UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. Do NOT WRITE IN THIS SPACE Date Filed			
Case No.	Date Filed		
08-RC-244515	7/8/19		

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 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) JSW USA 1500 Commercial Ave., MIngo Junction, OH 43938 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Steve Guzy, General Manager of Operations Same 3c. Tel. No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (412) 212-0701 (412) 258-0110 steve.guzy@acerojunction.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service steel production Mingo Junction, OH 5b. Description of Unit Involved 6a. No. of Employees in Unit: Approximately 230 Included: All full-time and regular part-time production and maintenance employees at the Employer's facility in Mingo, 6b. Do a substantial number (30% Junction, OH or more) of the employees in he Excluded: All temporary employees, office clerical and professional employees, guards, and supervisors as defined in the Act unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 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 None 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) \_\_ If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. (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 Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 7/26/19 5 -7:30 a.m. and 2-4 p.m. main break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222 United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (412) 418-4333 (412) 562-2555 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Brad Manzolillo, USW Organizing Counsel 13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address (412) 562-2529 (412) 418-4333 (412) 562-2555 bmanzolillo@usw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Lanzolillo Organizing Counsel Brad Manzolillo 7/8/19

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.

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

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD PROPERTITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
08-RD-244412	7   5   19					

	RD PETITION			08-	-RD-244412	2	/	12 1 1 3	1
INSTRUCTIONS: Unless e-Filed usl employer concerned is located. Th the employer and all other parties in Case Procedures (Form NLRB 4812	e petition must be accomp named in the petition of:(1)	panied by both a sh the petition; (2) St	nowing of Interest eatement of Pos	st (see 7 b Itlon form (	elow) and a cert (Form NLR8-505	ificate of serv i); and (3) Des	ice showing cription of	g service Represe	e on ntation
PURPOSE OF THIS PETITION: RD recognized bargaining representative Lebor Relations Board proceed ur	e is no longer their represent	ative. The Petitione	r alleges that t	he followin	g circumstances				
2a. Name of Employer FAD Steel		2b. Address(es) of		s) ipvolved APU		er, city, state,	ZIP code)		
3a. Employer Representative - Name		3b. Address (If sar							
419-lddo-5100	ax No.	3e. Cell No.		3f. E-Mail					
	e, wholesaler, etc.)			~ /	al product or serv 2e+ DB	uduct			
5a. Description of Unit Involved Included: All DARGATOR	ng units El	nployees				Ν	City and Stati s located: OR:HOU OHIO		
1	77. Do a substantial number recognized bargaining r	r (30% or more) of t	ne employees in	the unit no	longer wish to be	e represented l	by the certific	ed or cun	ently
8a. Name of Recognized or Certified Ba Sheet Metal L	rgaining Agent				8b. Affiliation, if a	any	C	2019	圣
BC. Address 12515 CORPORA		awd	8d. Tel. No.	-1645	8e. Cell No.		LEVEL		器
44130	70 QD 310331.		8f. Fax No.	70 70	8g. E-Mail Addre	ess	ELA.	ئ	EGVI
9. Date of Recognition or Certification 20 + Yeals	490	10. Expiration Date 9-1-20	e of Current or N	lost Recent	Contract, if any (	Month, Day, Y	ear) 5	呈	20
11a. Is there now a strike or picketing at	CI CI	nt(s) involved?	Yes X No	11b:-If-so	approximately how	w many emplo	vees are par	ticipating	-0
11c. The Employer has been picketed by						,			zation, of
(Insert Address)					S	since (Month, L	ay, Year)		•
12. Organizations or individuals other the									
and individuals known to have a rep 12a. Name	resentative interest in any en 12b. Address	nployees in the unit	described in iter	n 5 above. 12c. Tel. N		12d. Fax N	lo.		
NONE				12e. Cell N		12f. E-Mail	Address		
<ol> <li>Election Details: If the NLRB condi- matter, state your position with respe</li> </ol>	ct to any such election. 🎢	SAP			on Type: Man			ed Manua	
13b. Election Date(s) ASAP.	13c. Election Tir	ле(s) 7 .			on Location(s) W. AW	drus	NOR	thw OH:	000
<sup>14.</sup> (b) (6), (b) (7)(C)									
14a. Address (Street and number, city, s	state, ZIP code)			14b Tel N (b) (6), (l	o) (7)(C)	14c. Fax N	0.		
(b) (6), (b) (7)(C)				14d. Cell N	0.	(b) (6), (l	o) (7)(C)		
14f. Affiliation, if any NONE  15. Representative of the Petitioner w		U <b>6</b>							
15a. Name (b) (6), (b) (7)(C)	no will accept service or al	papers for purpo	ses or the repre	15b.Title	proceeding.	<del></del>			
(b) (6), (b) (7)(C)	(b) (6)	, (b) (7)(C)	(	15d, Tel. N b) (6), (t 15f. Cell No	o) (7)(C)	15e. Fax N — 15g. E-Mai			
declare that I have read the above p	etition and water at the	ents are true to the	best of my kno	wiedge an	d belief.	-			
Name (Print) (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)			(b) (7)(C)		Da 7	ate Filed	19
DAILT EITH CALLST ATTACK	MENTS /	145	DOVEINE AND	THEOREMS	UNICHT HIS 777	THE THILL AN	SECTION .	1001)	

