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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
25-RC-230319	11/1/18					

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 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 857 Landmark Dr., Belvedere, IL 61008 Thyssenkrupp 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Dave Schultz, Plant Manager SAME 3e, Fax No. 779-238-0631 3c. Tel. No 3d. Cell No. 3f. E-Mail Address 419-389-3552 dave.schultz@thyssenkrupp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Automobile Belvedere, IL Factory 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 44 Production/Sequencer, Team Lead, Maint., Liason/Quality/Ship./Receiving/Drivers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All Supervisors, Office Personnel, Guards as defined in the Act. 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 (If none, so state) 8b. Address: NONE 8f. E-Mail Address 8c. Tel. No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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) 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, state your position with respect to any such election: [11a. Election Type: Ballots in english Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Recreation/Break Room November 14 & 15 5 am-7 am, 6 pm - 7:30 pm, 5 am - 7 am 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): International Union, United Automobile, Aerospace and 8000 E. Jefferson Avenue, Detroit, MI 48214 Agriculture Implement Workers of America, UAW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agriculture Implement Workers of America, UAV 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. 815-544-0503 815-544-2111 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): 1100 W. Chrysler Dr., Belvedere, IL 61008 Derrick Moore, International Union Rep. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No 13e. Fax No 314-478-8979 815-544-0503 dmoore@uaw.net 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) nature Derrick Moore International Union Representative

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

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
25-RC-230715	11/7/2018			

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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Baumgartner & Company Asphalt Services 15215 River Road, Noblesville, IN 46062 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Craig Baumgartner, President same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (317)296-7225 (317)773-3478 cbaumgartner@baumgartnerasphalt.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Construction Asphalt Services Noblesville, IN 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All office clerical employees, professional employees, guards and supervisors All full-time and regular part-time drivers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

X
Yes Excluded: as defined in the Act, and all other employees. 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 (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_0$ 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) 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, state your position with respect to any such election: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) Monday, November 26, 2018 5:00 a.m. to 6:30 a.m. PEC 4:30 a.m. In the employee break room at ER facility 12a. Full Name of Petitioner (including local name and number): TEAMSTERS, LOCAL 135 12b. Address (street and number, city, State and ZIP code) 1233 Shelby Street, Indianapolis, IN 46203 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): IInternational Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (317)639-3541 (317)639-3580 Iballantini@local135.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a Name and Title: 1233 Shelby Street, Indianapolis, IN 46203 Lori Ballantini 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No 317-639-3580 lballantini@local135.com 317-639-3541 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature 11/07/18 Rep. of Local 135 Lori Ballantini

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

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

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

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
25-RC-231155	11/16/18			

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 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): 242 South Voyles Road, Pekin, Indiana 47165-7829 Globe Industries LLC 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Houston Andres, Director of Operations Same 3c, Tel, No. 3d. Cell No. 3e Fax No. 3f. E-Mail Address (812) 301-2600 handres@globefab.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Fabrication Shop Pipe for petrochemical industries Pekin, Indiana 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time welders, fitters, fitter-welder/tackers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

Yes All office/clerical employees, guards, supervisors, and all other employees ☐ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) No demand made and Employer declined recognition (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 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?  $N_{
m O}$ (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) 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, state your position with respect to any such election: 11a. Election Type: 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): December 3, 2018 4:30 pm to 6:30 pm Employer's facility 12a. Full Name of Petitioner (including local name and number): United Association, Local 502, AFL-CIO 12b. Address (street and number, city, State and ZIP code): 4330 Crittenden Drive, Louisville, KY 40209 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Association of Journeymen & Apprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada 12e. Cell No. 12g. E-Mail Address 12d, Tel. No. 12f. Fax No. (317) 460-5297 (502) 361-8492 (502) 366-8459 johnkurek21@gmail.com 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): Kathleen Bichner, Esq. 5301 Wisconsin Ave, NW Suite 800, Washington, DC 20015 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (202) 362-2640 (202) 274-2440 (267) 255-5363 kbichner@odonoghuelaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title Date Kathleen Bichner 11/16/18 Attorney

