FORM NLRS-502 (RC) (4-15) .

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-230151 Date Filed

10/30/2018

RCPEI	ITION	13-RC-2	230131	10/30/2018
INSTRUCTIONS: Unless e-Filed usin	g the Agency's website, w	ww.nirb.gov, submit a	n original of this Petition	to an NLRB office in the Region
in which the employer concerned is	located. The petition mus	be accompanied by b	oth a showing of interes	(see 6b below) and a certificate
of service showing service on the en				
(Form NLRB-505); and (3) Description				
with the NLRB and should not be see	rved on the employer or an	v other party.		
1. PURPOSE OF THIS PETITION: RC-CERT	IFICATION OF REPRESENTAT	VE - A substantial number	of employees wish to be represe	inted for purposes of collective
bargaining by Petitioner and Petitioner desi				
requests that the National Labor Relation 2a. Name of Employer	ns Board proceed under no pro	per authority pursuant to	Section 8 of the National Lab (s) involved (Street and number	or Relations Act.
Goodwill Industrias	southernten alt 5	30 E CEANT	Ava B 1- Cont	ates, IC 60088
3a. Employer Representative – Name and Ti		3b. Address (if same as	2b – state samei	ares, pe er so
Jackeline E. Hall		5400 5.60	M Chrowt Lor	pholos 41153129
	id, Cell766,	3e. Fax No.	of E-Mail	Address
414 847-4200		(414) 448-	1199 bekin	hallberg @goodwills
42. Type of Establishment (Factory, mine, who	levaler, etc.) 4b. Principal pro	Litz or service	5a. (City and State when Junit's located: Co
Food balley	Food	service.		reat lakes II
		The second secon	The state of the s	
Included: All full-time & fact.	Tion Food Service a	indias senten	d' coeper secretzi	300
Trace of Dat Di YO IS	FRANCE WAY	700		DO. DO A BUCSTANDAI NUMBER (30%)
Excluded: Jupesvisen / money	is iscusificational	hand other	Categorics	or more) of the employees in the unit wish to be represented by the
excuded und	les the det.	M 1=1 +=0 =	V	Potitioner? Yes No
	nition as Bargaining Represental	ive was made on (Date)	and Employer	declined recognition on or about
	(Date) (If no reply received	, so state).		-
7b. Petitionier is curre	intly recognized as Bargaining Re	presentative and desires ce	edification under the Act.	
8a. Name of Recognized or Certifled Bargain	iling Agent (If none, so state).	8b. Address		
Sc. Te No. 8	d Cell No.	Sc. Fax No.	8f. E-Mail	Attidence
SC. Tel NO.	a Ces No.	DIS. PEX NO.	GI_ EXIVIGSI A	nui ess
3g. Affiliation, if any	T	Sh. Date of Recognition or C	Certification 8i. Expirati	on Date of Current or Most Recent
			Contract, if	any (Month, Day, Year)
Is there now a strike or picketing at the Emple	oyers establishment(s) involved?	- if so, approxim	lately how many employees are	participating?
(Name of labor organization)	has picke	ited the Employer since (Mo	orth, Day, Year)	*
Organizations or individuals other than Petit				and other organizations and individuals
known to have a representative interest in any o	imployees in the unit described in	mem op apove. (II none, Se	o state/	
Ioa. Name	10a, Address		10c. Tel. No.	10g, Celi No.
			Ide. Fax No.	'0" E-Mail Address
any such election. PCV 13, 2018			11a. Election Type: Menua	Mai Mixed Manual/Mail
any such election. Pov 13, 3018 No v 13, 3018	11c. Election Time(s):		1d. Election Location(s):	
NOV 13, 2018	di i	43 - 6 pm	Breakfoom in	Iri Gelley
iza. Fuii name di remenier (mejuong iocari	name and number)		2b. Address (street and number	r, city, state, and ZIP chale) 5+ 3
OCAL 881 UFCW		i	1330 6 16011	Proc Despectification
2c. Full name of national or international labor	aganization of which Petitioger is	an affiliate or constituent (i	Internatio	40018
United Food and	e Celi No.	42f. 58x No.	12g. E-Mail	
297)294-5064 63	0 1543100 (847) 757-7107	7 1905-520	1 101 Intal P. 3
3. Representative of the Politioner who will				J
3g. Name and Title		13b. Address (street and no	umber, city, state, and ZIP code	
loises Zavala Oscanizio	a Directal	1350 5 Toucky +	umber, city, state, and ZIP code fuc. Stc 300 C. Ve.	plaines IL 600/8
		- married and the state of the	13f. E-Mail /	Address
Co. 2.1 oc. 1 PH PE Jone 5 T J J J 1 1 1 1 1 1 1	t-vt.ell No.	13e Fax No.	Total Edward	A 44 /
	1. tell No.	847757-7/0	7 Meiszsza	valuplece (881 ofces)
declare that I have read the above petition a	1. tell No.	847757-7/0	7 Meiszsza	valu precelogioscus
declare that I have read the above petition a	1. tell No.	547757-7/o to the best of my knowled Title	7 Mers 24 Ige and belief.	120/10
declare that I have read the above petition a	d. tell No. 35 15 1-3/00 () and that the statements are true	to the best of my knowled Title	7 Wers Za	130/18

