UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 13-RC-260792	Date Filed	5/22/20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 777 Draper Ave Spring Creek SNF LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) K.C. Karanth 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (815) 665-1106 administrator@springcreeknursing.com (815) 727-4794 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Nursing Home and Rehabilitation Joliet, II 5b. Description of Unit Involved 6a. No. of Employees in Unit: 70 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Tuesday June 16th 2020 11c. Election Time(s): 11d. Election Location(s): 777 Draper Ave Joliet, IL 60432 - Break Room at Spring Creek Facility. 6am-9am, 1:30pm to 4:30 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Shane Christian Anderson
AFSCME (American Federation of State, County, and Munipal Employees) Council 31, AFL-CIO 1515 Harlem Ave #203 II Oak Park 60302-12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
AFSCME (American Federation of State, County, and Munipal Employees) Council 31, AFL-CIO 12g. E-Mail Address sanderson@afscme31.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (773) 332-7804 (708) 524-5359 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) Robert A Seltzer Attorney Comfield and Feldman LLP 25 East Washington Street Suite 1400 IL Chicago 60602-1803 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address rseltzer@comfieldandfeldman.com (312) 236-6640 (312) 236-6686 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizer Shane Christian Anderson 05/22/2020 11:26:05 Shane Christian Anderson

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.

AFSCME requests a Sonotone Election.

Attached:

Sa included: All full time and permanent part-time non-professional employees who work for Spring Creek Nursing and Rehabilitation SNF including the following titles: CNA, LPN, Housekeeper, Aide, Cook, Laundry Aide, Activity Aide, Maintenance, Receptionist.

All full time and permanent part-time professional employees who work for Spring Creek Nursing and Rehabilitation SNF including the following titles: RN.

Sa excluded: All confidential employees, supervisory employees, and managerial employees as defined in the Act.

11b: Tuesday, June 16th 2020

11c: 6am-9am and 1:30pm-4:30pm

11d: Spring Creek Nursing & Rehabilitation

777 Draper Ave. Joliet, IL 60432

Break Room

Or

11b: Wednesday, June 17th 2020 11c: 6am-9am and 1:30pm-4:30pm

11d: Spring Creek Nursing & Rehabilitation

777 Draper Ave. Joliet, IL 60432

Break Room

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 13-RC-260919	Date Filed 5/28/20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Ingalls Drive IL Harvey 60426 Ingalls Memorial Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1 Ingalls Drive IL Harvey 60426 Brian Sinotte 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address bsinotte@ingalls.org (708) 915-6101 (708) 915-2787 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Acute Care Hospital Harvey, IL 6a. No. of Employees in Unit: 5b. Description of Unit Involved 300 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6/17/2020 Mail Ballot 2 weeks 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 2229 South Halsted Avenue 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Service Employees International Union 12g. E-Mail Address heather.mcnabola@seiuhcil.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (773) 459-3108 (312) 784-3189 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) George Luscombe Attorney Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich 8 South Michigan Avenue IL Chicago 60603-13c. Tel No. 13d Cell No. 13e Fax No. 13f. E-Mail Address gluscombe@dbb-law.com (312) 372-6599 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Field Director Heather McNabola 05/27/2020 18:56:46 Heather McNabola

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 seg. 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 TO RC PETITION

5.b. Description of Unit Involved:

Included: All full-time and part-time nonprofessional employees, employed at the Employer's hospital located at 1 Ingalls Dr., Harvey, IL 60426, except for technical employees, skilled maintenance employees, business office clerical employees, and guards.

Excluded: All technical employees, skilled maintenance employees, business office clericals, confidential employees, managerial employees, guards, and supervisors as defined by the Act or within the meaning of 29 CFR § 103.30.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 13-RC-261006	Date Filed 5/29/20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1500 Liberty Ridge Dr. Ste. 210, PA Wayne 19087-Compass One Healthcare 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jim Welsh 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address jim.welsh@crothall.com (610) 576-5338 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Outsourced housekeeping and transportation at an acute care facility Healthcare Facili ies Harvey, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 100 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6/17/2020 Mail Ballot 2 weeks 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Heather McNabola Heather McNabola 2229 South Halsted Ave 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) SEIU Heal hcare Illinois & Indiana 12g. E-Mail Address heather.mcnabola@seiuhcil.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (773) 459-3108 (312) 784-3189 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) George Luscombe Attorney Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich 8 South Michigan Ave IL Chicago 60603-13c. Tel No. 13d Cell No. 13e Fax No. 13f. E-Mail Address gluscombe@dbb-law.com (312) 372-6599 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Field Director Heather McNabola 05/28/2020 12:48:27 Heather McNabola

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

All full-time and part-time nonprofessional employees located at 1 Ingalls Dr., Harvey, IL 60426.