HED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

04.23.30 p.m.

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

> UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT W	RITE IN THIS	SPAC
O8-RD-244812	Date Filed	
08-KD-244812	1 7	1121

RD 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 of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) The Merrick House 1050 Starkweather Avenue, Cleveland, OH 44113 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Michelle Carey 1050 Starkweather Avenue, Cleveland, OH 44113 3c, Tel. No. 3d. Cell No 3e. Fax No. (216)771-5077 (216)771-8030 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Community Center Child Care, GED Cleveland, OH 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All certified community health workers and daycare workers 6b. Do a substantial number (30% or more) of the employees in the Excluded: All Office clerical employees, guards and supervisors as defined in the Act and all other employees. unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [X] No [ Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b: Address Communication Workers of America, Local 4340 1400 E Schaaf Rd, Brooklyn Heights, OH 44131-1322 8d Cell No. 8f. E-Mail Address Sc. Tel No. (216)635-4340, ext. 32 roberts4340@hotmail.com 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification 3 4 5 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) RECEIVED 10. Organizations or individuals other than those named in items 8 and 9; which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees of the jurit described in item 5b above. (If none, so state) 10a, Name Address 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 Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): July 29, 2019 1:00 p.m. to 2:00 p.m. 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state NONE 12g. E-Mail Address 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Pelitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 13c. Tel No. 13d. Cell No. 13e. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) to the best of my (b) (6), (b) (7)(C) I declare that I have read the abov (b) (6), (b) (7)(C) Name (Print) (b) (6), (b) (7)(C)ODE, TITLE 18, SECTION 1601) WILLFUL FALSE STA NISHED BY FINE

PRIVACY ACT STATEM 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 (b) (6), (b) (7)(C)

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No.