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	13-RC-228458	Date Filed	10/2/18				

INSTRUCTIONS: Unless e-Filed us							
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) Descript	•			-	RB 4812). The si	howing of int	erest should only be filed
with the NLRB and should not be s					,,		
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner di requests that the National Labor Relational	esires to be certifi	ed as representativ	ve of the e	employees. The l	Petitioner alleges th	nat the following	g circumstances exist and
2a. Name of Employer	ions Board proc				t(s) involved (Street a		
Securitas Critical Infrastructure Se		101 S		lvd, Zion, IL 6			
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) 24 Salem Market Place, Salem, CT 06420							
3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address							
860-859-1001	860-859-1001						
4a. Type of Establishment (Factory, mine, v SECURITY AGENCY	/holesaler, etc.)	4b. Principal pro	duct or se	rvice		5a. City Salem,	and State where unit is located: CT
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: ALL FULL-TIME AND PAR	T-TIME ARME	O AND UNARME	ED SECL	JRITY OFFICE	RS PERFORMING	G GUARD	18
DUTIES AS DEFINED IN SECTION 9 CRITICAL INFRASTRUCTURE, INC				ATIONS ACT,	EMPLOYED BY S	SECURITAS	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
Excluded: ALL OFFICE CLERICAL EMPL	OYEES, PROFES	SSIONAL EMPLOY	EES AND	SUPERVISORS	AS DEFINED BY TH	IE ACT.	Petitioner? Yes 🗸 No
Check One: 7a. Request for red					an	nd Employer dec	lined recognition on or about
H —		(If no reply received					
			epresenta		certification under the	e Act.	
8a. Name of Recognized or Certified Barr		none, so state).		8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax	(No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date	Date of Recognition or Certification 8i. Expiration Date of Cul Contract, if any (Month, I			Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? NO	If so, approxi	imately how many er	mployees are pa	rticipating?
(Name of labor organization)		, has pick	eted the E	Employer since (A	Month, Day, Year)		
10. Organizations or individuals other than I known to have a representative interest in a	etitioner and tho	se named in items	8 and 9, v	which have claime	ed recognition as rep		other organizations and individuals
10a. Name	10b. Add	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in thi	s matter, state you	r position	with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): October 16, 2018	mail	ection Time(s):			11d. Election Local mail		
12a. Full Name of Petitioner (Including Io International Union, Security, Police and F			FPA)		12b. Address (stree 25510 Kelly Road,		city, state, and ZIP code) 8066
12c. Full name of national or international la International Union, Security, Police and F				ate or constituent	t (if none, so state)		
12d. Tel No. 586-772-7250 X111	12e, Cell No. 586-872-5634		12f. Fa: 586-772			12g. E-Mail Ad organize@spfp	
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	r purpos	es of the repres	entation proceeding	g.	
13a. Name and Title Gordon Grego	ory, Genera	al Counsel			d number, city, state, 27, Detroit, MI 48226	and ZIP code)	
13c. Tel No. 313-964-5600			13e. Fax No.				
I declare that I have read the above petiti	on and that the s	statements are tru			ledge and belief.	<u>_</u>	
Name (Print) Signature () 1 Title Date							
Dwayne Phillips	trance	thelens		ing Director		9/28/18	
WILLFUL FALSE STATEME	nts onnthis Pe	TITION CAN BE F	UNISHE	D BY FINE AND	IMPRISONMENT (U.	.s. CODE, TITL	E 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 13-RC-228541

