

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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
Willowglen Academy

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
701 W. Lamm Rd., Freeport, IL 61032

3a. Employer Representative - Name and Title
Michelle Young, Executive Director

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
815-713-9623

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
myoung@willowglen-il.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Healthcare Facility

4b. Principal product or service
Direct Care

5a. City and State where unit is located:
Freeport, IL

5b. Description of Unit Involved

Included: All full time and regularly employed part-time Counselors, QIDP's, RN's and Teachers
SEE ATTACHMENT

Excluded: All Supervisory, Managerial and confidential employees as defined by the act

6a. No. of Employees in Unit:
13

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request 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).
SEE ATTACHMENT

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? NO 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 any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
AFSCME (American Federation of State County and Municipal Employees Council 31)

12b. Address (street and number, city, state, and ZIP code)
205 N Michigan Ave, Suite 2100. Chicago, IL 60601

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)

12d. Tel No.
312-641-6060

12e. Cell No.

12f. Fax No.
312-861-0979

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Alberto Melchor Organizer

13b. Address (street and number, city, state, and ZIP code)
205 N Michigan Ave, Suite 2100. Chicago, IL 60601

13c. Tel No.
312-641-6060 ext 5804

13d. Cell No.
312-550-5136

13e. Fax No.
312-861-0979

13f. E-Mail Address
amelchor@afscme31.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)
Alberto Melchor

Signature


Title
Organizer

Date
04/06/2020

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 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 25-RC-259195	Date Filed 4/15/20
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 Pathway Services Unlimited, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1905 West Morton Ave. Jacksonville, IL 62651-0400
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3a. Employer Representative - Name and Title Maryjane Million, Executive Director	3b. Address (If same as 2b - state same) same
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3c. Tel. No. 217-479-2300	3d. Cell No.	3e. Fax No. 217-479-2305	3f. E-Mail Address ajamison@pathwayservices.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Disability Services	4b. Principal product or service Direct Care	5a. City and State where unit is located: Jacksonville, IL
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5b. Description of Unit Involved Included: See attached Excluded:	6a. No. of Employees in Unit: 140	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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). Service Employees International Union, Local #73	8b. Address 300 S Ashland Ave Suite 400 Chicago, IL 60607
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8c. Tel No. 312-787-5868	8d. Cell No.	8e. Fax No. 312-337-7768	8f. E-Mail Address kkleinhans@seiu73.org
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8g. Affiliation, if any Service Employees International Union	8h. Date of Recognition or Certification 01/21/1992	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No 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 any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) AFSCME (American Federation of State County and Municipal Employees Council 31)	12b. Address (street and number, city, state, and ZIP code) 205 N. Michigan Ave Suite 2100 Chicago, IL 60601
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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)

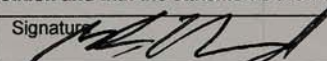
12d. Tel No. 312-641-6060	12e. Cell No.	12f. Fax No. 312-861-0979	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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
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13c. Tel No. 312-641-6060 ext 5337	13d. Cell No. 773-456-9016	13e. Fax No. 312-861-0979	13f. E-Mail Address mrenard@afscme31.org
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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) Mark Renard	Signature 	Title Organizer	Date 04/10/2020
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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.

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-259478	Date Filed 4/23/20

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.

2a. Name of Employer: Securitas	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4000 Tulip Tree Drive, Princeton, IN 47670
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3a. Employer Representative - Name and Title: Ross Emery, Fire Chief	3b. Address (if same as 2b - state same): 4000 Tulip Tree Drive, Princeton, IN 47670
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3c. Tel. No. (812) 387-2998	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Firefighting	4b. Principal Product or Service Firefighting	5a. City and State where unit is located: Princeton, IN
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5b. Description of Unit Involved: Included: All full time and regular part time firefighters and EMTs employed by the employer at its Princeton, IN, facility.	6a. Number of Employees in Unit: 18
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Excluded: All managers and office clerical employees, and all guards and supervisors as defined by the Act.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) No Reply (If no reply received, so state).** 4/23/2020 and Employer declined recognition.
 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 any such election:	11a. Election type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): May 14, 2020	11c. Election Time(s): 5 am - 7 am	11d. Election Location(s): Break Room
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12a. Full Name of Petitioner (Including local name and number): Chauffeurs, Teamsters and Helpers Local Union No. 215	12b. Address (street and number, city, State and ZIP code): 825 Walnut Street, P.O. Box 1040, Evansville, IN 47706
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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

