name (Print)	7	D) (D)	), (b) (	7 )( C	tle				Date Filed
(b) (6), (b) (7)(C)	`	, ( )		<i>,</i> (	imploye	ee			12121 M
WILLFUL FALSE S	TATEMENTS				MPRISO	NMENT (U	.S. CODE,	TITLE 18, S	ECTION 1001)

## APERION CARE TOLLESTON PARK

ATTACHMENT A (Question 5A)

**INCLUDED:** ALL FULL TIME AND REGULAR PART TIME CERTIFIED NURSES AIDES, NURSES AIDES, QUALIFIED MEDICAL AIDES, RESTORATATIVE AIDES, COOKS, DIETARY AIDES, ACTIVITY AIDES AND HOUSKEEPING AND MAINTENANCE EMPLOYEES.

**EXCLUDED:** ALL OTHER EMPLOYEES, OFFICE CLERICAL EMPLOYEES, GUARDS, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS SPACE
Case No.	Date Filed
3-RC-253792	12/26/19

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2101 Claire Court IL Glenview 6002 North American Corporation 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2101 Claire Court IL Glenview 60025 Matthew Bloemker 3f. E-Mail Address 3d Cell No. 3c. Tel. No. 3e. Fax No. (630) 777-6862 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Misc. Transportation Glenview, IL 6a. No. of Employees in Unit: 5b. Description of Unit Involved 40 Included: 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 Excluded: See Attached Page 2 for additional details Petitioner? Yes [✓] No [☐] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 1820 W. 35th St. II Chicago 60623 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Production & Maintenance Union Local 101 Ricardo Castaneda Ac Tel No. 8d Cell No 8f. E-Mail Address 8e. Fax No. (773) 847-4110 8i, Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 10/31/2022 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) 10d, Cell No. 10b Address 10c. Tel. No. 10a Name 10f, E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🖊 Manual 🔲 Mail 🔲 Mixed Manual/Mail any such election 11c Election Time(s): 11d. Election Location(s): 11b. Election Date(s): January 10, 2020 1:30-3:30pm; 6:30-7:30pm Employer's facility, employee break room 12a. Full Name of Petitioner (*Including local name and number*) Alex M Tillett-Saks reamsters Local 705 12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. 7th Floor II. Chicago 60653-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address ats@I705ibt.org 12e. Cell No. 12f. Fax No. (312) 738-2800 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) Date Alex M. Tillett-Saks Legal Counsel 12/23/2019 17:33:57 Alex M Tillett-Saks

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	
Auacument	

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					
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#### **Employees Included**

All full-time and regular part-time production workers, warehouse, maintenance, fork lift drivers, lift-up and high-reach operators, janitor and all employees including leads in the project area and the shipping office clerks.

#### **Employees Excluded**

Superintendents, foremen, salesmen, management, and guards as defined by the Act.