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

				·			
UNITED STAT NATIONAL LABO					DO NO	T WRITE IN TH	
	TITIC			Case No. 13-RC	-237346	Date	e Filed 3/8/19
INSTRUCTIONS: Unless e-Filed	sing the Ad	aency's webs	ite, www.nirb		an original of thi	s Petition to	an NI RR office in the Region
in which the employer concerned	l is located	The notition	must he acc	ompanied by	hoth a showing	of interact /c	an Allow and a contilicate
of service showing service on th		and all other		d in the netter	bour a snowing	UI HILE/CSL (3	town and a De atting to me
of service showing service on an	e empioyer	and an other	parues name	a m the petiti	ion or: (1) the per	ation; (2) Sta	tement of Position form
(Form NLRB-505); and (3) Descri					.KB 4612). The s	snowing of ir	iterest 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-C bargaining by Petitioner and Petitioner	deaires to be	certified as repres	sentative of the	employees. The	Petitioner alleges t	that the followi	ng circumstances exist and
requests that the National Labor Re 2a. Name of Employer	ations Board	proceed under	ts proper auth	only pursuant t	o Section 9 of the N	lational Labor	Relations Act.
Gene & Georgetti Rosemont			9421 W. Hig	gins Rd. Ros	nt(s) involved (Street emont, IL 60018	ana number, cr }	ty, State, ZIP (0009)
3a. Employer Representative - Name a	nd Title				s 2b - state same)		·
Daniel Hernandez- General Mar	ager			-			
3c. Tel. No.	3d. Cell N	lo.	3e. Fa	x No.		3f. E-Mail Ad	dress
847 653-3300							
4a. Type of Establishment (Factory, mine	wholesaler, e	tc.) 4b. Princis	pal product or se	ervice		59. City	and State where unit is located:
Restaurant		Food-Di	•			· · ·	nont, IL
5b. Description of Unit Involved				· · · · · · · · · · · · · · · · · · ·			6a. No. of Employees in Unit:
Included: All full-time and part-time	servers har	tenders harha	rke hoste hu	ecor lino dichu	achere hanquant	600/00P	40
banquet bussers, banque					ashers, canquein	361 4613,	6b. Do a substantial number (30%
Excluded:		•					or more) of the employees in the
Managers, securi	ty guards	s as define	d by the A	\ct			unit wish to be represented by the
		· · _ · - · - · · · · · · · · · · · · ·					Petitioner? Yes V No
		Bargaining Repr			3/5/19ª	nd Employer de	dined recognition on or about
		ate) (If no reply n					i i i i i i i i i i i i i i i i i i i
76. Petitioner is	currently reco	gnized as Bargali	ning Representa		certification under th	e Act.	
8a. Name of Recognized or Certified Ba	irgaining Age	ent (<i>n non</i> e, so si	late).	8b. Address			
8c. Tel No.	8d Cell No	D.	8e. Fa	x No.		8f. E-Mail Add	dress
8g. Affiliation, if any			8h. Date	of Recognition o	r Certification		Date of Current or Most Recent ny (Month, Day, Year)
9. Is there now a strike or picketing at the	Employer's est	toblichment/s) in		Hen anno	imitely how many a		articipating?
							aracipating
					Month, Day, Year)		
 Organizations or individuals other than known to have a representative interest in 						presentatives an	d other organizations and Individuals
10a. Name	10b	, Address		<u> </u>	10c. Tel, No.		10d. Cell No.
				د			
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduc	ts an election i	in this matter, sta	te your position	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
any such election.	·····	a Florina Tari	A)	·			
11b. Election Date(s): 3/19/19		ic. Election Time(m-5pm	s):		11d. Election Loca Library /Fire Place		1
12a. Full Name of Petitioner (including	ocal name an			·····	12b. Address (stre	et and number,	city, state, and ZIP code)
Untied Food and Commercial Workers L				·	1350 E. Touhy Ave	e, Rosemont, II	L 60018
12c. Full name of national or international Untied Food and Commercial workers In			tioner is an affili	iate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell N		121. Fa			12g. E-Mail A	
847 294-5064 x329	630 254-31		847 759				@local881ufcw.org
13. Representative of the Petitioner who	will accept s	service of all pap	ers for purpos	es of the repres	entation proceeding	ġ.	
13a. Name and Title Joseph Tor	res, Atto	orney		idress <i>(street and</i> esaile St. Chicago, I	f number, city, state, ⊫60601	and ZIP code)	
13c. Tel No.	13d. Cell N	NO.	13e. Fa			13f. E-Mail Ad	Idress
3126412910							
I declare that I have read the above peti	tion and that i	the statements a	are true to the l	best of my know	ledge and bellef.		
iame (Print) Signature Title Date							
Moises Zavala	form-	True		of Organizing		3/8/19	
WILLFUL FALSE STATEN	ENTS ON THE	S PETITION CAN			IMPRISONMENT (U	.S. CODE, TITL	E 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. FORM NLRB-502 (RC) (4-15)

