

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Langer Transportation Corp		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1862 Terry Dr Joliet IL 60435-8541	
3a. Employer Representative - Name and Title John Vanbuskirk Terminal Manager		3b. Address (If same as 2b - state name)	
3c. Tel. No. 815 725 2519	3d. Fax No. 815 741 9524	3e. Cell No.	3f. E-Mail Address ivanbuskirk@Langertransport.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking		4b. Principal product or service Liquid bulk transportation	
5a. Description of Unit Involved Included: Employee drivers at Joliet terminal Excluded:			5b. City and State where unit is located: Joliet IL

6. No. of Employees in Unit 9	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 Tramsters Local 705		8b. Affiliation, if any	

8c. Address 1645 W Jackson Blvd 7th Fl Chicago IL 60613		8d. Tel. No. 313 738 2800	8e. Cell No.
		8f. Fax No. 313 738 2823	8g. E-Mail Address ats@L705ibt.org

9. Date of Recognition or Certification June 6 2017	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
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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?
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11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) 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 None	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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s) Joliet terminal	

14. Full Name (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above 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 Petitioner	Date Filed 11-18-19

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.

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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: black horse carriers inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 680 Remington BLVD. Bolingbrook Illinois 60440
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3a. Employer Representative - Name and Title: Richard Berg	3b. Address (if same as 2b - state same): same
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3c. Tel. No.	3d. Cell No. 630-690-8900	3e. Fax No.	3f. E-Mail Address richardberg@blackhorsecarriers.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) warehouse	4b. Principal Product or Service logistics	5a. City and State where unit is located:
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5b. Description of Unit Involved: Included: All full time and regular part time warehousemen, shipping and receiving, leads, dock workers Excluded: all other employees as stated in the Act.	6a. Number of Employees in Unit: 40
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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:
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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 and election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): December 3,,4,5 2019	11c. Election Time(s): morning and afternoon	11d. Election Location(s): employee lunchroom or shipping & receiving office
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12a. Full Name of Petitioner (including local name and number): Teamsters local 781	12b. Address (street and number, city, State and ZIP code): 747 church rd. bldg. D Elmhurst ill 60126
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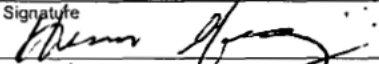
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No. 202-624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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: Tracy I. treadwell Secretary-Treasurer	13b. Address (street and number, city, State and ZIP code): 747 Church RD. bldg. D Elmhurst ill 60126		

13c. Tel. No. 847-298-9999	13d. Cell No. 630-880-5112	13e. Fax No. 847-824-0781	13f. E-Mail Address truck781@att.net
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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) hernan Gomez	Signature 	Title Vice President	Date 11-22-19
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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-253265	Date Filed 12/12/19
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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 Remprex Intelligent Operations, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7501 S. Quincy Street Suite 100 IL Willowbrook 60527-
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3a. Employer Representative - Name and Title Dustin Melton	3b. Address (If same as 2b - state same) 7501 S. Quincy Street Suite 100 IL Willowbrook 60527-
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3c. Tel. No. (630) 743-7058	3d. Cell No. (312) 914-0265	3e. Fax No.	3f. E-Mail Address dmelton@remprex.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Intermodal operation services	5a. City and State where unit is located: Franklin Park, 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: 55	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

11b. Election Date(s): January 03, 2020	11c. Election Time(s): 5 a.m. to 7 a.m.	11d. Election Location(s): 1. Breakroom at CP Rail Bensenville Intermodal, Franklin Park location a
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12a. Full Name of Petitioner (including local name and number) Khristian G Parker Teamsters Local Union No. 705	12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. 7 h Floor IL Chicago 60612-
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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. (312) 738-5264	12e. Cell No.	12f. Fax No. (312) 738-2823	12g. E-Mail Address kparker@L705ibt.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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Khristian G Parker	Signature Khristian G. Parker	Title General Counsel	Date 12/12/2019 16:40:15
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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
RC PETITION

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

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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

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3301 Center Point Way, Joliet, IL 60421

3a. Employer Representative - Name and Title
Lindsey Dadourian

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

3c. Tel. No.
708 274-1801

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
lindsey.dadourian@crescolabs.com

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

4b. Principal product or service
Cannabis

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

5b. Description of Unit Involved

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

Excluded: **Managers, security guards as defined by the Act**

6a. No. of Employees in Unit:
137

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) **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).

