UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
25-RC-259155	4/15/20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as 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 701 W. Lamm Rd., Freeport, IL 61032 Willowglen Academy 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Same Michelle Young, Executive Director 3f. E-Mail Address 3e. Fax No. 3d. Cell No. 3c Tel No myoung@willowglen-il.com 815-713-9623 5a. City and State where unit is located: 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Freeport, IL Healthcare Facility Direct Care 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full time and regularly employed part-time Counselors, QIDP's, RN's and Teachers 6b. Do a substantial number (30% SEE ATTACHMENT or more) of the employees in the unit wish to be represented by the All Supervisory, Managerial and confidential employees as defined by the act Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). by this petition 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 ATTACHMENT 8f. E-Mail Address 8e. Fax No. 8d Cell No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any 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 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) 10d. Cell No. 10c. Tel. No. 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual / Mail Mixed Manual/Mail 11a. Election Type: any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 205 N Michigan Ave, Suite 2100. Chicago, IL 60601 AFSCME (American Federation of State County and Municipal Employees Council 31) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) AFSCME (American Federation of State County and Municipal Employees) 12g. E-Mail Address 12e, Cell No. 12f. Fax No. 12d. Tel No. 312-861-0979 312-641-6060 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 Alberto Melchor Organizer 205 N Michigan Ave, Suite 2100. Chicago, IL 60601 13f. E-Mail Address 13d. Cell No. 13e. Fax No. amelchor@afscme31.org 312-550-5136 312-861-0979 312-641-6060 ext 5804 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Signature Name (Print) 04/06/2020 Organizer 04/06/2020
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Alberto Melchor

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 A

The union (AFSCME Council 31, AFL-CIO) requests the ballot to reflect a self-determination (*Sonotone*) election as there is an existing non-professional bargaining unit already represented by AFSCME Council 31, AFL-CIO at Willowglen Academy since October 30, 2018 (25-RC-227858), whose contract expires October 28th, 2020, in which the professionals should be included.

13c. Tel No. 312-641-6060 ext 5337

Name (Print)

Mark Renard

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
25-RC-259195	4/15/20					

13f. E-Mail Address

Date

04/10/2020

mrenard@afscme31.org

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) Pathway Services Unlimited, Inc. 1905 West Morton Ave. Jacksonville, IL 62651-0400 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Maryjane Million, Executive Director 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 217-479-2305 217-479-2300 ajamison@pathwayservices.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Jacksonville, IL **Disability Services Direct Care** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: 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). by this petition 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 Service Employees International Union, Local #73 300 S Ashland AveSuite 400Chicago, IL 60607 8d Cell No 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 312-787-5868 312-337-7768 kkleinhans@seiu73.org 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Service Employees International Union 01/21/1992 12/31/2019 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 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. 11c. Election Time(s): 11d Flection Location(s): 11b. Election Date(s): 12b. Address (street and number, city, state, and ZIP code) 205 N. Michigan Ave Suite 2100 Chicago, IL 60601 12a. Full Name of Petitioner (including local name and number) AFSCME (American Federation of State County and Municipal Employees Council 31) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) AFSCME (American Federation of State County and Municipal Employees) 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 312-641-6060 312-861-0979 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Mark Renard Organizer 13b. Address (street and number, city, state, and ZIP code) 205 N. Michigan Ave Suite 2100 Chicago, IL 60601

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

13e. Fax No.

312-861-0979

Title

Organizer

13d. Cell No.

773-456-9016

Signature

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

PRIVACY ACT STATEMENT

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

5a included: All full time non-professional employees who work for Pathway Services Unlimited, Inc.
Jacksonville, IL including the following titles: Assistant Teacher, Assistant Teacher Floater, Bus Rider,
Home Based Service Worker, Vocational Trainer, Environmental Service Worker, Personal Services
Worker, Residential Aide, Residential Aide Floater, Retail Shop Clerk, Secretary, Community Services
Worker, Maintenance Worker IV, Retail Shop Clerk IV, Licensed Practical Nurse, Maintenance Worker V,
and on-call Substitutes/Respite Care Workers.