	GOVERNMENT		1	DO NOT WRITE IN THIS SPACE				
		RD		Case No.	-RC-237488	Date	Filed 3/12/19	
RC PE								
INSTRUCTIONS: Unless e-Filed us								
in which the employer concerned i								
of service showing service on the		•		•				
(Form NLRB-505); and (3) Descript					RB 4812). The s	howing of in	terest should only be filed	
with the NLRB and should not be s								
 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de 								
requests that the National Labor Relat		eed under its pro	per autho	rity pursuant to	Section 9 of the N	ational Labor F	Relations Act.	
2a. Name of Employer					t(s) involved (Street	and number, cit	y, State, ZIP code)	
ReConserve Of Illinois Inc		6160		· ·	ngs, IL 602525			
3a. Employer Representative – Name and Tim ManDenHandel- VP of Opera			30. Add	fress (It same as	s 2b – state same)			
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Ad	dress	
708 354-5882	708 354-588	3	708 35	64-5883		tim@recon	serve.xohost.com	
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal proc		rvice			and State where unit is located:	
Food Processor		Livestock food	t d			Hodgk		
5b. Description of Unit Involved							6a. No. of Employees in Unit: 31	
Included: All Full-time, Part-time, and					up Plant Operators	s, Truck	6b. Do a substantial number (30%	
Maintenance, Maintenance Excluded:	e, Module wash	ers, and Truck U	nioaders	•			or more) of the employees in the	
Managers, Superv	isors. Secu	ritv Guards	as de	fined by th	e Act		unit wish to be represented by the	
	-	•		•			Petitioner? Yes VI No	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/12/19 and Employer declined recognition on or about 3/12/19 (Date) (If no reply received, so state).								
					certification under the			
8a. Name of Recognized or Certified Bar			epresental	8b. Address	beamcation under the	and.		
-								
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Ad	dress	
			Ph. Date (Continent		Date of Current or Most Recent	
8g. Affiliation, if any			on. Date t	of Recognition or	Certification		my (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved?	?	If so, approx	imately how many e	mployees are p	articipating?	
(Name of labor organization)		, has pick	eted the E	mployer since (I	Month, Day, Year)			
10. Organizations or individuals other than I	Petitioner and tho	se named in items	8 and 9, w	which have claim	ed recognition as rep	resentatives an	d other organizations and individuals	
known to have a representative interest in a	iny employees in t	he unit described in	n item 5b	above. (If none,	so state)			
	10b. Ad	10000			10c. Tel. No.		10d. Cell No.	
10a. Name	100. Add	1655			IUC. TEL INO.		TOU. CEILNO.	
					10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in thi	s matter, state your	r position	with respect to	11a. Election Type	: 🖌 Manual [Mail Mixed Manual/Mail	
<u>any such election.</u> 11b. Election Date(s):	11c. El	ection Time(s):			11d. Election Loca	tion(s):		
3/26/19	6am-9a	m, 3pm-6pm			Cafeteria			
12a. Full Name of Petitioner (including lo		mber)					city, state, and ZIP code) s Plaines, IL 60018	
United Food and Commercial Workers Lo 12c. Full name of national or international la		of which Detitioner	is an affilia	te er constituen		e Ste SUDE, De	S Plaines, IL 60018	
United Food and Commercial Workers Inte					i (il none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax	No.		12g. E-Mail A	ddress	
847 294-5064 x329	630 254-3100		847 759				@local 88 1ufcw.org	
13. Representative of the Petitioner who	-			-	-	-		
^{13a. Name and Title} Joseph Torr	es, Attorn	ey		dress <i>(street and</i> asalle St. Chicago, I	<i>l number, city, stat</i> e, L 60601	and ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fa			13f. E-Mail A		
3126412910			312 641		lades and balled	joe@karmella	wiim.com	
I declare that I have read the above petiti		statements are tru		best of my know	ledge and belief.		······	
	gnatore	-L	Title Director	of Organizing		Date 3/12/19		
Moises Zavala WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE P			MPRISONMENT (LE 18, SECTION 1001)	
				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 is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

	S GOVERNMENT			DO NO	WRITE IN TH				
		ARD	Case No.	D.C. 227024	Date	Filed 2/10/10			
				-RC-237834	Defitien te	3/18/19			
INSTRUCTIONS: Unless e-Filed us									
in which the employer concerned i		•		-					
of service showing service on the									
(Form NLRB-505); and (3) Descript				LRB 4812). The s	nowing of in	terest snould only be filed			
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CE				or of omployood wich t	o ho roproconto	d for purposes of collective			
bargaining by Petitioner and Petitioner de	esires to be certifi	ied as representa iv	ve of the employees. Th	e Petitioner alleges t	hat the followir	ig circumstances exist and			
requests that the National Labor Relat	tions Board proc	eed under its pro	per authority pursuant	to Section 9 of the N	ational Labor F	Relations Act.			
2a. Name of Employer			dress(es) of Establishme 00 E. Grand Ave.	ent(s) involved (Street	and number, cit	y, State, ZIP code)			
Chicago Shakespeare Theater 3a. Employer Representative – Name and	Titlo		Chicago 60611- 3b. Address (If same	ac 2h ctato camo)					
Barbara Gaines	The		800 E. Grand Av IL Chicago 6061						
3c. Tel. No.	3d. Cell No.		IL Chicago 6061 3e. Fax No.	1-	3f. E-Mail Add	Iress			
(312) 595-5600			(312) 595-5644		bgaines@chica				
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal pro			5a. City	and State where unit is located:			
Others			Theatrical stage prod	uctions		Chicago, IL			
5b. Description of Unit Involved		•			•	6a. No. of Employees in Unit:			
Included: See Attached Page 2 for addition	nal details					25			
						6b. Do a substantial number (30% or more) of the employees in he			
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the			
						Petitioner? Yes [🖌 No [🗌			
Check One: 7a. Request for re			tive was made on (Date)	a	nd Employer de	clined recognition on or about			
	/	(If no reply received	· · ·						
7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (<i>If none, so state</i>). 8b. Address									
Theatrical Stage Employees Union, Local No. 2, I.A.T.S.E. Craig Carlson									
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add				
(312) 705-2020 8g. Affiliation, if any			(312) 705-2011 8h. Date of Recognition	or Certification	ccarlson@iatselocal	Date of Current or Most Recent			
5		in Distant	on Dute of Recognition	or ocranedatori		y (Month, Day, Year)			
International Alliance of Theatrical Stage Em			05/11/2			12/31/2026			
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, appro	oximately how many e	mployees are pa	articipating?			
(Name of labor organization)		, has pick	eted the Employer since	(Month, Day, Year)					
10. Organizations or individuals other than I					presentatives an	d other organizations and individuals			
known to have a representative interest in a	iny employees in	the unit described i	in item of above. (If non	e, so state)					
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts	s an election in thi	is matter, state you	r position with respect to	11a Election Type	• 🔽 Manual	Mail Mixed Manual/Mail			
any such election.									
11b. Election Date(s): 04/09/2019		lection Time(s): ours before employe	ees' call time	11d. Election Loca Chicago Shakespe					
12a. Full Name of Petitioner (including lo	cal name and n			12b Address (stre	et and number	city, state, and ZIP code)			
Craig Carlson Theatrical Stage Employees Union Local No. 2, I.A.		-		216 S. Jefferson St II Chicago 60661-	., Ste. 400				
12c. Full name of national or international la International Alliance of Theatrical Stage Em					tes and Canada	a, AFL-CIO,			
12d. Tel No. (312) 705-2020	12e. Cell No.		12f. Fax No.		12g. E-Mail A ccarlson@iats	ddress selocal2.com			
13. Representative of the Petitioner who	will accept servi	ice of all papers fo	or purposes of the repr	esentation proceedin	g.				
13a. Name and Title			13b. Address (street a		and ZIP code)				
David Huffman-Gottschling Attorney Jacobs, Burns, Orlove & Hernandez	David Huffman-Gottschling Attorney 150 N. Michigan Ave., Ste. 1000 Jacobs, Burns, Orlove & Hernandez IL Chicago 60601-								
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ac davidhg@jbos	Idress			
(312) 327-3443 I declare that I have read the above petiti	on and that the	statements are tru	(312) 726-3887 Je to the best of my kno	wledge and belief	aunung@jb0				
			Title		Date				
	gnature avid Huffman-Got	tschling	Attorney			9 10:42:23			
WILLFUL FALSE STATEME		0	-	D IMPRISONMENT (U					