DO NOT WRITE IN THIS SPACE
Date Filed
10/3/18

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

with the NLRB and should <u>not</u> b	e served on the	employer or an	y other p	party.			
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	-CERTIFICATION OF er desires to be certifi	REPRESENTATI	IVE - A sub ve of the er	ostantial number mployees. The I	Petitioner alleges that	t the following	circumstances exist and
2a. Name of Employer		2b. Ad	dress(es)	of Establishment	t(s) involved (Street and		
CEMEX Materials		42	226 W. Lav Lyons 605	vndale Ave			
3a. Employer Representative - Name	and Title		3b. Add	iress (If same as	2b – state same)		
Brent Pommerening			1 12	226 W. Lawndale Lyons 60534-11	Ave		
3c. Tel. No.	3d. Cell No.		3e. Fax			3f. E-Mail Addre	ess
	(312) 599-0838	3				brentr.pommeren	ing@cemex.com
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro	duct or ser	rvice		5a. City a	nd State where unit is located:
Construction - Raw Mate	rials	Produ	action and I	Delivery of Read	y Mix Concrete		Lyons, IL
5b. Description of Unit Involved		N. C.					6a. No. of Employees in Unit:
Included: See Attached Page 2 for add	ditional details						2
	and the second						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for add	ditional details						or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []
Check One: 7a, Request for	or recognition as Barg	aining Representa	ative was m	nade on (Date) 1	0/01/2018 and	Employer decli	ned recognition on or about
		(If no reply receive			GIG II/2010 GITG	Employer doon	nou roodgilition on or about
7b. Petitioner		, , ,			certification under the A	Act	
8a. Name of Recognized or Certified			ioprocoma.	8b. Address	oortmodion andor the	iot.	
8c. Tel No. 8d Cell No.			8e. Fax No.			8f. E-Mail Address	
8g. Affiliation, if any					8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or individuals other the known to have a representative interest.	an Petitioner and tho	, has pick	keted the E	mployer since (I	Month, Day, Year)ed recognition as repre		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
			10e. Fax No.			10f. E-Mail Address	
11. Election Details: If the NLRB cond any such election.	lucts an election in the	is matter, state you	ur position	with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Location	on(s):	
October 12, 2018	8:00 a.	m.			44th Street and First	Ave., Lyons, IL	, in the quality control trailer of Relia
12a, Full Name of Petitioner (Includin Richard Blevins Teamsters Local Union No. 786	g local name and no	umber)			12b. Address (street 300 S Ashland Ave S IL Chicago 60607-27		ity, state, and ZIP code)
12c. Full name of national or internation International Brotherhood of Teamsters	al labor organization	of which Petitioner	is an affilia	ate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax	No.		12g. E-Mail Add	dress
(312) 666-2750	(773) 491-2356		(312) 66			rblevins@team	sterslocal786,org
13. Representative of the Petitioner w	vho will accept serv	ice of all papers f					
13a. Name and Title Anthony Pinelli Teamsters Local Union No. 786			53 W Ja	dress (street and ackson Blvd Ste ago 60604-3574	d number, city, state, ar 1215	nd ZIP code)	
13c. Tel No.	13d, Cell No.		13e. Fa:	x No.		13f. E-Mail Add	ress
(312) 583-9270			(312) 36			apinelli@pinelli	-law.com
I declare that I have read the above p	etition and that the	statements are tr	ue to the b	est of my know	rledge and bellef.		
Name (Print)	Signature		Title			Date	
Richard Blevins	Richard Blevins		Recordi	ng Secretary		10/3/2018 0	9:35:09

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

PRIVACY ACT STATEMENT

DO NOT WRITE	IN THIS SPACE	
Case 13-RC-228541	Date Filed 10/3/18	

Employees Included All Plant Operators, Drivers, End Loaders and Yard Laborers

Employees Excluded All other employees, office clerical employees and guards, professional employees and supervisors as defined by the act

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 13-RC-228564	Date Filed 10/3/18			

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) 1280 Howard St Grove Village 60007-2212 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1280 Howard St IL Elk Grove Village 60007-2212 Chris Bakutis 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cbakutis@nuco2.com (847) 593-3564 (772) 349-4456 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Beverage grade carbon dioxide Elk Grove Village, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): October 17, 2018 1280 Howard St., Elk Grove Village, IL; employees' breakroom 6:00-7:00am 12a. Full Name of Petitioner (*including local name and number*) Alex M Tillett-Saks Teamsters Local 705 12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. 7 h Floor 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address ats@1705ibt.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (312) 738-2823 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Legal Counsel Alex M. Tillett-Saks 10/3/2018 12:01:23 Alex M Tillett-Saks

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

Attachment

DO NOT WRITE	IN THIS SPACE
Case 13-RC-228564	Date Filed 10/3/18

Employees Included

All full-time and regular part-time drivers and technicians.