08-RD-245553

Date F

Date Filed 7/26/19

**RD PETITION** 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. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently
recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National
Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Kerry's Trucking LLC 19778 Echo Drive, Strongsville, OH 44149 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ruth Kafcsak CEO same 3c. Tel. No. 3d. Fax No. 3e Cell No. 3f F-Mail Address 440-799-5979 440-268-6894 440-799-5979 kerrystrucking@gmail.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Dump-Truck Company/Building Supply Hauling Loose Material 5a. Description of Unit Involved 5b. City and State where unit included: is located: Strongsville, OH CDL Drivers Excluded: N/A 6. No. of Employees in Unit 5 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes No 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any Fred Crow Teamsters Local Union 436 8c. Address 8d. Tel. No. 8e. Cell No. 6051 Carey Drive, Cleveland, OH 44125 216-328-1833 8f Fax No. 8g. E-Mail Address 216-328-1513 local@teamsters436.com 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/012016 06/30/2019 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes X No 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name 12b. Address 12c. Tel. No. 12d. Fax No. None 12e. Cell No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: Manual × Mail Mixed Manual/Mail matter, state your position with respect to any such election 13b. Election Date(s) 13c. Election Time(s) 13d. Election Location(s) 08/05/2019 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14b. Tel, No. 14c. Fax No. 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14d. Çell No. 14e. E-Mail Addr (b) (6), (b) (7)(C 8 14f. Affiliation, if any Member of Teamsters Local Union 436 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a. Name 15b. Title Paul L. Jackson Attorney 15e. Fax No. 15c. Address (Street and number, city, state, ZIP code) 15d Tel No. 222 South Main Street Suite 400 330-376-4577 330-849-6657 Akron, OH 44308 15f. Cell No. 15g. E-Mail Address pjackson@ralaw.com (b) (6), (b) (7)(C) I declare that I have read the above petition nowledge and belief. Name (Print) Title Date Filed (b) (6), (b) (7 (b) (6), (b) (7)(C) 07/25/2019

ND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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

