| UNITED STATE | | | DO NOT WRITE IN THIS SPACE | | | | | |
|--|----------------------------|---|--|--|-----------------------------------|--|--|--|
| NATIONAL LABOR | | ARD | Case No. | Date Filed 5 12/4/19 | | | | |
| | | | 25-RC-25274 | | | | | |
| INSTRUCTIONS: Unless e-Filed us | | | | | | | | |
| in which the employer concerned of service showing service on the | | | | | | | | |
| (Form NLRB-505); and (3) Descript | | | | | | | | |
| with the NLRB and should not be | | | | (D 4012). The St | iowing of int | erest should only be med | | |
| 1. PURPOSE OF THIS PETITION: RC-CE | RTIFICATION OF | REPRESENTATI | VE - A substantial number | of employees wish to | be represented | for purposes of collective | | |
| bargaining by Petitioner and Petitioner d requests that the National Labor Rela | | | | | | | | |
| 2a. Name of Employer | don's Board proc | 2b. Ad | dress(es) of Establishmen | | | | | |
| Green Thumb Industries | | 82 IL | 21 51st St. W Rock Island 61201- | | | | | |
| 3a. Employer Representative – Name and | d Title | | 3b. Address (If same as | | | | | |
| Joel Smyers | 2d Call No | | 8221 51st St. W IL Rock Island 612 | 201- | Of E Moil Add | | | |
| 3c. Tel. No. (309) 787-7109 | 3d. Cell No. | | 3e. Fax No. | | 3f. E-Mail Add jsmyers@gtigrov | | | |
| 4a. Type of Establishment (Factory, mine, V | wholesaler, etc) | 4b. Principal pro | duct or service | | | and State where unit is located: | | |
| Others | | | Cannabis | | - | Rock Island, IL | | |
| 5b. Description of Unit Involved | | | | | | 6a. No. of Employees in Unit: | | |
| Included: See Attached Page 2 for additio | nal details | | | | | 55 6b. Do a substantial number (30% | | |
| | | | | | | or more) of the employees in he | | |
| Excluded: See Attached Page 2 for additio | | | | unit wish to be represented by the Petitioner? Yes Ver No | | | | |
| Check One: 7a. Request for re | ecognition as Bar | naining Representa | tive was made on (Date) 1 | 0/10/2019 an | d Employer dec | lined recognition on or about | | |
| | | | d, so state). No reply recei | | | | | |
| | urren ly recognize | ed as Bargaining Re | epresentative and desires | | Act. | | | |
| 8a. Name of Recognized or Certified Bar | gaining Agent (I | f none, so state). | 8b. Address | | | | | |
| 8c. Tel No. | 8d Cell No. | | 8e. Fax No. | | 8f. E-Mail Add | ress | | |
| 8g. Affiliation, if any | | | 8h. Date of Recognition or | r Certification | 8i, Expiration [| Date of Current or Most Recent | | |
| | | | 0 | | Contract, if an | y (Month, Day, Year) | | |
| 9. Is there now a strike or picketing at the E | mplover's establi | shment(s) involved | 2 No If so approx | imately how many en | nnlovees are na | rticinating? | | |
| (Name of labor organization) | | | | | | | | |
| 10. Organizations or individuals other than | | | | | | | | |
| known to have a representative interest in a | | | | | resentatives and | | | |
| 40- Nome | 405 44 | 4 | | 40- T-L N- | | | | |
| 10a. Name | 10b. Ad | aress | | 10c. Tel. No. | | 10d. Cell No. | | |
| | | | | 10e. Fax No. | | 10f. E-Mail Address | | |
| | | | | | | | | |
| any such election. | r position with respect to | 11a. Election Type: 🔽 Manual 🦳 Mail 🦳 Mixed Manual/Mail | | | | | | |
| 11b. Election Date(s): 11c. Election Time(s): 12/17/19 6 am-9 am and 3 pm-4 pr | | | | 11d. Election Loca | DC6 | | | |
| 12a. Full Name of Petitioner (including lo | | | 1 | Conference room left of main entrance 12b. Address (street and number, city, state, and ZIP code) | | | | |
| Scott J Beaird Scott James Beaird Teamsters Local 371 | | , | | 101 31st Avenue | | | | |
| 12c. Full name of national or international la International Brotherhood of Teamsters | abor organization | of which Petitioner | is an affiliate or constituen | t (if none, so state) | | | | |
| 12d. Tel No. | 12e. Cell No. | | 12f. Fax No. | | 12g. E-Mail Ad | Idress eamsterslocal371.com | | |
| (309) 787-4456 | (309) 737-9776 | | | | | eamsterslocal371.com | | |
| 13. Representative of the Petitioner who 13a. Name and Title | will accept serv | ice of all papers fo | r purposes of the repres 13b. Address (street and | | - | | | |
| | | | 15b. Address [Street and | a namber, ony, state, | | | | |
| 13c. Tel No. | 13d. Cell No. | | 13e. Fax No. | | 13f. E-Mail Ad | dress | | |
| I declare that I have read the above petit | ion and that the | statements are tru | le to the best of my know | ledge and belief. | | | | |
| - | gnature | | Title | • | Date | | | |
| Scott J Beaird Sc | cott Beaird | | | | 12/3/2019 | | | |
| WILLFUL FALSE STATEME | NTS ON THIS PE | ETITION CAN BE F | UNISHED BY FINE AND | IMPRISONMENT (U | | | | |

