

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 25-RC-252745	Date Filed 12/4/19
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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 Green Thumb Industries	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8221 51st St. W IL Rock Island 61201-
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3a. Employer Representative - Name and Title Joel Smyers	3b. Address (If same as 2b - state same) 8221 51st St. W IL Rock Island 61201-
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3c. Tel. No. (309) 787-7109	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jsmyers@gtigrows.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service Cannabis	5a. City and State where unit is located: Rock Island, IL
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 55
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Excluded: See Attached Page 2 for additional details	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) 10/10/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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? 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.
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10e. Fax No.	10f. E-Mail Address
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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): 12/17/19	11c. Election Time(s): 6 am-9 am and 3 pm-4 pm	11d. Election Location(s): Conference room left of main entrance
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12a. Full Name of Petitioner (including local name and number) Scott J Beaird Scott James Beaird Teamsters Local 371	12b. Address (street and number, city, state, and ZIP code) 101 31st Avenue IL Rock Island 61201-
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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. (309) 787-4456	12e. Cell No. (309) 737-9776	12f. Fax No.	12g. E-Mail Address scottbeaird@teamsterslocal371.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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Scott J Beaird	Signature Scott Beaird	Title	Date 12/3/2019 11:45:01
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Delivery drivers, MIP, Warehouse, Order fulfillment, Processing and Packaging,
Quality, Extraction, DTCP

Employees Excluded

Grow, Maintenance, Office and Clerical, Supervisors, Managers, Security, Temps

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No. 25-RD-253975
Date Filed 12/30/19

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 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: Franklin Pest Solutions - North
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 1715 Franklin Street, Michigan City, IL 46360

3a. Employer Representative - Name and Title: Dave Sloop
3b. Address (if same as 2b - state name): same

3c. Tel. No. (219) 874-7900
3d. Fax No. (219) 932-9109
3e. Cell No. (219) 898-8178
3f. E-Mail Address: d.sloop@franklinpestsolutions.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Pest Control Company
4b. Principal product or service: Pest Services

5a. Description of Unit Involved
Included: Service Technicians
Excluded: Management, Sales, and Administration
5b. City and State where unit is located: Michigan City, IN

6. No. of Employees in Unit: 5
7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent: Tim Courtney
8b. Affiliation, if any: Teamsters Local 135

8c. Address: 1233 Shelby Street, Indianapolis, IN 46203
8d. Tel. No. (317) 639-3541
8e. Cell No.
8f. Fax No.
8g. E-Mail Address: tcourtney@local135.com

9. Date of Recognition or Certification: 12/20/2019
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

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 than 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 matter, state your position with respect to any such election. Observer
13a. Election Type: Manual Mail Mixed Manual/Mail
13b. Election Date(s)
13c. Election Time(s)
13d. Election Location(s)

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. (b) (6), (b) (7)(C)
14c. Fax No.
14d. Cell No.
14e. E-Mail Address: (b) (6), (b) (7)(C)

14f. Affiliation, if any: Franklin Pest Solutions (b) (6), (b) (7)(C)

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

15a. Name: Angie Novak
15b. Title: Office Administrator
15c. Address (Street and number, city, state, ZIP code): 1715 Franklin Street, Michigan City, IN 46360
15d. Tel. No. (219) 874-7900
15e. Fax No. (219) 932-9109
15f. Cell No.
15g. E-Mail Address: a.novak@franklinpestsolutions.com

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)
Sig: (b) (6), (b) (7)(C)
Title: (b) (6), (b) (7)(C)
Date Filed: 12-30-19

WILLFUL FALSE STATEMENTS ON _____ FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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