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

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

DO NOT WRITE IN THIS SPACE Date Filed

		THON	25	D.O	Date Filed
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other	Filed using the Agency's well ated. The petition must be ac	bsile, www.nirb.gov/, submit an occompanied by both a showing of in of: (1) the petition; (2) Statement or	original of this Petition	RC-231375	11/20/18 egion in which the
1. PURPOSE OF THIS PETI	LRB 4812). The showing of in	i Or: (1) the petition; (2) Statement or terest should only be filed with the	f Position form (Form NLRB and should not	NLRB-505); and (3) Descrip be served on the employer	snowing service on tion of Representati or any other party.
requests that the National	nd Petitioner desires to be set	F REPRESENTATIVE - A substantial in field as representative of the employee ceed under its proper authority pursuits and the control of the c	number of employees w	vish to be represented for our	nance of sellers!
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XPO LOGISTICS		221 South Franklin Ro			40).
3a. Employer Representative	e - Name and Title:	3b. Address (if same as 2b - state	te same):	, 114 40219	
Tracy Whipple, Gene	eral Manager	same			
3c. Tel. No. 317-829-0445	3d. Cell No.	3e. Fax No.	3f. E-Mai	I Address	
4a. Type of Establishment (Fac	ctory, mine, wholesaler, etc.)	4b. Principal Product or	tracy.v	vhipple@xpo.com	
Warehouse 5b. Description of Unit Involv		soy and corn seed	d d	5a. City and State where the Indianapolis, IN	unit is located:
Included:		00 W 870 880		6a Number of Empleyer	in Unit:
Excluded:	iar part-time pickers, i	material handlers and pitt/f	orklift operators	13	
All customer service r	epresentatives and ten	nporary employees and all	others	6b. Do a substantial numb of the employees in the	unit wich to be
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c. Tel. No.  g. Affiliation, if any:  Is there now a strike or picketin (Name of Labor Organization)  Organizations or individuals of individuals known to have a respective one.  a. Name  Election Details: If the NLRB  D. Election Date(s): Onday, December 10, a. Full Name of Petitioner (including amsters, Local 135)  E. Full name of national or interrectional Brotherhood. Tel. No. 7-639-3541	ng at the Employer's establishment of the Employer's establish	nent(s) involved? No If so, an armed in items 8 and 9, which have classified in item 5 and 9, which have classified in item 5 and 10 p.m. (PEC 1:30 p.m. in 12b. Address (solutions) 12b. Address (s	ertification 8i. Expiration Recent Corresponding Programme Rec	on Date of Current or Most Intract, if any (Month, Day, Year) by employees are participating the Employer since (Month, Interpresentatives and other organizate)  10d. Cell No. 10f. E-Mail Address 11a. Election Type:    Manual   Mail   Mail	p?  Day, Year)  nizations and  ess  Mixed Manual/Mail
c. Tel. No.  G. Affiliation, if any:  Is there now a strike or picketing (Name of Labor Organization)  Organizations or individuals of individuals known to have a respective of the NLRB of Election Date(s):  Onday, December 10, a. Full Name of Petitioner (incommenters, Local 135)  Full name of national or interrectional Brotherhood.  Full No.  7-639-3541  Representative of the Petition.  Name and Title:  Ti Ballantini, Teamsters	ng at the Employer's establishment of the Employer's establish	8h. Date of Recognition or Connent(s) involved? No If so, a named in items 8 and 9, which have classified in item 5 in the unit described in item 5 in the uni	approximately how mar has picketed aimed recognition as reside above. (If none, so so to any such election:  10c. Tel. No 10e. Fax No 11e. Election:  11d. Ele	on Date of Current or Most Intract, if any (Month, Day, Year) by employees are participating the Employer since (Month, Depresentatives and other orgalitate)  10d. Cell No.  10f. E-Mail Address In Location(s): In Location(s): In at the ER Indiana; State and ZIP code): In polis, IN 46203	p?  Day, Year)  nizations and  ess  Mixed Manual/Mail
c. Tel. No.  G. Affiliation, if any:  Is there now a strike or picketing (Name of Labor Organization)  Organizations or individuals of individuals known to have a respective of the Name  Election Details: If the NLRB  D. Election Date(s): Onday, December 10, The Election Date of Petitioner (Incompany)  Tel. No.	ng at the Employer's establishment of the than Petitioner and those representative interest in any enderes and election in this matter of the thing	nent(s) involved? No If so, a named in items 8 and 9, which have classified in item 5 and 9, which have classified in item 5 and 10 p.m. (PEC 1:30 p.m. items):  12b. Address (s 1233 Shelb and 12f. Fax No. 317-639-3580 and 13b. Address (street and number	approximately how mar has picketed aimed recognition as reside above. (If none, so so to any such election:  11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11d. Election: 11	on Date of Current or Most Intract, if any (Month, Day, Year) yemployees are participating the Employer since (Month, 1 depresentatives and other orgalitate)  10d. Cell No.  10f. E-Mail Address in Location(s):	p?  Day, Year)  nizations and  ess  Mixed Manual/Mail