WILLFUL FALSE STATEMENTS

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RD PETITION

HIS SPACE	10000
7/29/19	

INSTRUCTIONS: Unless e-Filed us.	ing the Agency's	s website, <u>www.</u>	nirb.gov,	submit an o	riginal of this Petitic	on to an NLI	RB office in the Region in		
which the employer concerned is l	ocated. The pet	ition must be ac	companie	ed by both a	showing of interes	t (see 6b bel	low) and a certificate of service		
showing service on the employer a	ind all other part	les named in th	e petition	of: (1) the p	etition; (2) Statemer	nt of Positio	n form (Form NLRB-505); and		
(3) Description of Representation (		(Form NLRB 40	812). The	showing of	interest should only	y be filed wit	th the NLRB and should <u>not</u> be		
served on the employer or any oth	er party.								
<ol> <li>PURPOSE OF THIS PETITION: RD-DE- bergaining representative is no longer the proceed under its proper authority pure</li> </ol>	ir representativo. Th	e Petitioner allege:	s that the fo	llowing circum	tal number of employees netances exist and requ	assert that the lests that the N	certified or currently recognized lational Labor Relations Board		
28. Name of Employer		2b. Ad	dross(es) of	Establishment(	s) involved (Street and no	umber, city, Sta	te, ZIP code)		
The Suites at Continuing Healthcare of		2567			OH 44446-5401				
3a. Employer Representative - Name and	Title				2b – atate same)				
Lucy Caruso Administrator  3c. Tel. No.	3d, Cell No.	<del></del>	3e. Fax N	AS ABOVE		3f. E-Meil Address			
(330)652-6745	(843)816-660	7	(330)65				@continuinghc.com		
4a, Type of Establishment (Factory, mine, wh		4b. Principal prod	uct or servic	0		Sa. City	and State where unit is located:		
Assisted Living		Nursing & Reh	ab Facility	<u>y</u>		Niles, (			
5b. Description of Unit Invalved							68. No. of Employees in Unit:		
included: All full-time and regular employed by the Employer at its 2567 Excluded: All office clerical employeemployees, RN's LPN's, professional	Niles-Vicuna Ro écs, administratio	oad, Niles, Ohio f n assistants, recep	acility. ptionists, d	lepartment di	rectors, maintenance		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes  [X] No []		
Check One: 7a. Request for re	counition as Berdato	ino Representative	was made or	n (Date)	and Employ	or declined rec	egnition on or about		
- res readment of the	_	no reply received, s					Times All Al Second		
X 7b, Petitioner is				and desires cert	Mication under the Act,		,		
8a, Name of Recognized or Certified Barg:	Aining Agent			8b. Address					
SETU District 1199 WV/KY/OH The	Health Care and S	Social Service Un	nion,	1395 Dublin	Rd, Columbus, OH	43215-1086	,		
CTW, CLC	T 67 0-11 M-		1 22 5 1			8r. E-Mail Addr			
8c, Tel No. 216-392-9946	8d Cell No.		pe. Fax N	Be. Fax No.					
8g. Affiliation, if any	1 8 9 10 17		8h. Date of Recognition or Certification			djohnson@sciul199.org 8l. Expiration Date of Current or Most Recent			
6	100//2			28, 2016		Contract, if any	(Month, Day, Year)		
/6/		7				October 28,			
	RECE! has picke	ted theotymployer sin	ice (Month, I	Day, Yesr)					
10. Organizations or Individuals other than the representative interest in any employees in the	-	14.1	claimed rece ne, so state)	ognition as repr	esentatives and other org	anizations and	individuals known to have a		
10a. Name	CE END MO	ress Cu			10c. Tel. No.		10d, Cell No:		
1/2	CLEVE	/^/					<u> </u>		
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11. Election Details: If the NLRB conducts 8	meledilan in this me	tter, state your positi	ion with rear	ect to any	dda Flamba Turn				
such election,			our man roup	iou, to uny	11a Election Type:		Mail Mixed Menual/Mail		
11b. Election Date(s): August 2, 2019		ection Time(s):	I-00 = ==	£.00	11d. Election Location	(8):			
	1 7.00 2	.m. – 9:00 a.m.; 4	ю рап	6.00 p.m.	l dob Address at Ta				
12a, Full Name of Petitioner (b) (6), (b) (7)(C)					12b. Address (street a	na number, any	, state, and ZIP coda)		
12c, Full name of national or international laboration	or organization of wh	ich Petitioner is an a	affiliate or co	nstituent (If non	(D) (O), (D) (7)(C e, so state)	<b>)</b>			
				•,			(		
12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C	 ]	12f. Fax N		17	<sup>2</sup> (b) (6), (	b) (7)(C)		
13. Representative of the Petitioner who w	il accept service of	all papers for purp	oses of the	representatio	n proceeding.				
13s. Name and Title		· I	13b, Addre	ess (street and )	number, city, state, and Z	/P			
b) (6), (b) (7)(C)			(b) (6),						
13C. 1E( NO.	13d, Cell No. (b) (6), (b) (7)(C)		13é, Fax N		,	(b) (6), (	b) (7)(C)		
declare that I have read the above petition	and that the state	nents are fore to th	e best of m	y knowledge a	ind belief,	<b>/</b>			
Name (Print)	b) (b), (b) (7)	(C)	Π(b) (6), (b	)(7)(C)		N.D.Mrs			
o) (6), (b) (7)(C)		1	/1(b) (b), (b	) (1-)( <del>0</del> )		X	26-19		
WILLFUL FALSE STAT		-	i i Niconaire	V EINE AND	MPRISONMENT (U.S. CO		GEOTIES		
AND AND LABOR OF A				YATEMENT	HEROS VIMIENT (U.S. CO	OME, ITTLE 18	, SECTION 1901)		
Solicitation of the information on this form is auth	orized by the National	LI shor Relations Act	(NERAL 201	12 C & 161 At a	on. The principal use of the	a informatica in	Manager than a control of the contro		

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) 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, 2005), The NLRA 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 proceedings.

. PAGE 03

FORM NLRB-502 (RD) (8-16)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.	Date Filed
08-RD-245685	7/30/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.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 7 below) and a certificate of service showing service on the