Employees Excluded

All managerial employees, guards, and supervisors as defined by the Act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 13-RC-261033	Date Filed 5/29/20			

INSTRUCTIONS: Unless e-Filed using the Agent period is located. The petition the employer and all other parties named in Case Procedures (Form NLRB 4812). The si	must be accompanied be the petition of: (1) the pe	y both a show witton; (2) Stat	ing of interest (see 6) ement of Position for	below) and a ce m (Form NLRB-5)	ortificate of s (05); and (3)	service showing so Description of Rep	resentation
PURPOSE OF THIS PETITION: RC-CERTIF bargaining by Petitioner and Petitioner desir- requests that the National Labor Relation	es to be certified as repres	entative of the	employees. The Petitio	ner alleges that t	the following	g circumstances e	(C)
2a. Name of Employer:	2b. Add	dress(es) of Est	ablishment(s) involved	(Street and numb	er, City, Stat	e, ZIP code):	
Eagle Express Lines, Inc	. 645	Forest	wood, Dr., Ri	omeou: 11e	,II 6	0446	
3a. Employer Representative - Name and Title	3b. Add	dress (if same a	s 2b - stale same):				
Rico Prestia, Operation 3c. Tol. No. 13d. Coll N	5 Manager S	ame					
	0.	3e. Fax No.		3f. E-Mail Addres		15	
630-783-9860				ricopression	a Graster	xpress lines	. Com
4a. Type of Establishment (Factory, mine, whole	esaler, etc.)		Product or Service	Sa.			ated:
Transportation 5b. Description of Unit Involved: Included: An fall time, regular partition		Deli Jer	Services	_ Ko	meov.	mpioyées in Unit:	
Included: A. F. 1 1 me (egular Oct + in	ne, anthrainee d	rivers dis	patched from	ba.	Number of E	imployees in Oliic.	
Romeoutle, IL.			2 2		41		
Excluded: All occice, clerical empl	otes, quares, pro	lessional en	hplayees and sup	6b.		ntial number (30% over in the unit wis	
as defined by the Act.					represented	by the Petitioner?	
7a. Request for recognition er on or about (Date) W / Do L	. +: on (If no reply i	received, so star	te).		ployer declin	ed recognition	
7b. Petitioner is currently reco				der trie Act.			
None							
8c. Tel. No. 8d. Cell N	o.	Be. Fax No.		8f. E-Mail Addres	38		
8g. Affiliation, if any:	18	h. Date of Reco	gnition or Certification	8i. Expiration Dat	te of Current	or Most	
Recent Contract, If any (Month, Day, Year)							
9. Is there now a strike or picketing at the Emplo	oyer's establishment(s) inv	Oly Spenio	If so, approximat	aly how many em	ployees are	participating?	
(Name of Labor Organization)				has picketed the E	Employar sin	ce (Month, Day, Ye	ar)
 Organizations or Individuals other than Petit individuals known to have a representative in 						d other organization	ns and
None							
10a. Name	10b. Address			10c. Tel. No.	10d.	Cell No.	
				10e. Fax No.	10f.	E-Mail Address	
11. Election Details: If the NLRB conducts and	election in this matter, sta	te your position	with respect to any suc	h election: 11a.	Election Typ	e:	
				X	Manual [Mail Mixed	Manual/Mail
11b. Election Date(s):	11c. Election Time(s):			11d. Election Loc	cation(s):		
6/12/20		2M	b. Address (street end	Employee	Bresk	Room / Train:	ng Room
12a. Full Name of Petitioner (including local ne	ame and number):	12	b. Address (street end	number, city, Stat	te end ZIP co	ode):	110000
International Brotherhood	of Teamster 1	001727	300 w. Higgin	5 KC1STE	III, Por	Kriege, I	60058
12c. Full name of national or international labor	organization of which Petit	tioner is an affili	ate or constituent (if no	ne so statel:			
International Brotherhood	• •		are or constituent (if the	10, 30 3(0).			
12d. Tel. No. 12e. Cell I	No.	12f. Fax No.		12g. E-Mail Addr			
947-696 -7500 13. Representative of the Petitioner who will	eccent service of all pen		0-4984	Chris@to	reamsters	local 727.	org
13a. Name and Titla:		13b. Address	(street and number, cit	V. State and ZIP o	code):		_
Christopher Owojeni, Staff	Alterney	1300 W	Higgins Rd, S	ste III, Par	rk Ridg	e, II 6	0638
13c. Tel. No. 13d. Cell I	No.	13e. Fax No.		13f. E-Mail Addr			
I declare that I have read the above petition a	nd that the statements a	re true to the	nest of my knowledge	Chris & tec	amstrs	oral 727-0	xg
Name (Print)	Signature		Titi				Date
Christopher Owoyem:	Christoph	- Our			Horne	'	5/29/20