Employees Excluded

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 13-RC-228679

Date Filed 10/5/18

DO NOT WRITE IN THIS SPACE

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.

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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)							
University of Chicago Medical Center 5841 South Maryland Ave., Chicago, IL 60637							
3a. Employer Representative – Name and		Consultant	3b. Address (If same as	,	MC 1096 C	hicago II 60637	
Mark J. Lubus, Employee and Lab		Consultant	5841 S. Maryland A		3f. E-Mail Addre		
3c. Tel. No. (773) 702-6880	3d. Cell No. (312) 852-14	132	3e. Fax No.			@uchospitals.edu	
4a. Type of Establishment (Factory, mine, w.	` '		oduct or service			nd State where unit is located:	
Acute Care Hospital	noresarer, etc.)	Healthcare	oddol of service			, Illinois	
5b. Description of Unit Involved		11001110010	V		1	6a. No. of Employees in Unit:	
Included: See Attachment A			×		-	350 6b. Do a substantial number (30%	
See Attachment A						or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
Check One: 7a. Request for red	cognition as Barg	aining Represen	tative was made on (Date) _	and	Employer decli		
H		(if no reply receiv				,	
			Representative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Barg None	aining Agent (If	f none, so state).	. 8b. Address				
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address					ess		
8g. Affiliation, if any				ration Date of Current or Most Recent t, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the En							
			cketed the Employer since (I				
Organizations or individuals other than P known to have a representative interest in an None					esentatives and	other organizations and individuals	
10a. Name	10b. Add	dress	+1	10c. Tel. No.		10d. Cell No.	
				10e, Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in thi	is matter, state yo	our position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): Tuesday, October 16, 2018		lection Time(s): -9:00AM, 11:00A	M-2:00PM, 4:30PM-7:30PM	11d. Election Locati CCD Conference R			
12a. Full Name of Petitioner (including loc National Nurses Organizing Committee (N		umber)		12b. Address (stree 155 Grand Ave., Oa		ity, state, and ZIP code) 12	
12c. Full name of national or international lal American Federation of Labor and Congres				t (if none, so state)			
12d. Tel No. 510-273-2200							
13. Representative of the Petitioner who	will accept servi	ice of all papers	for purposes of the repres	entation proceeding			
13a. Name and Title Marie Walce	k, Legal (Counsel	13b. Address (street and 155 Grand Ave., Oakland, C		and ZIP code)		
13c. Tel No. 510-433-2742	13d. Cell No.		13e. Fax No. 510-663-4822		13f. E-Mail Add mwalcek@natio	dress onalnursesunited.org	
I declare that I have read the above petition	on and that the	statements are t	rue to the best of my know	ledge and belief.			
Name (Print) Sig	pature		Title		Date		
Marie Walcok	1 / //		Legal Counsel		10/5/18		

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

PRIVACY ACT STATEMENT

Attachment A

RC Petition University of Chicago Medical Center

by National Nurse Organizing Committee (NNOC)

5b. Unit Involved:

Existing Unit

All non-supervisory registered nurses, in the classifications of Nurse Associate, Staff Nurse, Clinic Nurse I and II (Student Health Services and UCPCG), Flight Nurse, and Operating Room Nurse, performing nursing duties in the Nursing Department of the Hospitals, who are regularly scheduled to work at least forty (40) hours per biweekly period and all non-supervisory registered nurses in the classifications of Nurse Associate, Registered Nurse, Staff Nurse, Clinic Nurse I and II, performing nursing duties in the Electrophysiology Lab and in G.I. Procedures employed by the Employer at its facilities with its administrative offices currently located at 5841 South Maryland Avenue, Chicago, IL; but excluding all other employees, confidential employees, casual employees, office clerical employees, guards, and supervisors as defined in the National Labor Relations Act.

Voting Group

Included: All non-supervisory registered nurses (RNs) in the classifications of Care Coordinator, Case Manager RN, Clinic Nurse, Clinical Documentation Specialist, Lactation Consultant, Nurse Associate, Patient Logistics Nurse, Procurement Coordinator, Resource Nurse, Special Procedures Nurse, Transplant Coordinator, Transplant Nurse, and Utilization Review Nurse, performing nursing duties, who are regularly scheduled to work at least 40 hours per bi-weekly period or who are In-House Registry (IHR), employed by the Employer at its facilities at which some RNs are currently represented by National Nurses Organizing Committee (NNOC) with administrative offices at 5841 South Maryland Ave., Chicago, IL, and at the Center for Advanced Care at Orland Park (Orland Park Clinic)(14290 S. La Grange Rd., Orland Park, IL), the Outpatient Senior Health Center at South Shore (South Shore Clinic)(7101 S. Exchange Ave., Chicago, IL), and the Center for Advanced Care at South Loop (South Loop Clinic)(1101 S. Canal St., Suite 201 and 202, Chicago, IL).