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):
01/06/20

11c. Election Time(s):
7am - 9am and 3pm-5pm

11d. Election Location(s):
conference room

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, Des Plaines, 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

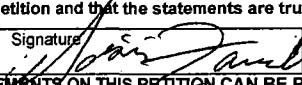
13d. Cell No.

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
12/17/19

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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

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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: Aperion Care Tolleston Park
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 2350 Taft St. Gary, IN 46404

3a. Employer Representative - Name and Title: Rosa Navarro
3b. Address (If same as 2b - state same): same as 2b

3c. Tel. No.: 219-977-2600
3d. Fax No.: 219-977-2602
3e. Cell No.:
3f. E-Mail Address: rnavarro@aperioncare.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Nursing Home
4b. Principal product or service: Skilled Nursing

5a. Description of Unit Involved
Included: SEE ATTACHMENT A
Excluded:
5b. City and State where unit is located:

6. No. of Employees in Unit: 60
7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent: International Brotherhood of Teamsters Local 743
8b. Affiliation, if any: Teamsters Joint Council 25

8c. Address: 4620 S. Tripp Ave, Chicago IL 60632
8d. Tel. No.: 773-254-7460
8e. Cell No.:
8f. Fax No.:
8g. E-Mail Address:

9. Date of Recognition or Certification:
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): September 25, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No
11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year)

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
12b. Address
12c. Tel. No.
12d. Fax No.

12e. Cell No.
12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s): 12/2/2019
13c. Election Time(s): 1PM - 2PM | 4:30PM - 5:30PM
13d. Election Location(s): Conference Room or Employee Breakroom

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: n/a

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

15a. Name
15b. Title

15c. Address (Street and number, city, state, ZIP code)
15d. Tel. No.
15e. Fax No.

15f. Cell No.:
15g. E-Mail Address

I declare that I have read the above petition and believe the facts stated therein to be true and correct to the best of my knowledge and belief.
Name (Print): (b) (6), (b) (7)(C)
Title: Employee
Date Filed: 12/19/19

WILLFUL FALSE STATEMENTS

IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 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, RESTORATIVE AIDES, COOKS, DIETARY AIDES, ACTIVITY AIDES AND HOUSEKEEPING 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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-253792	Date Filed 12/26/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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
North American Corporation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2101 Claire Court
IL, Glenview 60025-

3a. Employer Representative - Name and Title
Matthew Bloemker

3b. Address (if same as 2b - state same)
2101 Claire Court
IL, Glenview 60025-

3c. Tel. No.
(630) 777-6862

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service

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

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
40

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 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 (If none, so state).
Production & Maintenance Union Local 101 Ricardo Castaneda

8b. Address
1820 W. 35th St.
IL, Chicago 60623-

8c. Tel No.
(773) 847-4110

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification
10/05/2015

8i. Expiration Date of Current or Most Recent 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)

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):
January 10, 2020

11c. Election Time(s):
1:30-3:30pm; 6:30-7:30pm

11d. Election Location(s):
Employer's facility, employee break room

12a. Full Name of Petitioner (Including local name and number)
Alex M Tillett-Saks
Teamsters Local 705

12b. Address (street and number, city, state, and ZIP code)
1645 W. Jackson Blvd. 7th Floor
IL, 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

12d. Tel No.
(312) 738-2800

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
ats@l705ibt.org

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

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)
Alex M Tillett-Saks

Signature
Alex M. Tillett-Saks

Title
Legal Counsel

Date
12/23/2019 17:33:57

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

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.