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

Employees Included

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

Case

Employees Excluded

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

12/30/2019 14:45 2198726036

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OFFICEMAX

| FORM NLRB-502 (RD) (8-16) | UNIT NATIONA | ED STATES OF A | ONS BOARD | | Case | No. | | | Date Filed | |
|---|---|--|--|---|--|---|---|--|---|--|
| RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u> , submit an orly employer concerned is located. The petition must be accompanied by both a showing of employer and all other parties named in the petition of:(1) the petition; (2) Statement of Pr | | | | | | | | | 12/30/19 | |
| employer concerned is loca employer and all other parts Case Procedures (Form NL | 00 Netherlin th | an an and Self | | | | Delow) and a cen | TICATE OF Sev | vica eh | wing gandee on the | |
| 1. PURPOSE OF THIS PETITI recognized bargaining repre- Labor Relations Board pro | ON: RD- DECEI aentative is no lo | RTIFICATION (REI | MOVAL OF REPRE | SENTATIVE) - | A substantia | al number of emplo | - <u>-</u> | | | |
| 2a. Name of Employer | | · · · · · · · · · · · · · · · · · · · | | | | elations Act. (Street end numb | | | | |
| Franklin Pest Solutions - | | | 1715 Franklin | n Street, Mic | bican Ci | is#⊽etend nymb ts∕II 4∠2∠0 | er, city, state, | ZIP coo | le) | |
| 3a. Empfoyer Representative - Name and Title | | | 1715 Franklin Street, Michigan City, IL 46360 3b. Address (if same as 2b - state name) | | | | | | ······ | |
| Dave Sloop | | | same | | 5 (Addite) | | | | | |
| Sc. Tel. No. | 3d. Fax No. | | Se. Cell No. | n. | 3f. E-Mail | Address | | | | |
| (219) 874-7900 | (219) 932 | 2-9109 | (219) 898-81 | 78 | | | pestsolutions.com | | | |
| la. Type of Establishment <i>(Fact</i> Pest Control Company | ory, mine, whole | saler, etc.) | · | ~~~~~ | 4b. Princip | al product or servi | C8 | | | |
| a. Description of Unit Involved | | , / | | | Pest Se | rvices | | | | |
| icluded: | ···· | <u>.</u> | · · · | . | | | | | Stats where unit | |
| Service Technicians | | | | | | | | s locate | | |
| xcluded: | | | | | | | 1MI | chigan | City, IN | |
| danagement, Sales, and | Administrati | on | | | | | | | | |
| No. of Employees in Unit 5 | 7. Do a reco | a substantial numbe | ar (30% or more) of t representative? [X] | the employees in Yes No | n the unit na | longer wish to be | represented / | by the co | rtified or currently | |
| a. Name of Recognized or Certi | ified Bargaining / | Agent | | | | 8b. Affiliation, if a | γ. <u></u> | | <u>_</u> . | |
| im Courtney | | | | | | Teamsters Lo | cal 135 | | | |
| . Address | | | | 8d. Tel. No. | | 8e. Cell No. | | | <u>a</u> . | |
| 233 Shelby Street | | | | (317) 639- | 3541 | | | | | |
| ndianapolis, IN 46203 | | | | 8r. Fax No. | _ | 8g. E-Mail Addres | s . | | | |
| | | | | | tcourtney@local135 | | | 'n | | |
| Date of Recognition or Continue | | m | | | _ | V V V V | | | | |