DO NOT WRITE IN THIS SPACE					
ase No.	Date Filed				
13-RD-260439	5/15/20				

FORM NLRB-502 (RD) (2-18)	UNITED STATES OF A NATIONAL LABOR RELATI RD PETITIO	ONS BOAR	D		Case No	13-RD-2604	39	Date Filed 5/15/20	COLUMN TOWN
employer concerned is local the employer and all other p	lled using the Agency's website ted. The petition must be accor parties named in the petition of (RB 4812). The showing of inters	npanied by 1) the petit	ion; (2) Sta	wing of interestement of Posi	st (see 7 b tion form (elow) and a certifica Form NLRS-505); a	nte of service st nd (3) Descripti	nowing service on on of Representation	Contract of the last of the la
recognized pargaining repres	ON: RD-DECERTIFICATION (RE sentative is no longer fheir represe coed under its proper authority	malive. The	Patitioner	alleges that th	a following	a circumstances ex	s assen that the let and requests	certified or currently a that the National	Dir. 5-55-00
2a. Name of Employer U.S. Eco 100 3a. Employer Representative Christine	Name and Title	164	35	CENTE 10 80 20 - State	r Au	Street and number of ENUE F	aty, state, ZIP oc at VEY:	IL 60426	
30. Tel. No. 708 596-7040		3e. Cel	No.	- 4871	Chris	tine. lewis	s Quse	cology.com	A CAMPA
	ory, mine, wholesaler, etc.) USTE TREATMENT	- Plan	nt _		4b. Princip Wasi	al product or service He Manage		J.	_
Included: Industrial - Chemica Excluded: Drives - Manages 6. No. of Employees in Unit	office clarks.	Sure	hs siona visors			longer wish to be re	Harva	EY, Illinois	
8a. Name of Recognized or Cer	recognized bargainin					8b. Attilistion, if any			Shouse and Ball
80. Address 8910 S. Horls 60455	em Ase, Bridger	Jiew,	耳	8d. Tel. No. 708)599 81. Fex No.	5009	89. E-Mail Address USWS KAN	-8080	ail.com	200 miles (100 miles (
9. Date of Recognition or Certific NOV 30, 3015		10. Ex	ration Date			Contract, if any (Mor			
	keling at the Employer's establish	ment(s) invo	-		11b. If so.	approximately how m	any employees	ere participating?	_
	cketed by or on behalf of (Insert)					A CONTRACTOR OF THE CONTRACTOR		a labor organization, o	F
(Insert Address)						sinc	e (Month, Day,)	(ear)	
	other those named in items 8 and						enizations	1172 3	-
and individuals known to ha 12a. Name	ive a representative interest in any 12b. Address	employees	in the unit	tescribed in iter	n 5 above. 12c. Tel. N		12d. Fax No.	101/2014	-
					12e. Call N	lo.	12l. E-Mail Add	ress	4
13. Election Details: If the NU	RB conducts an election in this ith respect to any such election.				13a. Electi	on Type: Manual	Mail	lieM\JauneM bevi\M	-
13b Election Date(s)	13c. Election					on Location(s)			
14. Full N(b) (6), (b) (7)(C)								
(b) (6), (b) (7)(C)	er, ere. Stelle, Arr bestell					b) (7)(C)	14c. Fax Mo.		-
				(k	o) (6), (b	(7)(C)	(b) (6), (b)	(7)(C)	
14f. Affiliation, if any									
15. Representative of the Pati	tioner who will accept service of	f all paper	for purpor	ses of the repr	111100.0	proceeding.			_
iba. Name					15b.THs				
15c. Address (Street and numb	er, city, state, ZIP code)			········	15d, Tel, N	lo.	15e. Fax No.		
					15f, Cell N	c.	15g. E-Mail Add	ress	
I declare that I have read the	shove patition and (b) (6), (t	o) (7)(C)			wledge ar	nd bellef.			_
(b) (6), (b) (7)(C)	Sit	, ()()			Title	Patitiona	ef .	5-/5-20	
THELI VE I DEVE	TS ON				DIMPRISO	NMENT (U.S. CODE	TITLE 18, SEC	TION 1001)	-