5a excluded: All confidential employees, supervisory employees, and managerial employees as defined in the Act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

		RC PETITIO	N		25 No.	-RC-259	9478	4/23/20	
INSTRUCTIONS: Unless e-File employer concerned is located the employer and all other par Case Procedures (Form NLRB	ties named : 4812). The	in the petition of: (showing of interes	t should on	oth a snowing of interest (s on; (2) Statement of Positio lly be filed with the NLRB at	of this Petition t see 6b below) ar in form (Form N ind should not b	o an NLRB o nd a certifica LRB-505); an e served on	office in the Reg ate of service sh nd (3) Description the employer of	nion in which the nowing service on on of Representation or any other party.	
PURPOSE OF THIS PETITIO bargaining by Petitioner and P requests that the National L.	elitioner des	ires to be certified a	s representa	ative of the employees The P	etitioner allega	that the fol	loudes alreums	Assessa sulat and	
2a. Name of Employer:			2b Addres	ss(es) of Establishment(s) inve	olved (Street and	number, Cit	y, State, ZiP cod	(e):	
Securitas			4000	Tulip Tree Drive,	Princeton,	IN 476	70		
3a. Employer Representative -		le:		s (if same as 2b - state same	C				
Ross Emery, Fire C			4000	Tulip Tree Drive,	Princeton,	IN 476	70		
3c. Tel. No. (812) 387-2998	3d. Cell		Зe	e Fax No.	3f E-Mail	Áddress			
4a. Type of Establishment (Factory Firefighting		esaler, etc.)	4b.	Principal Product or Service Firefighting		5a. City a Princeto	nd State where u on, IN	init is located:	
5b. Description of Unit Involved Included: All full time and re-		ime firefighters	and EMTs	employed by the employ	er at its		er of Employees	in Unit	
Princeton, IN, facility. Excluded: All managers and by the Act. Check One: 7 7a. Request for it.	office cler	ical employees,	and all gu	ards and supervisors as	defined	of the repres		tioner? N Yes No	
on or about (Date 7b. Petitioner is	e) No Re	ply (If no	reply receing Represer	ved, so state). A12312	020	io Employer	decimed recogni	uon	
8a. Name of Recognized or Certi	fied Bargair	ning Agent (If none	, so state)	8b. Address:					
Sc. Tel. No.	Bd. Cell N	lo.	8e.	Fax No.	8f. E-Mail	Address			
Bg. Affiliation, if any:			8h. Da	ate of Recognition or Certificat	ion 8i. Expiration Recent Con	on Date of Cu ntract, if any	rrent or Most (Month. Day, Yea	ar)	
3. Is there now a strike or picketing	at the Emplo	oyer's establishmen	it(s) involved	1? If so, appro	ximately how ma	ny employee	s are participatin	97	
(Name of Labor Organization)				×	. has picketed	the Employ	er since (Month,	Day, Year)	
Organizations or individuals of individuals known to have a rep	ner than Petit presentative i	loner and those nar nterest in any empl	ned in items oyees in the	8 and 9, which have claimed unit described in item 5b abo	recognition as rove. (If none, so :	epresentativi state)	es and other orga	anizations and	
0a. Name		10b. Address			10c. Tel. N	0.	10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
1. Election Details: If the NLRB co	onducts and e	election in this matter	r, state your	position with respect to any si	uch election:	11a. Eléctio	n Type:		
7b. Election Date(s):		11c. Election Time			CONTRACTOR CONTRACTOR	Manua	hand has	Mixed Manual/Mail	
May 14, 2020		2012/06/2012/2012/2012/2012	iam - 7 am	1,150,000			lion Location(s): ak Room		
Za. Full Name of Petitioner (inclu	iding local na	me and number):	dill - 1 dill	12b. Address (street			ZIP code):		
Chauffeurs, Teamsters and	Helpers Lo	ocal Union No. 2	15	825 Walnut Str	eet, P.O. Box	1040, Evar	sville, IN 477	06	
c. Full name of national or internat			Petitioner is	an affiliate or constituent (if no	one, so state):		1000		
International Brotherhood of the No.	of Teamste		1 121	. Fax No.	1 12g. E-Mai	Address			
(812) 424-6471 C. Representative of the Petition			1 (812) 424-6476	teamste	ers215@at	t.net		
a. Name and Title:	and and			Address (street and number					
harles A. Whobrey, Preside	nt and Bus	iness Manager		325 Walnut Street, P.O. I	100 2000 1000 1000	2000	47706		
Sc. Tel No.	13d. Cell N			. Fax No.	13f. E-Mail		t not		
(812) 424-6471 Reciare that I have read the above	re petition a	nd that the statem	ents are tru	ie to the best of my knowle	dge and belief.	ers215@at	t.net		
sine (* 1mig		Signally e	Vool	11.1.11	Oue			Date	
Charles A. Whobrey		- WW	Mest	Motor	President a	nd Busine	ss Manager	4/23/2020	