employer and all other parties named in Case Procedures (Form NLRB 4812).							
PURPOSE OF THIS PETITION: RD-DI recognized bargaining representative is Labor Relations Board proceed under	no longer their representa	tive. The Petitioner alle	eges that t	he followin	g circumstances ex	es assert that the certified or currently xist and requests that the National	
2a. Name of Employer		2b. Address(es) of Esta	ablishment(	s) involved	(Street and number,	city, state, ZIP code)	
Maple City Ice 3a. Employer Representative - Name and	CO.	371 Clevelo 3b. Address (If same a	and s 2b - state	Rd. A	Jorwalk,	OH 44857	
John Hipp , V. P.		Same as		ve		·	
		3e. Cell No.	3	3f. E-Mail	Address		
4a. Type of Establishment (Factory, mine, w	668-5291	419-366-39	704	Ah Brincin	al product or service	······································	
Wholesaler	molesaler, etc.)			alcoh	iolic bei	/erages 5b. City and State where unit	
5a. Description of Unit Involved Included:						5b. City and State where unit is located:	
8 Maple Lity	Ice delive	ery drivers	•			Norwalk, OH	
Excluded:						7,00,000	
8	recognized bargaining re		mployees ir	the unit no	longer wish to be re	epresented by the certified or currently	
8a. Name of Recognized or Certified Bargai					8b. Affiliation, if any		
Mark Schm 8c. Address	<u>iehausen</u>	I 8d	. Tel. No.		Teamste 8e. Cell No.	rs Local 20	
435 S. Hawle	y St.		9-259 Fax No.	-3266			
Toledo, OH 43	( 00				8g. E-Mail Address	201 C	
9. Date of Recognition or Certification	009	10. Expiration Date of 0	<i>19-243</i> Current or N	Most Recent	Contract, if any (Mo	onth, Day, Yearn	
		No Con				¥ ₽ 88	
11a. Is there now a strike or picketing at the	Employer's establishmer	nt(s) involved? Yes	<b>∑</b> №	11b. If so,	approximately how r	nany employees are participating?	
11c. The Employer has been picketed by or	on behalf of (Insert Nan	ne)	•			a labor organization	n, of
(Insert Address)						ce (Month, Day (Cear)	_
<ol> <li>Organizations or individuals other those and individuals known to have a representation.</li> </ol>						panizations 9 5 5	
	b. Address			12c. Tel. N		12d. Fax No.	
N/A							
. /				12e. Cell N	lo.	12f. E-Mail Address	
13. Election Details: If the NLRB conducts matter, state your position with respect to				13a. Election	on Type: 💢 Manua	I Mail Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Tin	ne(s)	,		on Location(s)	_	_
week days	before 10	i.m. or after 4	1P.m.	Map	1e City	Ice Co.	
(b) (6), (b) (7)(C)							
(b) (6), (b) (7)(C)	e ZIP code)			14b. Tel. N	o.	14c. Fax No.	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)			14d, Cell N (b) (6), (	b) (7)(C)	14e. E-Mail Address	
14f. Affiliation, if any (b) (6), (b) (7)(	<u>C)</u>					· · · · · · · · · · · · · · · · · · ·	
15. Representative de la					proceeding.		
15a Name (b) (6), (b) (7)(C)				15b.Title	(b) (7)(C)		
	7/D anda\					I the hear the	
(b) (6), (b) (7)(C)	e, ZIP code)			15d. lei. N		15e. Fax Ño.	
					, (b) (7)(C)	15g. E-Mail Address	
I declare that I have read the above petiti	on and that the stateme	nts are true to the bes	t of my kn	-		Data Éllad	
(b) (6), (b) (7)(C)		)(O)			(b) (7)(C)	7/26/19	
WILLFUL FALSE STATEME	NTS O		IE AN		NMENT (U.S. CODE	E, TITLE 18, SECTION (001)	

