UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT	VRITE IN T
Case No: 13-RD-2511	57	Date File

te Filed

11/4/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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.

with the NLRB and should not be s	erved on the	mnlover or an	v othe	r nertv	10 4012/, 11,0 01	oning or in	crost should strip be the			
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 autho	rity pursuant to	Section	9 of the National L	abor Relations Act					
2a. Name of Employer		2b. Ad	idreas(e	s) of Establishment	(s) Involved (Street a	ind number, city	, State, ZIP code)			
Saks & Company, LLC			T							
3a. Employer Representative - Name and	Title			Address (If same as	2b – state same)					
Andrea Georganas 3c. Tel, No.	3d. Cell No.			<u>TE AS ABOVE</u> ex No.		3f, E-Mail Add				
Sc. 761, NO.	Sa. Cen No.		3e. F	ax No.	}	SI, ENVISE ACC	iless.			
4a. Type of Establishment (Factory, mine, v	holesalor etc.)	4b. Principal pro	due or	selvice		5= City	and State where unit is located:			
Department store	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Clothing	~~~~	3017103		Chicag				
5b. Description of Unit Involved		7.V H.I.I.S					<u> </u>			
•							6a, No. of Employees in Unit:			
Included: Receiving associates, sh					sociates, cosmetic	es clericals,	6b. Do a substantial number (30%			
jewelry operations associates (clerical	ls), and women	's alterations fi	tt¢rs/se	werş.			or more) of the employees in the			
							unit no longer wish to be			
Excluded: Selling associates, superv	isors, manager:	s, asset protection	on and	guards and empl	loyees already rep	resented.	represented by the certified or			
							currently recognized bargaining			
							representative? Yes No			
Check One: 7s. Request for re					an	d Employer der	dined recognition on of about			
		(If no reply receive		,						
		d <u>as Bargsining</u> R	epreser		certification under the	Act.				
Ba. Name of Recognized or Certified Bar	gaining Agent			6b. Address						
Sc. Tel No.	Dd Call Ma		T 00 E			OF E MON A de	deare			
BC, ICINO.	Bd Cell No.		Se. F	Se. Fax No.			8f, E-Mail Address			
8g. Affiliation, if any	L		8h Dal	8h. Date of Recognition or Certification 8i. Expiration Date			Date of Current or Most Recent			
og. Allington, it ally		1	VII. Da				Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involved	17 No	o If so, appr	oximately how many	employees are	participating?			
(Name of labor organization)										
10. Organizations or individuals other than	hose named in its	ems R and 9 which	h have c	laimed recognition	as representatives a	od other omani	zations and Individuals known to			
have a representative interest in any emplo						, ne o, nor o . g =				
	•									
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.			
Retail, Wholesale and Department St	ore 37SA	shland Ave, Ch	icago, IL 60607- (312)733-1436				(312)953-9470			
Union (RWDSU), Chicago Joint Boa	rd 1805		10e, Fax No.				10f. E-Mail Address			
			(312)733-1441							
11. Election Details: If the NLRB conduct	s an election in thi	is mattor, state yo	ur positio	on with respect to	11a, Election Type	:x_ Manua	Mail Mixed Manual/Mail			
any such election. 11b. Election Date(s):	1 110 E	ection Time(s): 1:	D0pm - 1:30 pm 11d. Election Location(s): Break room			nom.				
TID. CIECTOT Data(s).	''\.	doubli raine (b). 1.	oopin -	1.55 pill	, ra. Electron Edda	Bonia). Break				
12a. Full Name of Petitioner					12h Address (stre	et and number.	city, state, and ZIP code)			
(b) (6), (b) (7)(C)					(b) (6), (b) (only, action and 21, carely			
. 12c. Full name of navonal or international la	no/leginapho rode	of which Petitione	r is an a	fillate or constituen	t (il none, so state)	<i>(</i>)(0)				
NONE		-,			,,					
12d. Tel No.	12e. Cell No.		12f.	Fax No.		12g. E-Mail A	ddress			
L							 _			
13. Representative of the Petitioner who	will accept serv	ice of all papers	for purp	oses of the repres	sentation proceedin	g.				
13a. Name and Title			l 13b.	Address (street and	d number, city, state,	and ZIP code)				
(b) (6), (b) (7)(C)				ME AS ABOVE	, , , , , , , , ,	,				
13C. 18I NO.	13d. Call No.			Fax No.		13f. E-Mail A	ddress			
SAME AS ABOVE	SAME AS A	BOVE	SAI	ME AS ABOVE		SAME AS	ABOVE			
I declare that I have read the above pet	b) (6), (b) (7)(C)	to th	e best of my know	viedge and belief.					
Name (Print)	-, (), (), ()		ΥĬij	b) (6), (b) (7	/)(C)	Dates	1/1- 16/0			
(b) (6), (b) (7)(C)						111-	04-2019			

PRIVACY ACT STATEMENT

UNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

WILLFUL FALSE STÄTEM

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.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD.