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

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

DO NOT WRITE IN	THIS SPACE	
Case No.	Date Filed	
25-RC-259612	4/24/20	

								,
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the pet	e accompanied bition of: (1) the p	y both a sho etition; (2) S	owing of interest (see tatement of Position	6b below) and a form (Form NLR	a certificate RB-505); and	of service showing se d (3) Description of Re	rvice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Laboratory	tioner desires to be	certified as repres	sentative of th	e employees. The Pet	itioner alleges t	hat the follo	owing circumstances e	
2a. Name of Employer:		2b. Ad	dress(es) of I	Establishment(s) involve	ed (Street and nu	ımber, City,	State, ZIP code):	
AVI Foodsys	tems Inc	150,00	D Ave, mour, IN	1 47274				
3a. Employer Representative - Nar	me and Title:	3b. Ad	dress (if sam	e as 2b - state same):				
Tom Depriest- Branch M	lanager		SA	ME				
^{3c. Tel. No.} (812)522-6669	3d. Cell No.	*	3e. Fax No).	3f. E-Mail Ad Tdepriest		lsystems.com	
4a. Type of Establishment (Factory,				al Product or Service			d State where unit is loc	ated:
Food vending deliv	very compan	У	Foo	d Service		Seymo		
b. Description of Unit Involved: ncluded: All full-time and regular drivers, delivery route dr	part-time wareho	use employees, v floaters employe	ending route d at the emp	e drivers, vending del loyers facility in Sey	ivery/ route mour, Indiana.	6a. Numbe	r of Employees in Unit:	
All customer service a maintenance, mechanics	30F3 (19.47 AUNDED 19.47 AUNDED 19.47 AUNDE 19.				24093	of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner? [h to be
Check One: 7a. Request for reon or about (Date)		(If no reply	received, so	state).	2020		declined recognition	No Ho
7b. Petitioner is cu	rrently recognized	as Bargaining Rep	resentative a		under the Act.	2		
-NONE-	ed Darganning Age	sit (ii none, so ste	(AC)	X				
8c. Tel. No. X	8d. Cell No. X		8e. Fax No). X	8f. E-Mail A	ddress X	C	
8g. Affiliation, if any:	1	3	Sh. Date of R	ecognition or Certificati X			urrent or Most (Month, Day, Year)	X
Is there now a strike or picketing a (Name of Labor Organization)	at the Employer's es	tablishment(s) inve	olved? No	If so, approxi	- 2 ²⁵ - 60 - C		s are participating? er since (Month, Day, Ye	No ear) No
Organizations or individuals other individuals known to have a representation.						total	es and other organization	ns and
10a. Name	10b. A	Address			10c. Tel. No).	10d. Cell No.	
X		X			X		X	
			A).	10f. E-Mail Address	
11. Election Details: If the NLRB co	onducts and election	n in this matter, sta	ate your posit	ion with respect to any	such election:			Manual/Mail
11b. Election Date(s):	11c F	lection Time(s): 5	5:00am III	ntil 6:30am	11d Election	Manua Location(s	Mail Mixed The conference in	Manual/Mail
May 15, 2020	, , , , ,			ntil 8:30am	employer	s Seymou	r facility.	oom at me
12a. Full Name of Petitioner (include	ding local name and		.ooum u	12b. Address (street a		State and 2	ZIP code):	
TEAMSTERS LOCA	L UNION N	O. 135		1233 SHELE INDIANAPO		IANA 4	6203	
12c. Full name of national or interna THE IN				iffiliate or constituent (iii THERHOO		EAM	STERS	
12d. Tel. No. 317-639-3541	12e. Cell No. 317-490-5	5005	12f. Fax N 317-6	39-3378	12g. E-Mail droach		1135.com	
13. Representative of the Petition		service of all par					Dustin T. Ro	ach
Teamsters Local Union	in T. Roach No. 135/JC	69 Organize		ess (street and number	, city, State and I	zir code).	4400 E Centenni Muncie, IN 47	
13c. Tel. No. 317-490-5005	13d. Cell No. 317-490-500	5	13e. Fax N 317-63		13f. E-Mail A droach@	Address (local135	.com	
I declare that I have read the abov	e petition and that	_	are true to th					
Name (Print) Dustin T. Ro	ach	Signature Du	stin 7	. Roach			cal Union No. Organizer	Date 4-24-2020

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No.