FORM NLR B-502 (RD) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

DO NOT WRITE IN 1	THIS SPACE
Case No.	Date Filed
08-RD-245817	7/31/19

v's website. | www.nlrb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the

* employer concerned is locate the employer and all other pai Case Procedures (Form NLRE	d. The ties na	petition n	nust be accompa e petition of:(1)	nied by both a sho the petition; (2) Sta	owing of interest tement of Pos	est (see 7 b sition form (	(Form NLRB-505); &	ate of service and (3) Descri	showings ption of Re	epresenta	stion
1. PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board process	ntative i	is no longe	er their representa	tive. The Petitioner	r alleges that t	he followin	g circumstances ex				
2a. Name of Employer					_	· .:	(Street and number,	city, state, ZIF	code)		
Kerry's Trucking LLC	lomo or	nd Title		19778 Echo Dri			14149				
3a. Employer Representative - N Ruth Kafcsak CEO	varne ar	na Inte		3b. Address (If sam same	ne as 20 state	same)					
3c. Tel. No.	3d. Fa	x No.		3e. Cell No.		3f. E-Mail	Address				
440-799-5979	40-799-5979 440-268-6894 440-799-5979							1			
4a. Type of Establishment (Factor Dump Truck Company	y, mine,	, wholesal	er, etc.)			·	al product or service loose material				
5a. Description of Unit Involved Included:									and State of	where un	it
CDL Drivers								_	gsville, C	Н	
Excluded:											
none					•						
6. No. of Employees in Unit 5				r (30% or more) of the epresentative? X		n the unit no	longer wish to be re	presented by t	he certified	or curren	ntly
8a. Name of Recognized or Certifi	ed Barg	gaining Ag	ent				8b. Affiliation, if any				
Fred Crow							Teamsters Lo	cal 436			
8c. Address 6051 Carey Drive, Valley	∕iew, (	OH, 441	125		8d. Tel. No. 216-328-18	833	8e. Cell No.				
					8f. Fax No.		8g. E Mail Address				
O Date of Dans wifes as Codifica				40 Evelentian Date	216-328-1		local@teamster		-1		
<ol> <li>Date of Recognition or Certifical 10/01/2016</li> </ol>	ion			09/30/2019	or Current or I	wost Recen	t Contract, if any (Mc	ntn, Day, Yea	"		
11a. Is there now a strike or picker	ting at th	he Employ	er's establishme	nt(s) involved? 🔲 Y	∕es ⊠No	11b. If so,	approximately how r	nany employe	es are parti	cipating?	
11c. The Employer has been picke	eted by	or on beh	alf of (Insert Nan	ne)		•			a lab	or organiz	ation, of
(Insert Address)							sino	e (Month, Day	r, Year)		
<ol> <li>Organizations or individuals of and individuals known to have</li> </ol>								anizations			
12a. Name		2b. Addre		ibio yoo an are are c	account of an acc	12c. Tel. N		12d. Fax No.			i
none											
						12e. Cell N	No.	12f. E-Mail A	ddress		
13. Election Details: If the NLRB matter, state your position with						13a. Electi	on Type: 🔀 Manua	Mail	Mixed	Manual/I	Mail
13b. Election Date(s)	respec	i to any st	13c. Election Tir	ne(s)		13d. Electi	on Location(s)				
											ĺ
14. Full Name of Petitioner						-				3	
(b) (6), (b) (7)(C)		-4- 70-				14b. Tel. N	la	14e For No		0	
14a. Address (Street and number, (b) (6), (b) (7)(C)	City, Sta	ate, ZIP co	oae/			(b) (6), (b)	(7)(C)	14C. FEX INO.		يا	302
(-) (-), (-) (-)						14d. Cell N	No.	14e. E-Mail A	ddres	-	200
									四	ين	_HI
14f. Affiliation, if any Teamsters Lo	ocal Uni	on 436							P		9
15. Representative of the Petitio	ner wh	o will acc	ept service of al	I papers for purpos	ses of the repr	resentation 15b. Title	proceeding.	_		<u> </u>	
15a. Name						15D. Ittle		14c. Fax No. 14e. E-Mail A	•	H OHIO	01011 0
15c. Address (Street and number,	city, sta	ate, ZIP co	ode)			15d. Tel. N	No.	15e. Fax No.		0	فَ
		(b)	(6), (b) (7)(	C)		15f. Cell N	O.	   15g. E-Mail <i>A</i>	ddress		
I declare that I have read the ab	ove pet	ition				owledge ar	nd belief.				
Name (Print)						Title				e Filed	
(b) (6), (b) (7)(C)						(b) (6), (b) (7				/30/201	9
WILLFUL FALSE S	TATEM	ENT				D IMPRISO	NMENT (U.S. CODE	, TITLE 18, S	ECTION 10	01)	

Solicitation of the information on this form is authoriz

eq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.