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				
Attachment	Case 13-RC-237834	Date Filed 3/18/19			

Employees Included

All full-time and regular part-time stage production employees employed by the Employer who perform work within the jurisdiction clause of the Petitioner's collectivebargaining agreement with the Employer who are currently excluded from the existing bargaining unit.

Employees Excluded

Wardrobe and makeup employees, office clerical employees and guards, professional employees and supervisors as defined in the Act.

UNITED STATE	S GOVERNMEN	т	[00 NO.	T WRITE IN THI	S SPACE			
NATIONAL LABOR	RELATIONS BO		Case No. 1	3-RC-237874		Filed 3/18/19			
RC PE	TITION		1.	J-RC-237074		5/16/19			
INSTRUCTIONS: Unless e-Filed us									
in which the employer concerned	is located. Th	e petition must	be accompanied by	both a showing o	of interest (se	e 6b below) and a certificate			
of service showing service on the	employer and	all other partie	s named in the petitio	on of: (1) the peti	ition; (2) Stat	ement of Position form			
(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case F	Procedures (Form NL	RB 4812). The s	howing of in	terest should only be filed			
with the NLRB and should <u>not</u> be	served on the	employer or an	y other party.		_				
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	lesires to be certil	ied as representativ	ve of the employees. The	Petitioner alleges t	hat the followin	g circumstances exist and			
2a. Name of Employer			dress(es) of Establishmen						
ReConserve Of Illinois Inc		6160	S. River Rd. Hodgki						
3a. Employer Representative – Name an			3b. Address (if same as	s 2b – state same)	····· -,				
Tim VanDenHandel- VP of Opera									
3c. Tel. No. 708 354-5882	3d. Cell No. 708 354-58	22	3e. Fax No. 708 354-5883		3f. E-Mail Add	iress serve.xohost.com			
4a. Type of Establishment (Factory, mine,		4b. Principal pro		· · · · · · · · · · · · · · · · · · ·		and State where unit is located:			
Food Processor	miolesaler, etc.)	Livestock foo			Hodgki				
5b. Description of Unit Involved			• 		1.009	6a. No. of Employees in Unit:			
	time Driv	oro (tropop	ntotion)			6			
Included: All Full-time, Part-time, Drivers (transportation) Excluded: Managers, Supervisors, Security Guards as defined by the Act									
						Petitioner? Yes 🖌 No			
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/18/19 and Employer declined recognition on or about 3/18/19 (Date) (<i>If no reply received, so state</i>). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.									
				certification under the	e Act.				
Ba. 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 Add	Iress			
	<u> </u>								
8g. Affiliation, if any			8h. Date of Recognition of	Certification		Date of Current or Most Recent y (Month, Day, Year)			
9. Is there now a strike or picketing at the E									
(Name of labor organization)		, has pick	eted the Employer since (i	Month, Day, Year)					
10. Organizations or individuals other than known to have a representative interest in a					presentatives an	d other organizations and individuals			
10a. Name	10b. Ad	dress	·····	10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conduct any such election.	s 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):		lection Time(s):		11d. Election Loca	ition(s):				
4/4/19	9am-1			Cafeteria					
12a. Full Name of Petitioner (including lo United Food and Commercial Workers Lo		umber)				city, state, and ZIP code) s Plaines, IL 60018			
12c. Full name of national or international la		of which Petitioner	is an affiliate or constituen						
12d. Tel No.	12e. Cell No.	·	12f. Fax No.		12g. E-Mail A				
847 294-5064 x329	630 254-3100		847 759-7107	. <u> </u>		@local881ufcw.org			
13. Representative of the Petitioner who	-				-				
^{13a. Name and Title} Joseph Tor	res, Attorr	ney	13b. Address (street and 221 N. Lasalle St. Chicago,						
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ac				
3126412910 I declare that I have read the above petit	ion and that the	statemente are tri	312 641-0781	ledge and belief	joe@karmella	wiinti.com			
			Title		Date				
Name (Print) Si Moises Zavala	gnature	- le	Director of Organizing		3/18/19				
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE F		IMPRISONMENT (U	I.S. CODE, TITL	E 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.

FORM NLRB-502 (RC)	UNITED STA	TES OF AMERIC	A	Γ	÷	DO NOT W	RITE IN THIS S	SPACE		
(2-18)	NATIONAL LABO				Case No.	RC-238	167	Date Filed 3/22/19		
							·			
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 48	he petition must b named in the pet	e accompanied l ition of: (1) the p	by both a sh etition; (2) S	owing of interest (se tatement of Position	ee 6b below) and n form (Form NL	d a certificat RB-505); an	e of service sh d (3) Descriptio	lowing service on on of Representation		
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repres	sentative of th	e employees. The Pe	etitioner alleges	that the foll	owing circums	tances exist and		
2a. Name of Employer:			Idress(es) of I 20 S. Lore	Establishment(s) invo	lved (Street and	number, City	, State, ZIP code	e):		
All Steel Iron	Works, Inc.			, IL 60638						
3a. Employer Representative - Nan	ne and Title:	3b. Ad	ldress (if sam	e as 2b - state same)):					
John Kot - President		Sam	e							
3c. Tel. No. 708-357-3231	3d. Cell No. 708-906-3796		3e. Fax No	D.	3f. E-Mail /	Address				
4a. Type of Establishment (Factory, I		tc.)		al Product or Service	I		d State where u	init is located:		
Manufacturing & Construction				on & Installation		Bedford				
5b. Description of Unit Involved: Included: ALL REGULAR Full fine + Part Time Shop Employees Engaged in Production + Fabrication and ALL FIELD Employees engaged in Excluded: Erection & Installation. Excluded: Erection & Installation. Excluded: Brock of the Installation of the Inst										
Excluded: Erection & IN All Management, Office, Cleric						of the e	employees in the	e unit wish to be		
Check One: 🛛 7a. Request for rec							ented by the Pet declined recogni	titioner? 🔀 Yes 📋 No iition		
on or about (Date)	03/22/2019	(If no reply	received, so	state).		• •	-			
7b. Petitioner is cu 8a. Name of Recognized or Certific					on under the Act.			_		
ba. Name of Recognized of Certim	eu Daryanniy Aye	int (<i>n none</i> , so sa								
8c. Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E-Mail /	Address				
8g. Affiliation, if any:	L		8h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Ye	ear)		
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) inv	volved? No	If so, approx	ximately how ma	ny employee	s are participatir	ng?		
(Name of Labor Organization)					has pickete	d the Employ	er since (Month,	, Day, Year)		
10. Organizations or individuals othe							es and other org	janizations and		
individuals known to have a repre	esentative interest i	n any employees	in the unit de	scribed in item 5b abo	ove. (If none, so	state)				
10a. Name	10b. A	ddress			10c. Tel. N	0.	10d. Cell No.	·		
					10e. Fax N	lo.`	10f. E-Mail Add	dress		
11. Election Details: If the NLRB co	nducts and election	n in this matter, st	ate your posit	tion with respect to an	ny such election:	11a. Electio	n Type:			
						🗙 Manua		Mixed Manual/Mail		
11b. Election Date(s): April 11, 2019 & April 12, 2019		lection Time(s): 19 5pm to 7pm	n & 4/12/19	5am -7am		on Location(NN-6624 S		Ave, Chicago, IL 606		
12a. Full Name of Petitioner (incluc Iron Workers Regional Shop		· •		12b. Address <i>(street</i> 10035 Grand A Franklin Park, I	ve., Suite 203		ZIP code):			
12c. Full name of national or internat):.		-,		
International Association of Br 12d. Tel. No.	12e, Cell No.	Uniamental &	12f. Fax N		12g. E-Ma	il Address				
847-455-1473	412-849-1271		847-455	-1474	iwlocal8	53@att.net				
13. Representative of the Petitione	er who will accept	service of all pa		poses of the represe ess (street and numbe						
13a. Name and Title: Chadwick V. Rink, General (Organizer			Grand Ave., Suite			50131			
13c. Tel. No.	13d. Cell No. 412-849-1271		13e. Fax N	10.	13f. E-Mai crink@iv					
l declare that I have read the above		the statements	are true to th	he best of my knowl	-	-	·····	· _ · · ·		
Name (Print)		Signature			Title			Date		
Chadwick V. Rink		Cha.	CLV.	ori	General Org	anizer		03/22/2019		

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.

FORM NLRB-502 (RC)		STATES OF A	MERICA		1	DO NOT WRITE IN THIS SPACE					
(2-18)	NATIONAL L	ABOR RELATION	ONS BO			Case No.		RC-23	Date	Filed 27/19	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. 1 the employer and all other partie Case Procedures (Form NLRB 48	The petition mi s named in the 112). The show	ust be accomp petition of: (1) fing of interest	anied by) the pet should (both a s ttion; (2) only be fi	howing of interest (a Statement of Positio lied with the NLRB ar	see 6b belo n form (Fo nd should (ow) and orm NLI not be :	l a certifica RB-505); ai served on	ite of service showing nd (3) Description of i the employer or any o	service on Representation Sther party.	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo	tioner deslres to	be certified as	represer	ntative of	the employees. The P	etitioner a	alleges (that the fol	lowing circumstance	collective s exist and	
2a. Name of Employer:		1	2b. Addr	ess(es) of	f Establishment(s) Invo	olved (Stree	et and n	umber, Cit	y, State, ZIP code):		
MV Transportation	• •		1896	Suncas	t Ln, Batavia, I	L 60510	0	-			
3a. Employer Representative - Nar			3b. Addr	ess (If sar	mə as 2b - state same):					
Biniam Araya, General M											
3c. Tel. No.	3d. Cell No.			3e. Fax N	io.		-Mall Ad				
630-406-5124	L_i_						niam.		mvtransit.com		
4a. Type of Establishment (Factory,	mine, wholesai	er, etc.)			pal Product or Service	1			nd State where unit is in	cated:	
transportation				paratra	insit			Batavia,	· · · · · · · · · · · · · · · · · · ·		
5b. Description of Unit Involved: Included:							0	6a. Numb	er of Employees in Unit	:	
All regular fulltime and p	art-time dr	ivers mech	hanice	and ut	illity workers			14			
Excluded:		14013, 111001	lancs	and up	muy workers			6h Do a s	ubstantial number (30%		
All office clerical, guards	nrofession	nal employ	ees s	unervis	sors as défined l	by the A	Act	of the e	employees in the unit w	ish to be	
Check One: 78. Request for rec						n/a			ented by the Petitioner declined recognition	Yes No	
on or about (Date)	-	(if no	reply rec	elved, so	state).			Linpioyer	accine roognoon		
7b. Petitioner is cu						on under the	e Act.	<u> </u>	<u> </u>		
8a. Name of Recognized or Certific	ed Bargaining	Agent (If none,	so state)	8b. A	ddress:						
8c. Tel. No.	8d, Cell No.		1	Be. Fax N	0.	8f. E-	-Mail Ad	dress	·_· _		
							_				
8g. Affiliation, if any:			8h.	Date of R	tecognition or Certifica				urrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Employer's	s establishment	t(s) involv	red? No	👻 If so, approx	ximately ho	w many	employee	s are participating?		
(Name of Labor Organization)						, has pl	icketed (the Employ	er since (Month, Day,)	(ear)	
10. Organizations or individuals other individuals known to have a represent									es and other organizati	ons and	
10a. Name	110	b. Address			· · · · · · · · · · · · · · · · · · ·	100	Tel. No.		10d. Cell No.		
						108.1	Fax No.		10f. E-Mall Address		
11. Election Details: If the NLRB con	nducts and elec	tion in this matt	er, state	your post	tion with respect to am	v such elec	ction: 11	1a. Election	TVDB:		
· · ·									····	d Manual/Meil	
11b. Election Date(s):	110	c. Election Time	(6):			11d.		Location(6		·····	
April 26, 2019	8:	30 am - 2:3	30 pm			· · ·		e break			
12s. Full Name of Petitioner (includ	ing local name	and number):			12b. Address (street	and numbe	er, city,	State and 2	UP code):		
Teamsters Local 777					7827 Ogden A	ve, Lyo	ons, II	60534			
12c. Full name of national or internati	onal labor orga	nization of which	h Petitior	ter is an a	filiate or constituent (if none, so	state):				
International Brotherhood	of Teamst	ers									
12d. Tel. No.	12e. Cell No.			2f. Fax N		12g. E	E-Mail A	ddress			
708-777-1081	630-854-9				7-1082			amsters	777.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):											
13a. Name and Title: Gregory Glimco, Secretary 1	reasurer				gden Ave., IL 605		e and Zi	(P code):			
13c. Tel. No. 13e. Fax No. 13f. E-Mail Address							· · · · · · · · · · · · · · · · · · ·				
708-777-1081	630-854-9	919							177 org		
708-777-1081 630-854-9919 708-777-1082 greg@teamsters777.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							77.01g				
Name (Print)		Signature	1	11		Title			· · · · · · · · · · · · · · · · · · ·	Date	
Gregory Glimco		del	MA	SU	neo	Secreta	агу Тг	easurer		3/27/2019	
			<u> </u>							······································	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, 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.

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UNITED S		DO NOT WRITE IN THIS SPACE									
	BOR RELATION			13	B-RD-235296		Deta-	/19			
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, w	ww.nirb.gov, subr	nit a	n original of this	Peti	tion to a	n NLRB office in the Region			
in which the employer concerned i											
of service showing service on the	employer and	all other partie	es named in the pe	etitio	on of: (1) the peti	tion;	(2) State	ement of Position form			
(Form NLRB-505); and (3) Descript											
with the NLRB and should not be s								·····			
1. PURPOSE OF THIS PETITION: RD- D recognized bargaining representative is Labor Relations Board proceed under	ECERTIFICATIO	N (REMOVAL OF presentative. The	REPRESENTATIVE) Petitioner alleges the	at the	following circumst	tance					
2a. Name of Employer	no proper autio	2b. A	ddress(es) of Establish	ment	(s) involved (Street a	and nu	mber, city	, State, ZIP code)			
Concordia Cemetery			W Madison, Fores	st Par	rk, IL 60130			,			
	3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same)										
Kirk Carpenter, Manager			SAME AS ABO	VE							
3c. Tel. No.	3d. Cell No.		3e. Fax No.				E-Mail Add				
(708)366-0017 4a. Type of Establishment (Factory, mine, 1	(708)567-67	4b. Principal pro	oduct or service			KC		gingodsarms.com and State where unit is located:			
	wichesaler, Elc./	burial	AUGA OF SERVICE					Park, IL			
5b. Description of Unit Involved								6a. No. of Employees in Unit:			
								2			
included: All fill-time and regular p			ed by the Employer	at C	Concordia Cemete	ry cu	irrently	6b. Do a substantial number (30%			
located at 7900 W Madison Street, Fe	orest Park, IL 6	0130.						ar more) of the employees in the			
Excluded: Sales employees, office of	lerical employ	and marde	professional emplo		and supervisors a	ic det	ined in	unit no longer wish to be represented by the certified or			
the Act.	ierical employ	ees anu guarus,	protessional emplo	yees	and supervisors a	is dei	mea m	currently recognized bargaining			
the Act.								representative? Yes [X] No			
								1]			
Check One: na 7a. Request fo	r recognition as 8	argaining Represe	antative was made on i	(Date	1	and I	Emislover d	leclined recognition on or about			
		(If no reply receive		(/						
na 7b. Petitioner i				desire	es certification under	the A	ct.				
8a. Name of Recognized or Certified Bar	gaining Agent		8b, Addre								
Service Employees International Un		al 1		Wack	cer, Suite 1700, Cl						
Bc. Tel No.	8d Cell No.		8e. Fax No.				E-Mail Add				
312-240-1600	1		312-233-8848		0			seiu1.org			
8g. Affiliation, if any			8h. Date of Recogniti	ion or	Certification			Date of Current or Most Recent y (Month, Day, Year)			
			pre 2000				cember 2				
9. Is there now a strike or picketing at the E	molover's establi	shment(s) involver	2 No If so	appr	oximately how many						
(Name of labor organization)			keted the Employer sin								
10. Organizations or individuals other than											
have a representative interest in any emplo	yees in the unit d	lescribed in item 5	b above. (If none, so s	state)							
	-										
10a. Name	10b. Ad	Idress			10c. Tel. No.			10d. Cell No.			
					10e. Fax No.			10f. E-Mail Address			
 Election Details: If the NLRB conduct any such election. 	is an election in th	is matter, state yo	ur position with respec	ct 10	11a. Election Type	»:2	<u>(</u> Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): March 18, 2019	11c. E	lection Time(s): 8	-830am		11d. Election Loca	ation(s	s): board ro	oom in the office			
		.,									
12a. Full Name of Petitioner					12b. Address (stre	et an	d number,	city, state, and ZIP code)			
(b) (6), (b) (7)(C)					(b) (6), (b) (7)	(C)					
12c. Full name of national or international I	abor organization	of which Petitione	er is an affiliate or cons	tituen	nt (if none, so state)						
NONE	1 10- 0-11-		104 Excel			1 45	C 11-11 -	ddaaaa			
12d. Tel No. (b) (6), (b) (7)(C)	(12a, Cell No. (b) (6), (b) (7)(C)	12f. Fax No.). E-Mail A (6), (b)				
13. Representative of the Petitioner who			for purposes of the n	epres	sentation proceeding		(0), (D)				
13a. Name and Title	the reserved	a en habers		•		-	710 0000				
(D) (6) (7) (C) SAME AS ABOVE 13c, Tel No. 13e, Fax No. 13f, E-Mail Address						Idress					
SAME AS ABOVE	SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE										
	eclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.										
		b) (7)(C	Title				Date				
(b) (6), (b) (7)(C)	(0), (0), (0)		an individual				3-4-201	9			
WILLFUL FALSE STATEM											
		ETITION CAN RE	PUNISHED BY FINE		IMPRISONMENT //	1 S /		E 18 SECTION 1001			
	EN IS ON THIS P		PUNISHED BY FINE		IMPRISONMENT (L	J.S. C	ODE, TITI	LE 18, SECTION 1001)			

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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	ATES GOVERN		I			NOTW		THIS SPACE			
	BOR RELATIONS				∝ №. -RD237004		Deta-F				
INSTRUCTIONS: Unless e-Filed us			w nith any subm								
in which the employer concerned i											
of service showing service on the											
(Form NLRB-505); and (3) Descript	ion of Represe	entation Case /	Procedures (Form	NLF	RB 4812). The st	howing	of int	erest should only be filed			
with the NLRB and should not be s	erved on the e	employer or an	y other party.			•		-			
1. PURPOSE OF THIS PETITION: RD- Di recognized bargaining representative is	ECERTIFICATION	REMOVAL OF	REPRESENTATIVE) -	Asu	bstantial number of i	employee	es asse	It that the certified or currently			
Labor Relations Board proceed under	its proper autho	rity pursuant to 8	Section 9 of the Natio	nal L	abor Relations Act						
2a. Name of Employer Concordia Cemetery			dress(es) of Establish			and numb	er, city	, State, ZIP code)			
	Concordia Cemetery 7900 W Madison, Forest Park, IL 60130 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same)										
Kirk Carpenter, Manager			SAME AS ABO								
3c. Tel. No.	3d. Cell No.		3e. Fax No.			3f. E-M					
(708)366-0017 4a. Type of Establishment (Factory, mine, v	(708)567-675	4b. Principal pro	duct or service			Kcarp	enter(a	ingodsarms.com and State where unit is located:			
cemetery	101030101, 010.7	buriet						Park, IL			
5b, Description of Unit Involved			····					6a. No. of Employees in Unit:			
Included: All fill-time and regular p	ari-time groun	dsmen employe	d by the Employer	at C	oncordia Cemete	TV CUITE	ently	2			
located at 7900 W Madison Street, Fo						.,		6b. Do a substantial number (30%			
							[ar more) of the employees in the unit no longer wish to be			
Excluded: Sales employees, office c	lerical employe	es and guards,	professional employ	yees	and supervisors a	s define	d in	represented by the certified or currently recognized bargaining			
the Act.								representative? Yes [X] No			
Check One: 7a. Request to	r recognition as B	argaining Represe	ntative was made on (Date))	and Emp	oloyer d	leclined recognition on or about			
		(if no reply receive									
		ized as Bargaining	Representative and d		s certification under	the Act.					
Ba. Name of Recognized or Certified Bar Service Employees International Un		-a1 1	8b. Addres		er, Suite 1700, Cl	hicago	IT. 606	601			
Bc. Tel No.	8d Cell No.	G11 K	8e. Fax No.	T UQK	<u>er, builte 1700, Cr</u>	8f. E-M					
312-240-1600			312-233-8848					seiul.org			
8g. Affiliation, if any			8h. Date of Recognition	on or	Certification			Date of Current or Most Recent y (Month, Day, Year)			
			pre 2000		ļ	Decen					
9. Is there now a strike or picketing at the E								participating?			
(Name of labor organization)											
10. Organizations or individuals other than	those named in it	ems 8 and 9, which	have claimed recogn	ition (as representatives a	nd other	organiz	ations and individuals known to			
have a representative interest in any emplo	yees in the unit d	eschoed in item 50	above. (It none, so s	tate)							
10a. Name	10b. Ad	dress			10c. Tel. No.			10d. Cell No.			
							_				
					10e. Fax No.			10f. E-Mall Address			
11. Election Details: If the NLRB conduct	s an election in th	is matter state you	r position with respect	t to	dda Flastina Turta			A foll Mined Menuel/Meil			
any such election.		•	, ,		11a. Election Type						
11b. Election Date(s): March 18, 2019	11c. E	lection Time(s): 8	-830am		11d. Election Loca	ition(s): b	coard ro	om in the office			
12a. Full Name of Petitioner					12b. Address (stm	et and n	umber	city, state, and ZIP code)			
(b) (6), (b) (7)(C)					(b) (6), (b) (amber,	state, and En boaby			
12c. Full name of national or international l	abor organization	of which Petitione	r is an affiliate or const	ituen				**** <u>-</u> **********			
NONE	1 dan Call Ma		10f Eau Na			124 5	Mall A	dalaasa.			
12d, Tel No. (b) (6), (b) (7)(C)	12e, Cell No. (b) (6), (b) (7)	(C)	12f. Fax No.				-Mail A 6), (b				
13. Representative of the Petitioner who			or purposes of the re	pres	entation proceedin		77 (10				
13a, Name and Title (b) (6), (b) (7)(C)	-		13b. Address (stree	at and	number, city, state,	and ZIP	code)				
13c. Tel No. SAME AS ABOVE											
	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)	(0), (an individual				4-201	9			
WILLFUL FALSE STATEM	ENTS ON THIS P	ETITION CAN BE	PUNISHED BY FINE	AND	IMPRISONMENT (U	S. COD	E, TITI	E 18, SECTION 1001)			
					•			•			
Solicitation of the information on this form is a			VACY ACT STATEME								