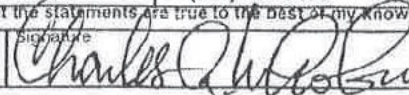
12d. Tel. No. (812) 424-6471	12e. Cell No.	12f. Fax No. (812) 424-6476	12g. E-Mail Address teamsters215@att.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Charles A. Whobrey, President and Business Manager	13b. Address (street and number, city, State and ZIP code): 825 Walnut Street, P.O. Box 1040, Evansville, IN 47706
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13c. Tel. No. (812) 424-6471	13d. Cell No.	13e. Fax No. (812) 424-6476	13f. E-Mail Address teamsters215@att.net
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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) Charles A. Whobrey	Signature 	Title President and Business Manager	Date 4/23/2020
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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. 25-RC-259612	Date Filed 4/24/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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: AVI Foodsystems Inc	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 900 D Ave, Seymour, IN 47274
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3a. Employer Representative - Name and Title: Tom Depriest- Branch Manager	3b. Address (if same as 2b - state same): SAME
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3c. Tel. No. (812)522-6669	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Tdepriest@avifoodsystems.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food vending delivery company	4b. Principal Product or Service Food Service	5a. City and State where unit is located: Seymour, IN
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5b. Description of Unit Involved: Included: All full-time and regular part-time warehouse employees, vending route drivers, vending delivery/ route drivers, delivery route drivers and general floaters employed at the employers facility in Seymour, Indiana. Excluded: All customer service attendants, dispatchers, sale representatives, vending install technicians, maintenance, mechanics, guards and supervisors as defined in The Act and all other employees.	6a. Number of Employees in Unit: 18	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) April 24, 2020 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) -NONE-	8b. Address: X
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8c. Tel. No. X	8d. Cell No. X	8e. Fax No. X	8f. E-Mail Address X
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8g. Affiliation, if any: X	8h. Date of Recognition or Certification X	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) X
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? No
(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) No

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 X	10b. Address X	10c. Tel. No. X	10d. Cell No. X
		10e. Fax No. X	10f. E-Mail Address X

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): May 15, 2020	11c. Election Time(s): 5:00am until 6:30am 7:30am until 8:30am	11d. Election Location(s): The conference room at the employers Seymour facility.
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12a. Full Name of Petitioner (including local name and number): TEAMSTERS LOCAL UNION NO. 135	12b. Address (street and number, city, State and ZIP code): 1233 SHELBY ST. INDIANAPOLIS, INDIANA 46203
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel. No. 317-639-3541	12e. Cell No. 317-490-5005	12f. Fax No. 317-639-3378	12g. E-Mail Address droach@local135.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	13a. Name and Title: Dustin T. Roach Teamsters Local Union No. 135/JC 69 Organizer	13b. Address (street and number, city, State and ZIP code): Dustin T. Roach 4400 E Centennial Ave Muncie, IN 47303
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13c. Tel. No. 317-490-5005	13d. Cell No. 317-490-5005	13e. Fax No. 317-634-5864	13f. E-Mail Address droach@local135.com
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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) Dustin T. Roach	Signature <i>Dustin T. Roach</i>	Title Teamsters Local Union No. 135/JC 69 Organizer	Date 4-24-2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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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 KEE TRANSPORT		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2681 N 27TH ST DECATUR, FL 62526	
3a. Employer Representative - Name and Title BRETTANY STEVALL MANAGER		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 217 422 8252	3d. Fax No. 217 422 8286	3e. Cell No. 217 329 4487	3f. E-Mail Address brittany.stevall@2uglobal.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SHIPPING YARD		4b. Principal product or service CATERPILLAR LOGSITICS	
5a. Description of Unit Involved Included: TRUCK DRIVERS, CRANE OPERATORS, LOADING CREW WORKERS, AND PROCESSORS Excluded:			5b. City and State where unit is located: DECATUR FL

6. No. of Employees in Unit 11
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? Yes No

8a. Name of Recognized or Certified Bargaining Agent TEAMSTERS LOCAL 916		8b. Affiliation, if any IBT	
8c. Address 224 WEST CORNO CORNO STREET SUITE A DECATUR FL 62526		8d. Tel. No. 217 522 7932	8e. Cell No. 217 358 8600
		8f. Fax No.	8g. E-Mail Address MIKE @ TEAMSTERS.ORG

9. Date of Recognition or Certification JULY 1 2017
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) JUNE 30 2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes 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 NONE	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 matter, state your position with respect to any such election.
13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s) APRIL 22 2020
13c. Election Time(s) 1200
13d. Election Location(s) 2681 N 27TH ST DECATUR FL 62526

14. Full Name of Petitioner (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any CDL DRIVER

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 3 APRIL 2020
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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.