| (24) 2:0 2019 18. Is there now a strike or picke | | | | | | Contract, if any (N | | /868 3 r = | | |
| 18. Is there now a strike or picks 1c. The Employer has been picks (Insert Address) 2. Organizations or individuals or and individuals known to have | ating at the Emploited by or on be | shalf of <i>(Insert Nan</i> d in items 5 and 11 e interest in any em | nt(s) Involved? | Yes X No | 11b. If so, ; | Contract, if any (<i>l</i> v approximately how sir atives and other or (<i>lf none</i> , so state) | many employ | iees are ay, Yea, | a labor organization, | |
| Is there now a strike or picke The Employer has been pick (Insert Address) Organizations or individuals of | eting at the Empl (eted by or on be ther those name a representative | shalf of <i>(Insert Nan</i> d in items 5 and 11 e interest in any em | nt(s) Involved? | Yes X No | 11b. If so, a 8 /epresent n 5 above, | Contract, if any (<i>l</i> / approximately how sir atives and other or (<i>lf none</i> , so state) 5. | many employ nee (Month, E ganizations 12d. Fax Ni | 1995 are 199, Yea | a Inbor organization, | |
| (Insert Address) 2. Organizations or individuals of and individuals known to have an individuals known to have an individuals known to have an individuals known to have based of the series of | ating at the Emploieted by or on be ther those name a representative 12b. Add | ehalf of <i>(Insert Nan</i> kd in itema 8 and 11. <u>∈ interest in any em</u> ress | nt(s) Involved? | Yes X No | 11b. If so, a a represent <u>n 5 above,</u> 12c. Tol. No 12e. Cell No | Contract, if any (<i>l</i> / approximately how air atives and other or (<i>lf none</i> , so sfate) 0. | many employ ice (Month, E ganizations 12d. Fax N 12f. E-Mail | 1995 are 199, Yea | a Inbor organization, | |
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| Election Details: If the NLRE | ating at the Employed by or on be ther those name a representative 12b. Additional and the second second respect to any second s | code) that the statemen code) that the statemen code) that the statemen | nt(s) Involved? | Yes No ad recognition a daacibed in iter cas of the repres | 11b. If so, ; a represent n 5 above, 12c. Tol. No 12e. Cell No 13a. Electio 13d, Electio 13d, Electio 14b. Tel. No (b) (6), (b) 14d. Cell No sentation p 5b. Title Office A di 5d. Tel. No (219) 874- 5f. Cell No viedge and 19e (b) (6), (b) | Contract, if any (// approximately how air atives and other or (<i>If nane, so state</i>) 5. n Type: X Manue n Location(s) rocceeding. rocceeding. 7900 bellef. | many employ nce (Month, E ganizations 12d. Fax No 12f. E-Mail 14c. Fax No 14c. Fax No (b) (6), (1 15e. Fax No (219) 932- 15g. E-Mail, a.novak@ | Address | a hibor organization,) Ilixed Manual/Mali C) C) apestsolutions.com Date Filed V 2 - 2 - 9 - 1 9 | |

(NLRB) in processing representation and related proceedings of libigation. The routins uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74542-43 (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.