Solicitation of the information on this form is authorized by the National Labor Relations Ad (NLRA), 29 U.S.C. § 15! of seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) in processing representation and related proceedings or titigation. The routine uses for the information are fully set forth in the Federal Register, 7! Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRA will further explain these uses upon request. Disclosure of this information to the NLRA is voluntary; however, failure to supply the information may cause the NLRA to decline to invoke its processes.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed 5/19/20			
13-RD-260629	3/19/20			

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

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PURPOSE OF THIS PETITION: RD-DECERTI recognized bargaining representative is no long Labor Relations Board proceed under its pro-	er their representative	e. The Petitioner	alleges that 1	he followi	ng circums	stances ex	s assert that t	he certified or currently ests that the National
2a. Name of Employer		. Address(es) of E	Establishment	(s) involved	d (Street and	d number,	city, state, ZIP	code)
Superior Beverage 3a. Employer Representative - Name and Title	Co. 1	1070 ORC	HARD	RD	me	ontagon	neru =	IL 60538
3a. Employer Representative - Name and Title	3b	. Address (If sam	e as 2b - state	same)			1	
3c. Tel. No. 3d. Fax No.		SAME						
3c. Tel. No. 3d. Fax No.		e. Cell No.		3f. E-Mai	l Address	L		
630 896 1951 630 896 4a. Type of Establishment (Factory, mine, wholesa	1990	630918	8670	30	ds @	Super	CIDEREVE	rage. Com
4a. Type of Establishment (Factory, mine, wholesa.	ler, etc.)			4b. Prino	ipal product	or service	^	
DISTRIBUTUR				ANho	ouser.	Busch	Produc	TS
5a. Description of Unit Involved Included:							5b. City	and State where unit ocated:
DRIVERS, Helpers, Wareho	ouse, Picker	-2					M	TLLINOIS
ALL NON-UNION Employe	ies							
6. No. of Employees in Unit 17 7. Do as recogn	ubstantial number (3) nized bargaining repr	0% or more) of the esentative? X Y	e employees i es	n the unit i				the certified or currently
8a. Name of Recognized or Certified Bargaining Ag	ent				8b. Affilia	ition, if any		
TEAMSTERS 673			8d. Tel. No.		8e. Cell N	Vo.		
1050 W. Roosevelt 10	d			1/6/10	00.0011			
1.0			636 23 8f. Fax No.	1 (6660)	8a F-Ma	il Address		
West Chicago, IL			630 23	16168				
9. Date of Recognition or Certification 5-19-20	10	Expiration Date	of Current or	Most Rece	nt Contract,	if any (Mo		-30-20
11a. Is there now a strike or picketing at the Emplo	yer's establishment(s	s) involved?	es No	11b, If so	, approxima	ately how n	nany employee	es are participating?
11c. The Employer has been picketed by or on beh								a labor organization, of
(Insert Address)						sino	e (Month, Day	/. Year)
12. Organizations or individuals other those named	in items 8 and 11c v	which have claims	ed recognition	as renrese	entatives and			, ,
and individuals known to have a representative	interest in any emplo							
12a. Name 12b. Addr	ess			12c. Tel.	No.		12d. Fax No.	
				12e. Cell	No.		12f. E-Mail A	ddress
Election Details: If the NLRB conducts an ele matter, state your position with respect to any s				13a. Elec	ction Type:	Manua	Mail	Mixed Manual/Mail
13b. Election Date(s)	13c. Election Time(s)		13d, Elec	ction Location	on(s)		
6-3-20				mi	AIL			
14, Full Name of Petitioner (b) (6), (b) (7)(C)								
14a. Address (Street and number, city, state, ZIP c (b) (6), (b) (7)(C)	ode)			14b. Tel.	No.		14c. Fax No.	
8 W W W W W W W				14d Call (b) (6), (b) (7)	(C)	14e, E-Mail A (b) (6), (b)	ddress (7)(C)
14ī. Affiliation, if any				T	. , , , ,		(2) (3), (3)	(.)(0)
15. Representative of the Petitioner who will acc	ent convice of all n	anava far numaa	on of the year	rano mánálo	n nreseed!			
15a. Name	cept service of all pa	apers for purpos	es of the rep	15b.Title		ng.		
Total Hallo				150.1106				
15c. Address (Street and number, city, state, ZIP c	ode)			15d. Tel.	No.		15e. Fax No.	
				15f. Cell	No.		15g. E-Mail A	ddress
I declare that I have read the above petition and	that the statements	s are true to the	hast of my be	owledge	and hallef			
		are true to trie i	best of my Kn	Title				Date Filed
Name (Print) (b) (6), (b) (7)(C)	(6), (b) (7)(C)			(b) (6)	, (b) (7)(C)		5-19-20