Date Filed

DO NOT WRITE IN THIS SPACE

RD PETITION

25-RD-258769

4/6/20

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employer concerned is locate	led using the Agency's website, ed. The petition must be accom arties named in the petition of:(1 B 4812). The showing of interes	npanied by both a si	howing of inte	rest (see 7 be sition form (i	elow) and a certific Form NLRB-505);	cate of service sno and (3) Description	wing service on n of Representation		
recognized bargaining represe	N: RD- DECERTIFICATION (RE entative is no longer their represer seed under its proper authority p	ntative. The Petition	er alleges that	the following	circumstances e	es assert that the coxist and requests	ertified or currently that the National		
a. Name of Employer		2b. Address(es) o	of Establishmen	t(s) involved (Street and number,	city, state, ZIP cod	e)		
KEEN TRAN	sport	2681 N	27TH ST	DECATUR	, FL 62526	6			
a. Employer Representative -	Name and Title	3b. Address (If sa	ame as 2b - stat	e same)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
BRITTANY S	TOVALL MANAGER	SAM	E						
c. Tel. No. 3d. Fax No. 3e. Cell No. 3f. E-Mail Address									
217 422 8252	217 422 8286	217 329	4487	britta	ing . stovall	@ Zwgloba	L. ccm		
a. Type of Establishment (Facto				4b. Principa	al product or service	, , , ,			
SHIPPING (a. Description of Unit Involved	4420			CATE	LPTUAR 100	TSTICS			
a. Description of Unit Involved included: 72 wk DRTUER	s, chart operators,	ICADING COF	משע משנו נו	5 and 0	0 = 2 (Ce 0 =	5b. City and is locate	State where unit d:		
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xcluded:									
						DECATO	0 71		
No of Employees in Link	[7 De a aubet-ut-t-	ner (200/	the arrel	in the't			Control of the second s		
No. of Employees in Unit	Do a substantial numb recognized bargaining				ionger wish to be n	epresented by the c	entried or currently		
a. Name of Recognized or Certi					8b. Affiliation, if any	у			
TEAMSTERS	brAr OH				IB7	-			
Address			8d. Tel. No.		8e. Cell No.				
224 WEST CE	samo corno street	COENT A	217 500			21.00	2/100		
		SUFIL II	8f. Fax No.			32 217 358 3600 8g. E-Mail Address			
DECATUR FI	67276			3		samstels . a.	2.6		
Date of Recognition or Certific	ation	10. Expiration Da	ite of Current or	Most Recent	Contract, if any (M	onth, Day, Year)			
July 1 201	7		E 30 20						
	eting at the Employer's establishm				nnrovimatek have	many employees as	e narticipating?		
	keted by or on behalf of (Insert No			1 11 30, 6		omproyees at	a labor organization		
(Insert Address)						ce (Month, Day, Ye			
2. Organizations or individuals of	other those named in items 8 and	11c, which have clair	med recognition	as represent	atives and other or	ganizations			
and individuals known to have	e a representative interest in any of 12b. Address	employees in the uni	n described in it	12c. Tel. No		12d. Fax No.			
					7.5				
NONE				12e. Cell N	0	12f. E-Mail Addres	es e		
person ten				I Lo. Com IV		121. L-Iviali Addres	33		
B. Election Details: If the NLR	B conducts an election in this			13a. Election	on Type: Manua	al Mail M	Mixed Manual/Mail		
matter, state your position wit	h respect to any such election.					. U.wan U	mixed wallualing		
b. Election Date(s)	13c. Election 1	Time(s)		13d. Election	on Location(s)				
APRIL 22 20:	20 120	90		2681	N 27TH ST	DECATUR I	1 62526		
. Full Name of Petitioner	V								
(b) (6), (b) (7)(C)						22.17.17.77.79.71.18			
4a. Address (Street and number				14b. Tel. N	0.	14c. Fax No.			
(b) (6), (b) (7)(C)				Language Contract		Care Spanis			
				14d. Cell N	The state of the s	14e. E-Mail Addre			
				(b) (6), (b) (7)(C)	(b) (6), (b) (7	(C)		
	DRIVER								
	oner who will accept service of	all papers for purp	oses of the rep	-	proceeding.				
5a. Name				15b.Title					
c. Address (Street and number	r, city, state, ZIP code)			15d. Tel. N	D.	15e. Fax No.			
				15f. Cell No),	15g. E-Mail Addre	SS .		
eclare that I have read the al	bove petition and that the stater	ments are true to th	e best of my kr	nowledge and	d belief.				
ame (Print)	Signa(b) (6), (b)	(7)(C)		Title			Date Filed		
(b) (6), (b) (7)(C)				(b) (6)	(b) (7)(C)		3 APRTL 202		

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.