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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UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE				
NATIONAL	LABOR RELATI	ONS BOARD		Ca	ise No.	Da	ate Filed		
R D	PETIT	ON		1	3-RD-237342		3/8/19		
INSTRUCTIONS: Unless e-Filed using th located. The petition must be accompa- in the petition of: (1) the petition; (2) Sta interest should only be filed with the NL	nied by both a sh tement of Positio .RB and should <u>n</u>	owing of interest (see n form (Form NLRB-5 o <u>t</u> be served on the en	6b below) and a 05); and (3) Dese nployer or any o	a certificate cription of other party.	e of service showing s Representation Case	ervice on th Procedures	e employer and all other parties named (Form NLRB 4812). The showing of		
1. PURPOSE OF THIS PETITION: RD recognized bargaining representative Labor Relations Board proceed un	is no longer their	representative. The thority pursuant to s	Petitioner alleg Section 9 of the	es that the National	e following circumsta Labor Relations Act.	ances exist	and requests that the National		
2a. Name of Employer Advocate Medical Group		2b. Ac 3075 IL Do	Idress(es) of Est Highland Parkwa wners Grove 605	tablishmen ay Suite 600 515-	t(s) involved <i>(Street a</i>)	nd number,	city, State, ZIP code)		
3a. Employer Representative – Name			3b. Address	(If same as	s 2b – state same)				
Bonnie Kriescher VP, Human Resources	s, Advocate Medi	al Group	3075 Highlan IL Downers G						
3c. Tel. No. (630) 929-5717	3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address								
4a. Type of Establishment (Factory, min	e, wholesaler, etc) 4b. Principal pro	duct or service		•	5a. C	ity and State where unit is located:		
Healthcare			Medica	al Services			Chicago, IL		
5b. Description of Unit Involved Included: See Attached Page 2 for	or additional de	aile				•	6a. No. of Employees in Unit: 157		
Included: See Allached Page 2 lo		alis					6b. Do a substantial number (30%		
							or more) of the employees in he		
Excluded: See Attached Page 2 for	or additional de	ails					 unit no longer wish to be represented by the cer ified or 		
Excluded. Coor lidenou r ugo 2 le							currently recognized bargaining		
							representative? Yes 🔽 No		
Check One: 7a. Request for	or recognition as E	argaining Representa	tive was made o	on (Date)	and	d Employer (declined recognition on or about		
l <u> </u>	(Dat	e) (If no reply receive	d, so state).						
					certification under the	Act.			
8a. Name of Recognized or Certified Bargaining Agent 8b. Address 910 W. Van Buren Street Suite 502									
Illinois Nurses Association Julia Bartmes 8c. Tel No.	<u> </u>	ttorney			IL Chicago 60607-		Adress		
(312) 919-5565	8d Cell No. (312) 965-5	65	8e. Fax No. (312) 419-292	20		8f. E-Mail /	illinoisnurses.com		
8g. Affiliation, if any	(0.12) 000 0.		8h. Date of Red		r Certification		on Date of Current or Most Recent		
5 / 5				09/15/20			any (Month, Day, Year)		
9. Is there now a strike or picketing at th	e Employer's esta	blishment(s) involved	? If	f so, approx	kimately how many em	ployees are	participating?		
(Name of labor organization)	• •				Month, Day, Year)				
10. Organizations or individuals other th	an those named i					d other orda	anizations and individuals known to		
have a representative interest in any em									
10a. Name	10b.	Address			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond	ucts an election in	this matter, state you	r position with r	espect to	11a. Election Type:	Manua	al 🔲 Mail 🔲 Mixed Manual/Mail		
any such election. 11b. Election Date(s):	L 11/	. Election Time(s):			11d. Election Locati	on(s):			
3/26/19 & 3/27/19	Var				Advocate sites	01(5).			
12a. Full Name of Petitioner (b) (6), (b) (b) (6), (b) (7)(C)					12b. Address (stree	t and numb) (6), (b) (er, city, state, and ZIP code)		
12c. Full name of national or international Illinois Nurses Association	al labor organizat	on of which Petitioner	is an affiliate or	r constituen	nt (if none, so state) IL	Lockport 60)441		
12d. Tel No.	12e, Cell No	1	12f. Fax No.		I	12g. E-Mai	Address		
(b) (6), (b) (7)(C) 13. Representative of the Petitioner w				the repres		(b) (6), (b			
13a. Name and Title KATHERINE GLEND		and the of all papers in	13b. Address 21 PLEASAN	s (street and	d number, city, state, a	·	e)		
13c. Tel No.	13d. Cell No) <u>.</u>	MA HUDSON 13e. Fax No.		—	13f. E-Mail	Address		
(617) 686-5775						Katie@lev			
I declare that I have read the above pe	etition and that t	ne statements are tru	ue to the best o	of my know	vledge and belief.				
Name (Print)	Signature		Title			Date			
KATHERINE GLENDON LEV	Katherine Gle		Attorney				19 10:38:59		
WILLFUL FALSE STATE	MENTS ON THIS	PETITION CAN BE	PUNISHED BY	FINE AND	IMPRISONMENT (U.	S. CODE, T	TILE 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 13-RD-237342 Date Filed 3/8/19

