

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-237346	Date Filed 3/8/19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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  
Gene & Georgetti Rosemont

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
9421 W. Higgins Rd, Rosemont, IL 60018

3a. Employer Representative - Name and Title  
Daniel Hernandez- General Manager

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

3c. Tel. No.  
847 653-3300

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service  
Food-Dinning

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

5b. Description of Unit Involved  
Included: All full-time and part-time servers, bartenders, barbacks, hosts, busser line, dishwashers, banquet servers, banquet bussers, banquet bartenders, cooks, salad station, runners  
Excluded: Managers, security guards as defined by the Act

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

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 3/5/19 and Employer declined recognition on or about 3/7/19 (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):  
3/19/19

11c. Election Time(s):  
1pm-5pm

11d. Election Location(s):  
Library /Fire Place Room

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

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

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

12d. Tel No.  
847 294-5084 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  
*Moises Zavala*

Title  
Director of Organizing

Date  
3/8/19

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

**PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-237488</b>	Date Filed <b>3/12/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 <b>ReConserve Of Illinois Inc</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>6160 S. River Rd. Hodgkings, IL 602525</b>
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3a. Employer Representative - Name and Title <b>Tim ManDenHandel- VP of Operations</b>	3b. Address (If same as 2b - state same)
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3c. Tel. No. <b>708 354-5882</b>	3d. Cell No. <b>708 354-5883</b>	3e. Fax No. <b>708 354-5883</b>	3f. E-Mail Address <b>tim@reconserve.xohost.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Food Processor</b>	4b. Principal product or service <b>Livestock food</b>	5a. City and State where unit is located: <b>Hodgkins, IL</b>
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5b. Description of Unit Involved <b>Included: All Full-time, Part-time, and temp workers- Truck Loaders, Loaders, Labors, Backup Plant Operators, Truck Maintenance, Maintenance, Module washers, and Truck Unloaders,</b> <b>Excluded: Managers, Supervisors, Security Guards as defined by the Act</b>	6a. No. of Employees in Unit: <b>31</b>	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) **3/12/19** and Employer declined recognition on or about **3/12/19** (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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): <b>3/26/19</b>	11c. Election Time(s): <b>6am-9am, 3pm-6pm</b>	11d. Election Location(s): <b>Cafeteria</b>
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12a. Full Name of Petitioner (including local name and number) <b>United Food and Commercial Workers Local 881</b>	12b. Address (street and number, city, state, and ZIP code) <b>1350 E. Touhy Ave Ste 300E, De s Plaines, IL 60018</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**United Food and Commercial Workers International Union**


12d. Tel No. <b>847 294-5064 x329</b>	12e. Cell No. <b>630 254-3100</b>	12f. Fax No. <b>847 759-7107</b>	12g. E-Mail Address <b>moiseszavala@local881ufcw.org</b>
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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 <b>Joseph Torres, Attorney</b>	13b. Address (street and number, city, state, and ZIP code) <b>221 N. Lasalle St. Chicago, IL 60601</b>
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13c. Tel No. <b>3126412910</b>	13d. Cell No.	13e. Fax No. <b>312 641-0781</b>	13f. E-Mail Address <b>joe@karmellawfirm.com</b>
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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) <b>Moises Zavala</b>	Signature 	Title <b>Director of Organizing</b>	Date <b>3/12/19</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-237834	Date Filed 3/18/19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Chicago Shakespeare Theater	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 800 E. Grand Ave. IL Chicago 60611-
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<b>3a. Employer Representative - Name and Title</b> Barbara Gaines	<b>3b. Address (If same as 2b - state same)</b> 800 E. Grand Ave. IL Chicago 60611-
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<b>3c. Tel. No.</b> (312) 595-5600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (312) 595-5644	<b>3f. E-Mail Address</b> bgaines@chicagoshakes.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> Others	<b>4b. Principal product or service</b> Theatrical stage productions	<b>5a. City and State where unit is located:</b> Chicago, IL
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 25	<b>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"/></b>
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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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Theatrical Stage Employees Union, Local No. 2, I.A.T.S.E. Craig Carlson	<b>8b. Address</b> 216 S. Jefferson St., Ste. 400 IL Chicago 60661-
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<b>8c. Tel No.</b> (312) 705-2020	<b>8d Cell No.</b>	<b>8e. Fax No.</b> (312) 705-2011	<b>8f. E-Mail Address</b> ccarlson@iatselocal2.com
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<b>8g. Affiliation, if any</b> International Alliance of Theatrical Stage Employees and Moving Picture	<b>8h. Date of Recognition or Certification</b> 05/11/2015	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12/31/2026
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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)**

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

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 04/09/2019	<b>11c. Election Time(s):</b> Two hours before employees' call time	<b>11d. Election Location(s):</b> Chicago Shakespeare Theater
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<b>12a. Full Name of Petitioner (including local name and number)</b> Craig Carlson Theatrical Stage Employees Union Local No. 2, I.A.T.S.E.	<b>12b. Address (street and number, city, state, and ZIP code)</b> 216 S. Jefferson St., Ste. 400 IL Chicago 60661-
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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 Alliance of Theatrical Stage Employees and Moving Picture Technicians, Artists and Allied Crafts of the United States and Canada, AFL-CIO,

<b>12d. Tel No.</b> (312) 705-2020	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ccarlson@iatselocal2.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title</b> David Huffman-Gottschling Attorney Jacobs, Burns, Orlove & Hernandez	<b>13b. Address (street and number, city, state, and ZIP code)</b> 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-

<b>13c. Tel No.</b> (312) 327-3443	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 726-3887	<b>13f. E-Mail Address</b> davidhg@jbosh.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> David Huffman-Gottschling	<b>Signature</b> David Huffman-Gottschling	<b>Title</b> Attorney	<b>Date</b> 03/18/2019 10:42:23
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
13-RC-237834	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 collective-bargaining 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 STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-237874</b>	Date Filed <b>3/18/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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**  
ReConserve Of Illinois Inc

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
6160 S. River Rd. Hodgkings, IL 602525

**3a. Employer Representative - Name and Title**  
Tim VanDenHandel- VP of Operations

**3b. Address (if same as 2b - state same)**

**3c. Tel. No.** 708 354-5882      **3d. Cell No.** 708 354-5883      **3e. Fax No.** 708 354-5883      **3f. E-Mail Address** tim@reconserve.xohost.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Food Processor      **4b. Principal product or service** Livestock food      **5a. City and State where unit is located:** Hodgkins, IL

**5b. Description of Unit Involved**

**Included:** All Full-time, Part-time, Drivers (transportation)

**Excluded:** Managers, Supervisors, Security Guards as defined by the Act

**6a. No. of Employees in Unit:** 6

**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)** 3/18/19 and Employer declined recognition on or about 3/18/19 (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):** 4/4/19      **11c. Election Time(s):** 9am-11am      **11d. Election Location(s):** Cafeteria

**12a. Full Name of Petitioner (including local name and number)** United Food and Commercial Workers Local 881      **12b. Address (street and number, city, state, and ZIP code)** 1350 E. Touhy Ave Ste 300E, 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)**


**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** 3/18/19

**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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DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-238167</b>	Date Filed <b>3/22/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b>  All Steel Iron Works, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6620 S. Lorel Ave Bedford Park, IL 60638
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<b>3a. Employer Representative - Name and Title:</b>  John Kot - President	<b>3b. Address (if same as 2b - state same):</b>  Same
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<b>3c. Tel. No.</b> 708-357-3231	<b>3d. Cell No.</b> 708-906-3796	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Manufacturing & Construction	<b>4b. Principal Product or Service</b> Fabrication & Installation	<b>5a. City and State where unit is located:</b> Bedford Park, IL
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<b>5b. Description of Unit Involved:</b> Included: ALL REGULAR full time + Part Time Shop Employees Engaged in Production + Fabrication and ALL FIELD Employees engaged in Erection & Installation. Excluded: All Management, Office, Clerical, Security, Professionals and supervisors as defined in the Act.	<b>6a. Number of Employees in Unit:</b>  15	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 03/22/2019 and Employer declined recognition on or about (Date) 03/22/2019 (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

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

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

<b>11b. Election Date(s):</b> April 11, 2019 & April 12, 2019	<b>11c. Election Time(s):</b> 4/11/19 5pm to 7pm & 4/12/19 5am -7am	<b>11d. Election Location(s):</b> Holiday INN-6624 South Cicero Ave, Chicago, IL 60632
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<b>12a. Full Name of Petitioner (including local name and number):</b> Iron Workers Regional Shop Local Union No. 853	<b>12b. Address (street and number, city, State and ZIP code):</b> 10035 Grand Ave., Suite 203 Franklin Park, IL 60131
--	--

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers AFL/CIO

<b>12d. Tel. No.</b> 847-455-1473	<b>12e. Cell No.</b> 412-849-1271	<b>12f. Fax No.</b> 847-455-1474	<b>12g. E-Mail Address</b> iwlocal853@att.net
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<b>13a. Name and Title:</b> Chadwick V. Rink, General Organizer	<b>13b. Address (street and number, city, State and ZIP code):</b> 10035 Grand Ave., Suite 203 Franklin Park, IL 60131
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<b>13c. Tel. No.</b>	<b>13d. Cell No.</b> 412-849-1271	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> crink@iwintl.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Chadwick V. Rink	Signature 	Title General Organizer	Date 03/22/2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-238463	Date Filed 3/27/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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: **MV Transportation**  
2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): **1896 Suncastr Ln, Batavia, IL 60510**

3a. Employer Representative - Name and Title: **Biniam Araya, General Manager**  
3b. Address (if same as 2b - state same): **same**

3c. Tel. No. **630-406-5124**  
3d. Cell No.  
3e. Fax No.  
3f. E-Mail Address **Biniam.araya@mvtransit.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **transportation**  
4b. Principal Product or Service **paratransit**  
5a. City and State where unit is located: **Batavia, IL**

5b. Description of Unit Involved:  
Included: **All regular fulltime and part-time drivers, mechanics and utility workers**  
Excluded: **All office clerical, guards, professional employees, supervisors as defined by the Act.**  
6a. Number of Employees in Unit: **14**

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) \_\_\_\_\_ n/a and Employer declined recognition on or about (Date) \_\_\_\_\_ (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)  
8b. Address:

8c. Tel. No.  
8d. Cell No.  
8e. Fax No.  
8f. E-Mail Address

8g. Affiliation, if any:  
8h. Date of Recognition or Certification  
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **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): **April 26, 2019**  
11c. Election Time(s): **8:30 am - 2:30 pm**  
11d. Election Location(s): **Employee break room**

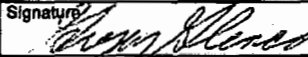
12a. Full Name of Petitioner (including local name and number): **Teamsters Local 777**  
12b. Address (street and number, city, State and ZIP code): **7827 Ogden Ave, Lyons, IL 60534**

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. **708-777-1081**  
12e. Cell No. **630-854-9919**  
12f. Fax No. **708-777-1082**  
12g. E-Mail Address **greg@teamsters777.org**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title: **Gregory Glimco, Secretary Treasurer**  
13b. Address (street and number, city, State and ZIP code): **7827 Ogden Ave., IL 60534**

13c. Tel. No. **708-777-1081**  
13d. Cell No. **630-854-9919**  
13e. Fax No. **708-777-1082**  
13f. E-Mail Address **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.  
Name (Print) **Gregory Glimco**  
Signature   
Title **Secretary Treasurer**  
Date **3/27/2019**

**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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE  
Case No. 13-RD-235296 Date Filed 3/4/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer  
Concordia Cemetery  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
7900 W Madison, Forest Park, IL 60130

3a. Employer Representative - Name and Title  
Kirk Carpenter, Manager  
3b. Address (if same as 2b - state same)  
SAME AS ABOVE

3c. Tel. No.  
(708)366-0017  
3d. Cell No.  
(708)567-6758  
3e. Fax No.  
3f. E-Mail Address  
kcarpenter@ingodsarms.com

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

5b. Description of Unit Involved  
Included: All full-time and regular part-time groundsmen employed by the Employer at Concordia Cemetery currently located at 7900 W Madison Street, Forest Park, IL 60130.  
Excluded: Sales employees, office clerical employees and guards, professional employees and supervisors as defined in the Act.  
6a. No. of Employees in Unit:  
2  
6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ x ] No [ ]

Check One: na 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).  
na 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent  
Service Employees International Union (SEIU) Local 1  
8b. Address  
111 E Wacker, Suite 1700, Chicago, IL 60601

8c. Tel No.  
312-240-1600  
8d. Cell No.  
8e. Fax No.  
312-233-8848  
8f. E-Mail Address  
cotrupem@seiu1.org

8g. Affiliation, if any  
8h. Date of Recognition or Certification  
pre 2000  
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
December 2018

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: X Manual \_\_\_ Mail \_\_\_ Mixed Manual/Mail  
11b. Election Date(s): March 18, 2019  
11c. Election Time(s): 8-830am  
11d. Election Location(s): board room in the office