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
25-RC-231554	11/26/18					

					1	23-KC-	231334	ı		11/20/10
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 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. Add	ress(es) of	Establishment(s) involve	d (Street and r	umber, City	y, State, ZIP code,	):	
Pa. Name of Employer:    2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):   1715 Franklin St. Michigan City, IN 46360										
3a. Employer Representative - Nar	me and Title	):	3b. Add	ress (if san	ne as 2b - state same):					
David Sloop/ Branch Nur	mber		1715	Frankli	n St. Michigan Ci	ty, IN 463	60			
			` '	373-0128		3f. E-Mail Address d.sloop@franklinpestcontrol.com				
4a. Type of Establishment (Factory, Pest Control Service	a. Type of Establishment (Factory, mine, wholesaler, etc.)  4b. Principal Product of					Michiga	nd State where un n City, IN		ated:	
5b. Description of Unit Involved:							6a. Numbe	er of Employees in	Unit:	
Included: All regular full-time and p	part-time	e pest manag	ement	special	ists		5 (FIV		(200)	
Excluded: ALL customer service rep		, ,				he act	of the	ubstantial number employees in the u ented by the Petiti	unit wis	h to be
Check One: 7a. Request for rec						and	I Employer	declined recognition	วท	
on or about (Date)				ceived, so sentative a	state). and desires certification u	nder the Act.				
8a. Name of Recognized or Certific						11001 1110 7 101				
None				n/a						
Bc. Tel. No.	8d. Cell No	).	ТТ	8e. Fax No	).	8f. E-Mail A	ddress			
										ł
Bg. Affiliation, if any:	_		8h	Date of R	ecognition 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 Employ	ver's establishmen	t(s) involv	ed? No	If so, approximate	v how many e	nploveesar	e participating?		
(Name of Labor Organization)					Lients .				)av Ye	ar)
Organizations or individuals other individuals known to have a repre     NONE				ms 8 and	9, which have claimed re	cognition as re	presentative			
10a. Name		10b. Address				10c. Tel. No		10d. Cell No.		_
X			X			X		X		
						10e. Fax No		10f. E-Mail Addre	ess	
11. Election Details: If the NLRB co	nducts and	election in this ma	tter, state	your posit	ion with respect to any si	uch election:	1a. Election		Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tim				11d. Election				
Tuesday, December 11, 2	018	8:00 - 8:30 a	.m. PEC	7:30 .a.m				e ER Michig	an C	ity IN office
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code):										
Teamsters, Local 135					1233 Shelby St,		lis, IN			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  International Brotherhood of Teamsters										
12d. Tel. No.	12e. Cell N			12f. Fax N		12g. E-Mail			- CO	
(317) 639-3541				317-63		1	$\sim$	1135.com	Š	
13. Representative of the Petitione	r who will a	accept service of	all pape	rs for pur	oses of the representa	tion proceedi	ng.	,	V	co (Li)
13a. Name and Title: Lori Ballantini, Teamsters R	lepresent	ative			ess (street and number, on nelby St, Indianapol				ω	REGI
13c. Tel. No.	13d. Cell N	lo.		13e. Fax N	lo.	13f. E-Mail			-	Sm
317-639-3541				317-63			ni@loca	1135.com 🙃		20
I declare that I have read the above	e petition a	nd that the stater	nents ar	e true to ti	ne best of my knowledg	e and belief.		<i>∠</i> ) 8		Date11/20/18
Name (Print)		Signature	{	2//	- A	ne -	-			Date 11/20/18
Lori Ballantini				MAC	WULL V	ewn.	صلماد			L

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

### UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
25-RD-231438	11/21/18				

NATIONAL LABOR RELATIONS BOARD **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. 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) Smithfield Direct LLC 195 N. Sherman St. Brazil, IN 47834 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Patrick Sebring, VP of Sales 4225 Naperville Road. Lisle, IL 60532 3c. Tel. No. 3d. Fax No. 3e. Cell No. 3f. E-Mail Address 630-993-8791 513-633-1231 psebring@smithfield.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Wholesaler packaged lunchmeat and deli meats 5a. Description of Unit Involved 5b. City and State where unit Included: is located: All Sales Rep employees Brazil, IN Excluded: No one 6. No. of Employees in Unit 13 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 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any Robert Warnock Teamsters 8c. Address 8d. Tel. No. Se. Cell No. 2405 East Edison Rd. South Bend, IN 46615 574-234-6031 574-968-5503 8f. Fax No. 8g. E-Mail Address 514-234-6036 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 31st, 2019 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Types X No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year) 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. 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) 1-11-19 5:30 a.m. to 7:30 a.m. Route Supervisors office 14. Full Name of Path (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6) (b) (7)(C) 14e, E-Mail Address (b) (6), (b) (7)(C) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15d. Tel. No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15f. Cell No.

15g. E-Mail Address

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

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

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Title

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

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

Date Filed 11-19-18

SHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT