#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
25-RC-228626	10/4/18

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) 1721 N Home St IN Mishawaka 46545-7236 Stafford-Smith, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3414 S Burdick St MI Kalamazoo 49001-4888 David J. Stafford 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (269) 343-2509 (269) 343-1240 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: n and service of heating, ventilation, air-conditioning and refrigeration Mishawaka, IN 5b. Description of Unit Involved 6a. No. of Employees in Unit: 3 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 Mail \_\_\_\_ Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): As soon as possible Neutral location Morning 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 4172 Ralph Jones Ct IN Sou h Bend 46628-9793 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 and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada (UA), AFL-CIO 12g. E-Mail Address kmeade@ua172.org 12d. Tel No. 12e, Cell No 12f. Fax No. (574) 273-1300 (574) 302-7668 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) William Patrick Callinan Attorney 311 South Wacker Drive Suite 1050 IL Chicago 60606-Johnson & Krol, LLC 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address william@johnsonkrol.com (312) 860-6001 (312) 255-0449 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 William Patrick Callinan Attorney 10/3/2018 16:59:34 William Patrick Callinan

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

### PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
25-RC-228626	10/4/18

## **Employees Included**

All full-time and regular part-time plumbers, pipefitters, welders, service employees and tradesmen employed by the Employer at its facility located at 1721 N. Home St., Mishawaka, Indiana

## **Employees Excluded**

All office clerical employees, guards and supervisors as defined in the Act.

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

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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TON OO	WRITE	IN	THIS	99	SPAC	E
Case No.	!				Date	Filed
25-RC-228843	3			ľ		10/9/18

	RC	PETITION		!	25-RC	C-228843		Card	10/9/18
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition must a named in the pe	be accompanied tition of: (1) the	d by both a s petition: (2)	howing of interest (se Statement of Position	f this Polition of 6b below) a form (Form N	to an NLRB's nd a certifica ILRB-505): a	office in the R te of service nd (3) Descrip	stowing	which the service on Representation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petitioner and Petitioner and Petitioner Laborater	RC-CERTIFICATION	ON OF REPRES	ENTATIVE	A substantial number of the employees. The Po	l employees wi	sh to be repre	sented for pur	rooses o	collective
2a. Name of Employer: ATM Trucking	z 11 <del>at sa</del>	26. A 115	ddrass(es) o	(Establishment(s) invol e Road 49					
3a. Employer Representative - Nar Linda Kingsma, President	ne and Title:	3b. A san	, -	ne aa 2b - slate same).	;			1	
3c. Tef. No. 219-956-3964	3d. Cell No.		3e. Fax N 219-956		3f. E-Mail	Address		1	
4a, Type of Establishment (Factory, a Transportation	ı mine, wholesaler, d	stc.)		pal Product or Service lauling and Remov	el.	5a. City ar Wheatfid	nd State where	ol et tinu e	cated;
5b. Description of Unit Involved: Included: Alt full-time and regular part-time Excluded: Alt office clerical employees, p Check One:	rofessional em ognition as Bargal rently recognized	ployees, guard ning Represental (if no reply as Bargaining Re	is and supe ive was made received, so presentative	ervisors as defined on (Date) state).	in the Act,	88. Do a s of the c represent	er of Employee  ubstantial num  statutoryees in tented by the P  declined recog	nber (30% he unit wi	ar more)
8c, Tel. No.	8d. Çeli No.		Se. Fax No	0.	8f. E-Mail	Address	***************************************		
8g. Affiliation, if any:			8h. Date of R	acognition or Certificat		ion Date of Co entract, If any	irrent or Most (Month, Day,	Year)	
Is there now a strike or picketing a (Name of Labor Organization)     Organizations or individuals other individuals known to have a repre-	than Petitioner an	d those named in	Kems 8 and	9, which have claimed	receanition as	d the Employ	ersince (Mon(	n, Day, Y	
None		u.u							
10a. Name	100, A	ddress			10c. Tel. N	10.	10d, Cell No.		
					10c. Fax N		10f. E-Mail A	ddress	
11. Election Details: if the NLRS cor	noiteele bna etpubn	in this matter, st	ata your posi	ion with respect to any	such election:	11a. Election  Manua	·	Mixe	d Manual/Mait
11b. Election Date(s); Friday October 26, 2018		lection Time(s). a.m - 9:00 а.п	/ DEC 7-3	80 - 8:00 n m )	,	ion Location(s	): iployer facil	10.2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12a. Full Name of Petitioner (includ Teamsters, Local 135				12b. Address (street of 1233 Shelby Stre	and number, cit	y. State and 2	(P code):	ry .	
12c. Full name of national or internati International Brotherhood of Te		ation of which Pe	itioner is en a	  filiate or constituent (#	none, so ștele	y:			·
12d. Tel. No. 317-639-3541	12s. Cell No.		12f. Fex N	٥.	12g. E-Ma Iballantin	il Address ni@focal135	i.com		
13. Representative of the Politions 13s. Name and Tide: Lori Ballantini, Local 135 Rep		service of all pa	13b, Addre	poses of the represent ass (smeet and number, nelby Street Indian	city, State and	IZIP code):		THE PARTY OF THE P	
13c, Tel, No. 317-539-3541	13d. Cell No.		13e, Fax N 317-639	-3580		i@local135	i.com		
declare that I have read the above	petition and that	the statements	are true to t	e best of my knowled					I Date
Leei Ballantin	i	<b>5</b> /5	Man	(z	y gr	sew.	135		10811

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No. 25-RC-229459	10/18/18

RC PE	HILLOW		25-RC-2		Petition to an	NLRB office in the Region
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f service showing service on the Form NLRB-505); and (3) Descrip	employer and	all other parties	named in the petition	4949) The eh	owing of inte	rest should only be filed
Earna MI DR.505); and (3) DASCOD	DOU OI Kahias	Childhau chan I				
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a. Name of Employer inois Central School Bus		751 E	astgate Industrial Pkw	y, Kankakee, I	L 00901	
a. Employer Representative - Name or	id Title		3b. Address (if same as 2	b — ştate same)		
im Stieber, Facility Manager			Same	<del></del>	3f, E-Mail Addr	0\$5
o, Tel. No.	Sd. Cell No.		36. Fex No.		t stieber@illi	nois-central.com
R45\ 295-8231	N/A		(815) 295-8232		Ea, City	nd State where unit is located:
in Type of Establishment (Factory, mine.	whelesaler, etc.)	4b. Principal pro	gricf ot volvice		Kankak	ee, IL
School Bus Transportation		Transportatio	···			6a. No. of Employees in Unit:
			and by the Employer 2	t its facility curre	ntly located	93
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at 751 Eastgate industrial Excluded: All other employees, mechanics,	, managerial employ	ees, ciffice derical emp	Kilares and drawns hamasers			Petitioner? Yes ✓ No
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7b. Petitioner is	currently recogni	Of none so state).	8b, Address			
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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 (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. 74942-843 (Dec. 13, 2008). 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) (8-16)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 25-RD-228534 Date Filed 10/3/18

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 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.

Case Procedures (Form NLRB 481	2). The showing of inte			LD and should		are employ	or or arry outer p	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF THIS PETITION: RI recognized bargaining representative Labor Relations Board proceed upon the process.	ve is no longer their repre	esentative. The Petition	er alleges that t	he following (	ircumstances e			
2a. Name of Employer		2b. Address(es)	of Establishment(	s) involved (S	reet and number	city, state, ZIF	code)	
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3a Employer Representative - Name		3b. Address (If s	ame as 2b - state	name)	VA.	Vacy	J, 4 1, 5	/
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	Fax No.	3e, Cell No.		3f. E-Mail Ad	5 20			
74)7723650 (57	4772-060			XKOYA	15 DM	PIPra	ducts.	2000
4a. Type of Establishment (Factory, mi	ine, wholesaler, etc.)			4b. Principal	product or service			
5a. Description of Unit Involved P11	JARRAPINI)	NE UNIT	emphyd	003	J. 7		and State where	unit
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Sustanta / / = = :						KN	OX, IN	'
Excluded: NON - BARG	WHINE M	uiTemp	loyees	;				
6, No. of Employees in Unit		umber (30% or more) of		n the unit no lo	nger wish to be r	epresented by	the certified or cu	rrently
/67		ning representative?	Yes No		h Amiliada Man			
8a. Name of Recognized or Certified B	largaining Agent	0 1 0	. /	ļ8	b. Affiliation, if an		2	
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12/14/20	1/5		ember	14,2	018'			<u> </u>
11a. Is there now a strike or picketing a	at the Employer's establis	shment(s) involved?	Yes 🔀 No	11b. If so, ap	proximately how	nany employe	es are participatin	9? 150
11c. The Employer has been picketed								
	by or on behalf of (Insee	rt Name)					a labororge	nizatloni o
	by or on behalf of (Insei	rt Name) ————	-		-1-		a laboporga	anizattoni o
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