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.

Name (Print)

James F. Hendricks Jr.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
13-RM-260148	5/8/20			

Date

05/7/2020 14:20:07

RM PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by 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. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - 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. 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/Petitioner 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2100 S. Harlem Avenue Zeigler N. Riverside Ford Riverside 60546 3b. Address (If same as 2b – state same) 2100 S. Harlem Avenue 3a. Employer/Petitioner Representative - Name and Tile Brian Malpeli General Manager II Riverside 60546 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 3d. Cell No. (794) 427-7000 (708) 218-3034 (708) 526-0540 brian@zeigler.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Sales & Service of Automobiles Retail (Specialty) 5a. Description of Unit Involved 5b. City and State where unit is Included: See Attached Page 2 for additional details located: Riverside, IL 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 11 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative 8a. Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any Teamsters Local 731 International Brotherhood of Team 8d. Tel. No 8e. Cell No. (630) 887-4100 1000 Burr Ridge Parkway Suite 300 8g. E-Mail Address IL Burr Ridge 60523-8f. Fax No. (630) 887-4114 john@teamsters731.org 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification 01/01/2018 07/31/2020 11. 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) 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 organiza ions and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: Manual Mail Mixed Manual/Mail any such election. 13c. Election Time(s): 13d. Election Location(s): 13b. Election Date(s): 05/29/2020 10:00 a.m.-10:30 a.m. Lunchroom 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 14a. Name and Title James F. Hendricks Jr. Attorney 2215 York Road Suite 310 Leech Tishman Fuscaldo & Lampl LLC Oak Brook 60523-14f. F-Mail Address 14c. Tel No. 14d Cell No. 14e Fax No. jhendricks@leechtishman.com (630) 505-1600 (312) 501-1000 (630) 505-1608

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

Title

Attorney

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

Signature

James F. Hendricks Jr.

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
	13-RM-260148	5/8/20		

Employees Included

Regular full time and part time utility employees, garage attendants, drivers and stock room attendants

Employees Excluded technicians, guards and supervisors as defined in the Act

Alan M Kaplan

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
13-RM-260779	5/22/20		

05/22/2020 15:55:52

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by 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. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - 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. 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. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 23264 S. Youngs Rd. Suite 800 IL Channahan 60410-2a. Name of Employer/Petitioner Direct Trucking Corporation d/b/a Sparcway Transport 3b. Address (If same as 2b – state same) 200 N. Martingale Suite 800 3a. Employer/Petitioner Representative - Name and Tile Alan M Kaplan Attorney Schaumburg 60173 3c. Tel. No. 3f. E-Mail Address 3e. Fax No (630) 939-5807 (630) 939-5807 (847) 734-1089 akaplan@masudafunai.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Goods 5a. Description of Unit Involved 5b. City and State where unit is located: Included: See Attached Page 2 for additional details Channahon, IL 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 29 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative 8a. Recognized or Certified Bargaining Agent - Name Michael Moore 8b. Affiliation, if any Teamsters Local No. 705, IBT 8d. Tel. No 8e. Cell No. (312) 738-2800 1645 W. Jackson 8g. E-Mail Address 8f. Fax No. IL Chicago 60612-9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 07/31/2020 11. 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) 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 organiza ions and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: Manual Mail Mixed Manual/Mail any such election. 13c. Election Time(s): 13d Election Location(s): 13b. Election Date(s): June 10, 2020 4-6 a.m. ad 4-6 p.m. Employer's facility; safety room 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 14a. Name and Title Alan M Kaplan Attorney 200 N. Martingale Suite 800 Masuda, Funai, Eifert & Mitchell, Ltd. IL Schaumburg 60173-14c Tel No. 14f. F-Mail Address 14d Cell No. 14e Fax No. akaplan@masudafunai.com (630) 939-5807 (603) 939-5807 (847) 734-1089 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date

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

Attorney

Alan M. Kaplan

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included full-time and regular part-time local, city and regional drivers

Employees Excluded

owner-operator drivers, independent contractors, managerial employees, confidential employees, office clerical employees and guards, professional employees and supervisors as defined in the Act

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RM PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	13-RM-260971	Date Filed 5/29/20					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by 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. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - 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. 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/Petitioner: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 23264 S. Youngs Road, Chanahan, IL 60410 Direct Trucking Corporation 3a. Employer/Petitioner Representative - Name and Title: 3b. Address (if same as 2b - state same): Masuda, Funai, et al., 200 N. Martingale, Suite 800, Schaumburg, IL 60173 Alan M. Kaplan, Attorney 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address akaplan@masudafunai.com 847.734.8811 630.939.5807 847.734.1089 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service trucking and logistics services Logistics/Trucking 5a. Description of Unit Involved: 5b. City and State where unit is located: Included: Chanahan, IL full-time and regular part-time local, city and regional drivers 6. Number of Employees in Unit: owner-operator drivers, independent contractors, managerial employees, confidential el 29 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) Th. 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: Teamsters Local Union No. 705, IBT Int'l Brotherhood Teamsters 8c. Address: 8d. Tel. No. 8e. Cell No. 1645 W. Jackson, Chicago, IL 60612 312.738.2800 8f. Fax No. 8g. E-Mail Address 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 7/31/2020 June 27, 2013 11. 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) 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) none 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 13a. Election Type: There is a sufficient showing of interest to support the RM Petition. Manual Mail Mixed Manual/Mail 13b. Election Date(s): 13c. Election Time(s): 13d. Election Location(s): June 3, 2020 Noon 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14a. Name and Title: 14b. Address (street and number, city, State and ZIP code): Alan M. Kaplan, Attorney 200 N. Martingale, Suite 800, Schaumburg, IL 60173 14c. Tel. No. 14d. Cell No. 14e, Fax No. 14f. E-Mail Address 847.734.8811 630.939.5807 847.734.1089 akaplan@masudafunai.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) одагите Title Alan M. Kaplan Attorney

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RM PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
13-RM-261032	5/29/20					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by 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.

petition must also be accompan- the employer has good faith un- employees who no longer wish t	certainty a	bout majority su	ipport fo	or an existing repres	sentative. How	as made a vever, if the	demand for evidence r	r recognition on the el eveals the names and	nployer or that d/or number of	
PURPOSE OF THIS PETITIO the Employer/Petitioner to be uncertainty about majority sup named in this petition, this sta National Labor Relations Bo	e recogniz port for an itement sh	ed as the repre- existing represe all not be deem	esentati entative ed mad oper au	ve of employees o . If a charge under s le. The Petitioner a thority pursuant to	of the Employer Section 8(b)(7) Illeges that the Section 9 of	er/Petitioner of the Act in the following the Nationa	or the Ennas been fil g circumsta al Labor Re	nployer/Petitioner has led involving the Empl ances exist and requ elations Act.	a good faith over/Petitioner	
2a. Name of Employer/Petitioner:				dress(es) of Establish	ment(s) involved	(Street and	number, City	y, State, ZIP code):		
Lipari Foods Operating Co. LLC				3400 West Lake Street, Melrose Park, Illinois.						
3a. Employer/Petitioner Represent	tative - Nar	ne and Title:	3b. Ade	dress (if same as 2b -	state same):			***************************************	7.55	
Brian A. Zilo, Director of			2666	1 Bunert Rd. W	Varren MI 4	principal status,		10.75000,100		
3c. Tel. No.	3d. Cell N			3e. Fax No. 3f. E-Mail						
(586) 563-2888		344-6412		(586) 563-288		Brian 2	Zilo(a),lip	arifoods.com		
4a. Type of Establishment (Factory,	mine, whole	esaler, etc.)		4b. Principal Produc	t or Service					
Wholesale Distribution				Food						
5a. Description of Unit Involved: Included:							5b. City ar	nd State where unit is lo	cated:	
All full time and regular p	oart time	shuttle & ro	oute di	river, helpers an	nd floaters.		Melrose Park, IL			
Excluded:	1		C				275 (E.S.C.	r of Employees in Unit:		
Other employees, clerical Unless a charge alleging a violation of	employ	ees, guards,	profes	ssional employe	es and supe	ervisors	24			
omiess a charge alleging a violation of ☐ 7a. A labor organization made a ☑ 7b. The Employer/Petitioner has	demand for	recognition on the	e Emplo	ver/Petitioner on (Date	9)					
8a. Name of Recognized or Certific	d Bargain	ing Agent - Name)	1,000,000,000,000,000			8b. Affiliati	on, if any:		
International Brotherhood	l of Tear	nsters Local	703	2000						
8c. Address:	00000	1000	7 5-0-70-70-70-7		8d. Tel. No.		8e. Cell No	0.		
1333 Butterfield Rd #110	, Downe	ers Grove, IL	6051	0515 312 738-1		350				
					8f. Fax No.		8g. E-Mail	Address		
9. Date of Recognition or Certification October 1, 2018	1	100000000000000000000000000000000000000						Current or Most (Month, Day, Year)		
11. Is there now a strike or picketing	at the Empl	over's establishm	ent(s) in	volved? No	If so, approxim	ately how ma	anv emplove	es are participating?		
(Name of Labor Organization)			,	110				er since (Month, Day, Y	ear)	
12. Organizations or individuals other	than those	named in item 8	which h	ave a contract with the		A CONTRACTOR OF THE PARTY OF TH				
demanded recognition as represe above. (If none, so state)		d other organizati				ative interest	in any emplo	eyees in the unit describe		
12a. Name and affiliation if any 12b. Address						о.	12d. Cell No.			
000000000000000000000000000000000000000				3355	alt.	12e. Fax No	о.	12f. E-Mail Address		
13. Election Details: If the NLRB con June 18, 2020	nducts and	election in this ma	itter, stal	te your position with re	espect to any su	ch election:	13a. Election Manua	Transfer to the second	d Manual/Mail	
13b. Election Date(s):	y:=-	13c. Election Tin				13d. Election Location(s):				
14. Representative of the Employer 14a. Name and Title: Richard O. Brown, Attorney		who will accept	service	of all papers for pur 14b. Address (street 2 Chase Corpor	and number, cit	y, State and	ZIP code):			
I4c. Tel. No.	14d. Cell N			14e. Fax No.		14f. E-Mail				
205 226-5461	205 83			205 323 7674			@constar	ngy.com		
declare that I have read the above	petition a			re true to the best of					I Data	
Name (Print)		Signature	0	R	Title				5-29-20	
Richard O. B.	rown	/ _ /	U,	1 Della	- 1/	ttor.	ney		コイアムし	