Excluded: All RNs already represented by NNOC, all other employees, confidential employees, casual employees, office clerical employees, guards, and supervisors, as defined in the National Labor Relations Act.

Resulting Unit

Included: All non-supervisory registered nurses in the classifications of Care Coordinator, Case Manager RN, Clinic Nurse I and II, Clinical Documentation Specialist, Flight Nurse, Lactation

Consultant, Nurse Associate, Nurse Specialist ECMO, Operating Room Nurse, Operating Team Leader, Patient Care Support Nurse, Patient Logistics Nurse, Procurement Coordinator, Registered Nurse, Registered Nurse EP-GI, Resource Nurse, Special Procedures Nurse, Staff Nurse, Transplant Coordinator, Transplant Nurse, and Utilization Review Nurse, performing nursing duties, who are regularly scheduled to work at least 40 hours per bi-weekly period or who are In-House Registry (IHR), employed by the Employer at its facilities with its administrative offices at 5841 South Maryland Ave., Chicago, IL, and at the Center for Advanced Care at Orland Park (Orland Park Clinic)(14290 S. La Grange Rd., Orland Park, IL), the Outpatient Senior Health Center at South Shore (South Shore Clinic)(7101 S. Exchange Ave., Chicago, IL), and the Center for Advanced Care at South Loop (South Loop Clinic)(1101 S. Canal St., Suite 201 and 202, Chicago, IL).

Excluded: All other employees, confidential employees, casual employees, office clerical employees, guards, and supervisors, as defined in the National Labor Relations Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 13-RC-229123	Date Filed 10/12/18					

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) 7700 Graphic Dr IL Tinley Park 60477-6228 Jet Services, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7700 Graphic Dr IL Tinley Park 60477-6228 Jim Erickson 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (708) 638-3438 jim.erickson@proshred.com (708) 570-2743 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: transport shredded materials Tinley Park, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): October 30 6:30am-7:30am 7700 Graphic Drive, Tinley Park, IL - employees' break room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Alex M Tillett-Saks Teamsters Local No. 705 1645 W. Jackson Blvd. 7 h Fl. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address ats@1705ibt.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (312) 738-2823 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Legal Counsel Alex M. Tillett-Saks 10/12/2018 13:36:34 Alex M Tillett-Saks

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

Employees Included

All full-time and regular part-time drivers, helpers, and warehouse employees.

Employees Excluded

All mechanics and sales people, and managerial employees, guards, professional employees, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

	DO NOT WRITE IN THIS SPACE						
Case No.	13-RC-229126	Date Filed 10/12/18					

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

(Form NLRB-505); and (3) Desc	ription of Repres	entation Case	Procedures (Form N.	LRB 4812). The sh	owing of int	erest should only be filed	
with the NLRB and should not I	be served on the	employer or ar	ny other party.	,	•		
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	-CERTIFICATION OF er desires to be certifi	REPRESENTAT	IVE - A substantial numberive of the employees. The	e Petitioner alleges th	at the following	circumstances exist and	
2a. Name of Employer	teladons board proc	2b. A	ddress(es) of Establishme	ent(s) involved (Street a			
Duqua Services Inc.		7	700 Graphic Dr L Tinley Park 60477-6228	,,	, ,	, ,	
3a. Employer Representative - Name	3b. Address (If same	as 2b – state same)	· · ·				
Rodney Quasny			7700 Graphic Dr IL Tinley Park 60				
3c, Tel. No. 3d, Cell No. 3e, Fax No. 3f, E-Mail Address						ess	
(312) 480-8900 (708) 570-2743 rodney.quasny@proshred.com						proshred.com	
<u> </u>	4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located:						
Trucking	. ,	· · ·	transfer shredded ma	aterials		Tinley Park₃ IL	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ac	Iditional details					9	
Excluded: See Attached Page 2 for ac	Iditional details	<u> </u>				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 f	or recognition as Barg	aining Represent	ative was made on (Date)	and	d Employer deci	ined recognition on or about	
-	(Date)	(If no reply receive	ed, so state).		And		
8a. Name of Recognized or Certified			Representative and desire 8b. Address	s certification under the	Act.		
ba. Name of Necognized of Certified	Darganing Agent (11	none, so statej.	ob Address				
8c. Tel No.	8d Cell No.	·	8e. Fax No.	(8f. E-Mail Add	ress	
8g. Affiliation, if any			8h. Date of Recognition	or Certification		Expiration Date of Current or Most Recent ontract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the	ne Employer's establis	shment(s) involved	d? If so, appro	oximately how many em	nployees are pa	rticipating?	
			keted the Employer since			· •	
(Name of labor organization)							
Organizations or individuals other the known to have a representative interest	in any employees in	se named in items the unit described	s 8 and 9, which have claii I in item 5b above. <i>(If non</i>	med recognition as repr e, so state)	resentatives and	other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	lucts an election in thi	is matter, state yo	ur position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s): October 30, 2018		lection Time(s):			d. Election Location(s):		
12a. Full Name of Petitioner (including		n-7:30am umber)		12b. Address (stree	7700 Graphic Drive, Tinley Park, IL - employees' break room 12b. Address (street and number, city, state, and ZIP code)		
Alex M Tillett-Saks Teamsters Local No. 705 12c. Full name of national or internation			r in an offiliate or constitu	1645 W. Jackson Bh Chicago 60653-	vd. 7th Fl.		
International Brotherhood of Teamsters	iai iaboi oiganization	of which Pelitione		ent (ii none, so state)			
12d. Tel No. 12e. Cell No. (312) 738-2800			12f. Fax No. (312) 738-2823	12f. Fax No. 12 (312) 738-2823 at		12g. E-Mail Address ats@l705ibt.org	
13. Representative of the Petitioner	who will accept servi	ice of all papers		esentation proceeding	1	-	
13a. Name and Title	·					;	
13c. Tel No.	13d. Cell No.	<u>.</u>	13e. Fax No.		13f. E-Mail Ad	dress	
I declare that I have read the above p	etition and that the	statements are tr	rue to the best of my kno	owledge and belief.			
Name (Print)	Signature		Title		Date	``	
Alex M Tillett-Saks	Alex M. Tillett-Saks		Legal Counsel		10/12/2018	13:19:43	

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

PRIVACY ACT STATEMENT

Attachment

Employees Included

All full-time and regular part-time drivers and helpers., and warehouse employees.

Employees Excluded

All mechanics and sales people, and managerial employees, guards, professional employees, and supervisors as defined by the Act.

FORM NLR8-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE									
Case No.	13-RC-229569	Date Filed 10/19/18							

	K	CPETITIO	N					13-	KC-223	309	10)/15/10	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition mu named in the	st be accomp petition of: (1	anied by	y boti tition	h a sh ; (2) \$	nowing of interest (statement of Positio	see 6b on forn	below) and n (Form NLF	a certificat (B-505); and	e of service si f (3) Descripti	howing selon of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: It bargaining by Petitioner and Petiti requests that the National Laboration	ioner desires to	be certified as	s represe	ntatív	e of th	he employees. The F	etitio	ner alleges t	hat the folk	owing circum:	stances e		
2a. Name of Employer:			2b. Add	ress(e	es) of	Establishment(s) inv	olved	(Street and n	umber, City,	State, ZIP cod	de):		
Jones Lang La Salle				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 200 E Randolph Chicago, IL 80601									
3a. Employer Representative - Nan	ne and Title:		3b. Address (if same as 2b - state same):										
Kenneth Wolff, Regional Operations Manager				Same									
3c. Tel. No. 312-782-5800	3d. Cell No. 269-823-9440		3e. Fax No. 312-938-7039				3f. E-Mail Address kerneth wolfl@am.jll.com						
4a. Type of Establishment (Factory, a	mine, wholesale	er, etc.)		4b. F	rincip	al Product or Service	ê		5a. City and	d State where	unit is loca	ated:	
Grocery Store				Mair	itenand	ce			St. Charles,	IL			
5b. Description of Unit Involved:	-								6a. Numbe	r of Employees	s in Unit:		
Included; All Full-time and regular part-time skilled in Office located at 855 South Randall Road, Excluded;	naintenance emplo St. Charles, IL 60	oyees working fo 0174	r Jones La	ng La	Salle o	on the Meijer account ou	ut of the	St Charles	9 6h Do o o	ibstantial numb	1900	os maco)	
Office clerical, professional employees, ma			defined b	v The	Act				h to be				
Check One: 7a. Request for rec						on (Date)		and		nted by the Pe eclined recogn		x Yes No	
on or about (Date)		(If no	о герју ге	ceive	d, so	state).			Limpioyora	comica rocegi			
						and desires certificati	on und	der the Act.					
8a. Name of Recognized or Certifie	ed Bargaining .	Agent (if none	e, so state	9)	BD. AC	idress:							
8c. Tel. No.	8d. Cell No.			8e. Fax No. 8f. E-			8f. E-Mail Ad	f. E-Mail Address					
8g. Affiliation, if any:			8h	. Date	Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)								
9. Is there now a strike or picketing a	t the Employer'	's establishmer	nt(s) invo	lved?	,	If so, appro	oximat	ely how man	y employees	are participati	ing?		
(Name of Labor Organization)							, 1	has picketed	the Employe	er since (Month	n, Day, Ye	ar)	
Organizations or individuals other individuals known to have a repre										s and other or	ganization	s and	
10a. Name	10	b. Address						10c, Tel. No.		10d. Cell No.			
								10e. Fax No		10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and elec	ction in this ma	itter, stat	e you	r posit	tion with respect to a	ny suc	ch election:	11a. Election		Mixed	Manual/Mail	
11b. Election Date(s): 11-05-2018	11	c. Election Tin	1e(s):					11d. Election	n Location(s):			
12a. Full Name of Petitioner (includ	ing local name	and number):				12b. Address (stree	et and	number, city,	State and 2	IP code):			
International Union of Operating Engineer	s Local 399					2260 S. Grove St. Cl	hicago,	IL 60616					
12c. Full name of national or internat International Union of Operating Engineers		inization of wh	ich Petiti	oner i	s an a	I affiliate or constituent	t (if noi	ne, so state):					
12d, Tel. No. 312-372-9870	12e. Cell No.			12f. Fax No. 12g. E-Mail Address 312-842-1565									
13. Representative of the Petitione	r who will acco	ept service of	all pape	rs fo	r purp	ooses of the repres	entati	on proceedi	1g.	-			
13a. Name and Title: Pat O'Goman, Organizer				13b. Address (street and number, of 2260 S. Grove St. Chicago, IL 60616				y, State and 2	IP code):				
13c. Tel, No. 312-980-6156	13d. Cell No. 773-502-7425			13e. Fax No. 312-842-1565				13f. E-Mail Address pogorman@iuoe399.com					
I declare that I have read the above	e petition and t	that the state	ments ar				ledge	and belief.					
Name (Print)		Signature	100	1	1.1	//	Title					Date	
Pat O'Gorman				tw 46hm			Out	Organizer				10-19-2018	

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-229690	Date Filed 10/22/18							

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition m named in th 12). The show	ust be accome petition of: ving of intere	npanied b (1) the pe st should	y both a sh tition; (2) S only be file	owing of interest (se tatement of Position of with the NLRB and	e 6b belor form (For d should n	w) and a c m NLRB-! iot be serv	ertificate 505); and ved on th	of service I (3) Descrip I employer	showing s tion of Rej or any oth	ervice on presentation er party.		
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratery	ioner desires (to be certified	as represe	ntative of th	e employees. The Pe	titioner al	leges that	the follo	wing circum	nstances e	ellective exist and		
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invol	ved (Stree	t end numi	ber, City.	State, ZIP c	ode):			
				2b. Address(es) of Establishmant(s) involved (Street and number, City, State, ZIP code): 22W760 Poss St, Glen Ellyn, IL 60137									
3a. Employer Representative - Nar	ne and Title:		3b. Add	ress (if sam	e as 2b - state same):								
Patrick O' Brien, Genera	al Manage	г	same										
3c. Tel. No. 630-299-5007	3d, Cell No. 630-379			3e. Fax No			3f. E-Mail Address patrick.obrien2@firstgroup.com						
4a. Type of Establishment (Fectory,	mine, wholesa	iler, etc.)			al Product or Service		- 1		State when	e unit is loca	ated:		
Transit Company				Transp	ortation				n, Illinois	3 11 4	<u>.</u>		
5b. Description of Unit Involved: Included:	time and	teninaa di	cnataha	umer			6a 4		r of Employe	es in Unit:			
All full-time, regular part	-mne and	mannee di	spatche	15,		. A.C.	A 60	Doasu	ostantial nur	nber (30% (or more)		
Excluded: All office Clevial employ Check One: 17 78. Request for rec	aps, aver	b incses	sional C	notices,	and sependas a	the Do	- 1	of the e	mployees in I	the unit wis	h to be		
Check One: 7 7a. Request for rec	cognition as Ev	ameining Rep	resentativ	was made	on (Date) 10/1	1/2018	and En		nted by the F eclined reco		Z 108 140		
on or about (Date)		(if	no reply n	sceived, so	state).		_		,	_			
☐ 7b. Petitioner is cu						n under the	a Act.						
8a, Name of Recognized or Certifi None	ad Bargainini	j Agent (ii no	ne, so stat	9) 8D. Ad	ldress:								
Bc. Tel. No.	8d. Cell No.			8e. Fax No.			8f. E-Mail Address						
Bg. Affiliation, if any:	Affiliation, if any:			h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)									
9. Is there now a strike or picketing a	t the Employe	r's establishm	nent(s) invo	lved? No	▼ If so, approx	kimately ho	w many er	mployees	are participa	ating?			
(Name of Labor Organization)					treat	, has pl	cketed the	Employe	r since (Mon	nth, Day, Ye	er)		
10. Organizations or individuals othe Individuals known to have a representation									s and other o	organization	ns and		
None													
10a, Name	1	0b. Address				10c.	Tel. No.		10d. Cell No).			
									10f. E-Mail /	fall Address			
11. Election Details: If the NLRB co	nducts and ele	ection in this r	natter, stal	e your posit	tion with respect to an			Manual	Mail Mail	Mixed	Manual/Mail		
11b. Election Date(s):		1c. Election T					ion Location(s):						
October 3 Ist, November 7th 11 am - 1 pm				Break Room at facility 12b. Address (street and number, city, State and ZIP code):									
12a. Full Name of Petitioner (include International Brotherhood	-				1300 W. Higg					60068			
12c. Full name of national or internal International Brotherhood			vhich Petiti	oner is an a	filiate or constituent ((if none, so	state):			-			
12d. Tel. No. 12e. Cell No. 847-696-7500			,	12f. Fax No. 12g. E-Mail Address donaldo@teamste					erslocal7	27.org			
13. Representative of the Petitions	r who will ac	cept service	of all pape										
13a, Name and Title: Jayna Brown, Assistant Gen	eral Couns	el, Teamst	ers	1	ess <i>(street and numbe</i> est Higgins Road				60068				
727	194 0-81			12c Eart	10	1426.5	E-Mail Add	men					
13c. Tel. No. 847-696-7500	13d. Cell No.		Va	13e. Fax No. 847-720-4984			jayna@teamsterslocal727.org						
I declare that I have read the above Name (<i>Print</i>)	e petition and	I that the state		re true to th	e dest of my knowle	Title	ज्यात.				Date		
Donaldo Leiva		Griginati	<u> </u>	1/1	7	Organ	izer				612418		

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

		_	_	 -	
Case No.					
Case NO	3-RC-2299	10			
	3-R(-))U	. 4	u		
	J-1(U-44)	"	_		

Do not write in this space

Date Filed 10/26/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Terminal Operations Management 405 Max Court, Sutie 241A, Henderson, NV 89011 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Brian Sowada, Vice-President of Operations Same. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 612/455-8855 763/443-3062 N/A bsowada@terminalops.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Rail Yard Service Provider Service, Repair, Maintenance Franklin Park, IL/Schiller Park, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: SEE ATTACHED RIDER. 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the SEE ATTACHED RIDER. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) N/A Check One: and Employer declined recognition on or about _(Date) (If no reply received, so state). N/A N/A 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8d Cell No. 8e. Fax No. 8c. Tel No. 8f. E-Mail Address N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? N/A (Name of labor organization) N/A has picketed the Employer since (Month, Day, Year) N/A 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) 10b. Address 10a. Name 10c. Tel. No. 10d. Cell No. N/A N/A 10e. Fax No. 10f. E-Mail Address N/A N/A 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): Gate 4 Building Conference Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers, Local 150, AFL-CIO 6200 Joliet Road, Countryside, IL 60525 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d Tel No 12e, Cell No. 12f Fax No 12g. E-Mail Address 708/482-8800 N/A 708/588-1629 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Charles R. Kiser, Attorney 13b. Address (street and number, city, state, and ZIP code) 6140 Joliet Road, Countryside, IL 60525 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No 708/579-6663 708/588-1647 ckiser@local150.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature Date Charles R. Kiser Attorney 10/26/18

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

PRIVACY ACT STATEMENT

Rider

Included:

All full- and regular part-time lead mechanics and mechanics at the Employer's

Bensenville/Franklin Park, and Schiller Park, Illinois, locations.

Excluded:

All terminal operators, lead terminal operators, trailer mechanics, lead trailer

mechanics, temp seasonals, coordinators, lead coordinators, managers, supervisors,

clericals, and guards, as defined by the Act.