Attachment

Employees Included Advanced Care Nurses

Employees Excluded n/a

FORM NLRB-502 (RM) UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE					
(2-18)	NATIONAL LABOR RELATIONS BOARD RM PETITION				Case No. 13-1	RM-238	121 Dat	Filed 3/21/19		
INSTRUCTIONS: Unless e-Filed employer concerned is located. following: (1) the petition; (2) Sta petition must also be accompani the employer has good faith und employees who no longer wish to	The petition must be ac stement of Position form; a led by evidence supporting certainty about majority su o be represented, the evid	compani and (3) E the stat pport foi ence sha	led by a certificate Description of Proce tement that a labor or an existing repres all not be served on	of service dures in C organizatio entative. H any party.	showing servi ertification and in has made a lowever, if the	ce on all p Decertifica demand for evidence n	arties named in th tion Cases (Form N recognition on the aveals the names a	e petition of the ILRB 4812). The employer or that Ind/or number of		
1. PURPOSE OF THIS PETITIO the Employer/Petitioner to be uncertainty about majority sup named in this petition, this sta National Labor Relations Bou	 recognized as the repre- port for an existing represent tement shall not be deem 	esentative. entative. ed made oper aut	e of employees of If a charge under S e. The Petitioner al thority pursuant to	the Emplection 8(b) leges that Section 9	oyer/Petitioner (7) of the Act I t the following of the Nation	or the En las been fil- circumsta al Labor Re	nployer/Petitioner h ed involving the Em ances exist and re plations Act.	as a good faith plover/Petitioner		
2a. Name of Employer/Petitioner: Willco Green, LLC., f/k/a	ress(es) of Establishr 2 S. Naperville field, IL 60585	Road	ved (Street and	number, City	ı, State, ZiP code):					
3a. Employer/Petitioner Represent Edward F. Heil, President	ative - Name and Title;	3b. Add Same	ress (if same as 2b - s	state same):						
3c. Tel. No. 815-436-7465	3d. Cell No.		3e, Fax No.		3f. E-Mail / info@w	ddress fillcogree	en.com			
4a. Type of Establishment (Factory, Landfill	mine, wholesaler, etc.)		4b. Principal Product CCDD Dispos		cycling					
5a, Description of Unit Involved: Included: Claimed unit is Operators		Plai	nfield, I	L						
Excluded:		6, Number	of Employees in Unit	ia ia						
Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable Image: Ta, A labor organization made a demand for recognition on the Employer/Petitioner on (Date) Image: The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.										
8a. Name of Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any: International Union of Operating Engineers, Local 150 8b. Affiliation, if any:										
8c. Address: 6200 Joliet Road				8d. Tel. No 708-48		8e, Cell No	o.			
Countryside, IL 60525-39	92			8f, Fax No 708-48		8g. E-Mail Address				
9. Date of Recognition or Certification	n				10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A					
11. Is there now a strike or picketing					•	- , -	es are participating?	W. a.L.1. 0016		
(Name of Labor Organization)[<u>Intr</u> 12. Organizations or individuals other demanded recognition as represe above. (<i>if none, so state</i>) N/A	r than those named in item 8,	which he	ave a contract with the	Employer/	Petitioner or repr	esent amplo	yees of the Employer	Petitioner or		
12a, Name and affiliation if any	12b. Address				12c. Tel. N	0.	12d, Celí No,			
					12e. Fax N	0.	12f. E-Mail Address			
13. Election Details: If the NLRB co	nducts and election in this m	atter, stat	e your position with re	spect to an	y such election:	13a. Electio Manua		xed Manual/Mail		
13b. Election Date(s):	13c. Election Tir	ne(s);			13d. Electi	on Location(s	· · · · · · · · · · · · · · · · · · ·			
14. Representative of the Employe 14a, Name and Title: Jack P. Cerone, Attorney Erbacci & Cerone, Ltd.	r/Petitioner who will accept	service	of all papers for pur 14b. Address (street 770 Lee Street Des Plaines, IL	and numbe			ığ.			
14c, Tel, No. 847-294-9900	14d. Cell No.		14e, Fax No.			e@lawye	er.com	·		
I declare that I have read the above Name (Print)			re true to the best of	my knowle				1.2.		
Jack P. Cerone	Signature	fart	V. Gerore		Title Attorne	y		Date 03/11/19		

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