12a. Full Name of Petitioner  
(b) (6), (b) (7)(C)  
12b. Address (street and number, city, state, and ZIP code)  
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
NONE

12d. Tel No.  
(b) (6), (b) (7)(C)  
12e. Cell No.  
(b) (6), (b) (7)(C)  
12f. Fax No.  
12g. E-Mail Address  
(b) (6), (b) (7)(C)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title  
(b) (6), (b) (7)(C)  
13b. Address (street and number, city, state, and ZIP code)  
SAME AS ABOVE

13c. Tel No.  
SAME AS ABOVE  
13d. Cell No.  
SAME AS ABOVE  
13e. Fax No.  
SAME AS ABOVE  
13f. E-Mail Address  
SAME AS ABOVE

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)  
Title  
an individual  
Date  
3-4-2019

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 will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
13-RD-237004

Date Filed  
3/4/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Concordia Cemetery		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7900 W Madison, Forest Park, IL 60130	
3a. Employer Representative - Name and Title Kirk Carpenter, Manager		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (708)366-0017	3d. Cell No. (708)567-6758	3e. Fax No.	3f. E-Mail Address kcarpenter@ingodsarms.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) cemetery		4b. Principal product or service burial	5a. City and State where unit is located: Forest Park, IL

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time groundsmen employed by the Employer at Concordia Cemetery currently located at 7900 W Madison Street, Forest Park, IL 60130.

**Excluded:** Sales employees, office clerical employees and guards, professional employees and supervisors as defined in the Act.

6a. No. of Employees in Unit: 2	6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
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**Check One:**  na 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).

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

8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union (SEIU) Local 1		8b. Address 111 E Wacker, Suite 1700, Chicago, IL 60601	
8c. Tel No. 312-240-1600	8d. Cell No.	8e. Fax No. 312-233-8848	8f. E-Mail Address cotrupem@seiu1.org
8g. Affiliation, if any		8h. Date of Recognition or Certification pre 2000	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 2018

9. Is there now a strike or picketing at the Employer's establishment(s) involved?  No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type:  Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): March 18, 2019

11c. Election Time(s): 8-830am

11d. Election Location(s): board room in the office

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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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)  
NONE

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 (b) (6), (b) (7)(C)	13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE
--	--

13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE
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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) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title an individual	Date 3-4-2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RD-237342</b>	Date Filed <b>3/8/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

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

**2a. Name of Employer**  
Advocate Medical Group

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
3075 Highland Parkway Suite 600  
IL Downers Grove 60515-

**3a. Employer Representative – Name and Title**  
Bonnie Kriescher VP, Human Resources, Advocate Medical Group

**3b. Address (If same as 2b – state same)**  
3075 Highland Parkway Suite 600  
IL Downers Grove 60515-

**3c. Tel. No.** (630) 929-5717      **3d. Cell No.** (630) 319-9780      **3e. Fax No.**      **3f. E-Mail Address** bonnie.kriescher@advocatehealth.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc )** Healthcare      **4b. Principal product or service** Medical Services      **5a. City and State where unit is located:** Chicago, IL

**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:** 157  
**6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** Yes  No

**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**  
Illinois Nurses Association Julia Bartmes Staff Specialist-Attorney

**8b. Address** 910 W. Van Buren Street Suite 502  
IL Chicago 60607-

**8c. Tel No.** (312) 919-5565      **8d Cell No.** (312) 965-5565      **8e. Fax No.** (312) 419-2920      **8f. E-Mail Address** jbartmes@illinoisnurses.com

**8g. Affiliation, if any**      **8h. Date of Recognition or Certification** 09/15/2016      **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 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):** 3/26/19 & 3/27/19      **11c. Election Time(s):** Varied  
**11d. Election Location(s):** Advocate sites

**12a. Full Name of Petitioner (b) (6), (b) (7)(C)** (b) (6), (b) (7)(C)      **12b. Address (street and number, city, state, and ZIP code)** (b) (6), (b) (7)(C)

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** IL Lockport 60441-  
Illinois Nurses Association

**12d. Tel No.** (b) (6), (b) (7)(C)      **12e. Cell No.**      **12f. Fax No.**      **12g. E-Mail Address** (b) (6), (b) (7)(C)

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

**13a. Name and Title** KATHERINE GLENDON LEV Attorney  
Lev Law Group, LLC

**13b. Address (street and number, city, state, and ZIP code)**  
21 PLEASANT STREET  
MA HUDSON 01749-

**13c. Tel No.** (617) 686-5775      **13d. Cell No.**      **13e. Fax No.**      **13f. E-Mail Address** Katie@levlabor.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)** KATHERINE GLENDON LEV      **Signature** Katherine Glendon Lev      **Title** Attorney      **Date** 03/8/2019 10:38:59

**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.

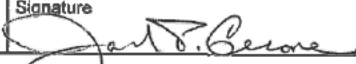
Attachment

Employees Included  
Advanced Care Nurses

Employees Excluded  
n/a

<b>DO NOT WRITE IN THIS SPACE</b>	
Case 13-RD-237342	Date Filed 3/8/19

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RM PETITION**

DO NOT WRITE IN THIS SPACE			
Case No.	13-RM-238121	Date Filed	3/21/19
<p><b>INSTRUCTIONS:</b> Unless e-Filed using the Agency's website, <a href="http://www.nlrb.gov">www.nlrb.gov</a>, 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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.</p>			
<p><b>1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE</b> - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. <b>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.</b></p>			
<p><b>2a. Name of Employer/Petitioner:</b> Willco Green, LLC., f/k/a E.F. Heil, LLC</p>		<p><b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 12152 S. Naperville Road Plainfield, IL 60585</p>	
<p><b>3a. Employer/Petitioner Representative - Name and Title:</b> Edward F. Heil, President</p>		<p><b>3b. Address (if same as 2b - state same):</b> same</p>	
<p><b>3c. Tel. No.</b> 815-436-7465</p>	<p><b>3d. Cell No.</b></p>	<p><b>3e. Fax No.</b></p>	<p><b>3f. E-Mail Address</b> info@willcogreen.com</p>
<p><b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Landfill</p>		<p><b>4b. Principal Product or Service</b> CCDD Disposal and recycling</p>	
<p><b>5a. Description of Unit Involved:</b> Included: Claimed unit is Operators and Scale House Operators Excluded:</p>			<p><b>5b. City and State where unit is located:</b> <b>Plainfield, IL</b></p>
			<p><b>6. Number of Employees in Unit:</b></p>
<p><i>Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable</i></p> <p><input checked="" type="checkbox"/> 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____</p> <p><input type="checkbox"/> 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.</p>			
<p><b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> International Union of Operating Engineers, Local 150</p>			<p><b>8b. Affiliation, if any:</b></p>
<p><b>8c. Address:</b> 6200 Joliet Road Countryside, IL 60525-3992</p>		<p><b>8d. Tel. No.</b> 708-482-8800</p>	<p><b>8e. Cell No.</b></p>
		<p><b>8f. Fax No.</b> 708-482-7186</p>	<p><b>8g. E-Mail Address</b></p>
<p><b>9. Date of Recognition or Certification</b> N/A</p>		<p><b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A</p>	
<p><b>11. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes</b> If so, approximately how many employees are participating? (Name of Labor Organization) <u>International Union of Operating Engineers, Local 150</u>, has picketed the Employer since (Month, Day, Year) <u>July 2014</u></p>			
<p><b>12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)</b> N/A</p>			
<p><b>12a. Name and affiliation if any</b></p>		<p><b>12b. Address</b></p>	
		<p><b>12c. Tel. No.</b></p>	<p><b>12d. Cell No.</b></p>
		<p><b>12e. Fax No.</b></p>	<p><b>12f. E-Mail Address</b></p>
<p><b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>13a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail</p>			
<p><b>13b. Election Date(s):</b></p>		<p><b>13c. Election Time(s):</b></p>	
<p><b>13d. Election Location(s):</b></p>			
<p><b>14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.</b></p>			
<p><b>14a. Name and Title:</b> Jack P. Cerone, Attorney Erbacci &amp; Cerone, Ltd.</p>		<p><b>14b. Address (street and number, city, State and ZIP code):</b> 770 Lee Street Des Plaines, IL 60016</p>	
<p><b>14c. Tel. No.</b> 847-294-9900</p>	<p><b>14d. Cell No.</b></p>	<p><b>14e. Fax No.</b></p>	<p><b>14f. E-Mail Address</b> jpcerone@lawyer.com</p>
<p>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</p>			
<p>Name (Print) Jack P. Cerone</p>	<p>Signature </p>	<p>Title Attorney</p>	<p>Date 03/11/19</p>

**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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