DO NOT WRITE IN THIS SPACE						
Case No. 13-RD-251106	Date Filed 11/4/19					

RD F	PETITIO	Ŋ		1	3-RD-251100	5	11/4/19		
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.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 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 <u>not</u> be served on the employer or any other party.									
 PURPOSE OF THIS PETITION: RD- Di recognized bargaining representative is a Labor Relations Board proceed under 	no longer their rep	resentative. T	he Pe	titioner alleges that the	e following circums	tances exist an			
2a. Name of Employer NuCO2 Management LLC				ress(es) of Establishmen ward St., Elk Grove Vill	. ,	and number, city	, State, ZIP code)		
3a. Employer Representative - Name and Chris Bakutis	Title		- 1	3b. Address (If same as	s 2b - state same)				
3c. Tel. No. 847-593-3564	3d. Cell No. 773-349-4456			3e. Fax No.		3f. E-Mail Add cbakutis@nuc			
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal				,	and State where unit is located:		
Transportation		Beverage	gra	de carbon dioxide	}	Elk Gr	ove Village, IL		
5b. Description of Unit Involved included:							6a. No. of Employees in Unit: 5		
All full-time and regular part-time drivers, installers, and tech/installers employed by the Employer at its facility currently located at 1280 Howard Street, Elk Grove Village, Illinois. 6b. 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 by the certified or representative? Yes Village, Illinois.									
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 currently recognized as Bargaining Representative and desires certification under the Act.									
8a. Name of Recognized or Certified Bar Teamsters Local Union No. 705	gaining Agent			8b. Address 1645 W. Jacks	son Blvd., 7th Floor,	Chicago, IL 60	653		
8c. Tel No. 312-738-2800		8f. E-Mail Add ats@I705ibt.or							
8g. Affiliation, if any International Brotherhood of Teamsters November 1,					Contract if any (Manth, Day, Manth				
9. Is there now a strike or picketing at the E	mployer's establis			No If so, approx	imately how many er	nployees are pa	rticipating?		
(Name of labor organization) 10. Organizations or individuals other than that a representative interest in any emplo		ems 8 and 9, wi	hich h	nave claimed recognition	as representatives a	nd other organiz	ations and individuals known to		
10a. Name	10b, Add	iress			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB conducts any such election. 	an election in this	s matter, state	your	position with respect to	11a. Election Type	: Manual	MailMixed Manual/Mail		
11b. Election Date(s):	11c. El	ection Time(s):	:		11d. Election Loca				
11/6/2019	1:	2:00 p.m. to 1	2:30	p.m	Employee break room, 1280 Howard St., Elk Grove Village, IL 12b. Address (street and number, city, state, and ZIP code)				
12a. Full Name of Petitioner (b) (6), (b) (7)(C)					(b) (6), (b) (7)(C		city, state, and ZIP code)		
12c. Full name of national or international la	bor organization	of which Petitio	ner is	an affiliate or constituer	_	,			
12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C)		T	12f. Fax No.		12g E-Mail Ad			
13. Representative of the Petitioner who		ce of all paper	rs for	purposes of the repres	entation proceeding		χο,		
13a. Name and Title			١	13b. Address (street and	d number, city, state,	and ZIP code)			
13c. Tel No.	13d. Cell No.			13e. Fax No.	,	13f. E-Mail Ad	dress		
I declare that I have read the above petit	on and that the s), (b) (7)(C)	statements are	e true	to the best of my know	vledge and belief.				
Manie (1-min)	,, (b) (1)(c)		-	(b) (6), (b) (7)((C)	Date	4-2019		
(b) (6), (b) (7)(C) WILLFUL FALSE ST			<u> </u>				E 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, 2005). 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.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 13-RC-251732	Date Filed 11/14/19							

	to the first in		1	ushmilt na animirat at t	hie Detition to	n MI DP 44	ica in the De	aion in whi	ch the
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481	e petition must b named in the peti 2). The showing c	e accompanied t tion of: (1) the p of interest should	by both a sho etition; (2) Si d only be file	owing of interest (see latement of Position fo d with the NLRB and	6b below) and orm (Form NLR should not be s	a certificate (B-505); and served on th	(3) Descript e employer (nowing ser ion of Repr or any other	esentation r party.
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitio requests that the National Labor	oner desires to be o	ertified as repres proceed under i	entative of the ts proper au	e employees. The Petil thority pursuant to Se	tioner alleges t ction 9 of the N	hat the follo lational Lab	wing circum or Relations	Act.	ective Ist and
2a. Name of Employer:				stablishment(s) involve			State, ZIP co	de):	l
Digital Realty		505	N. Railro	ad Ave, Northlak	ce, IL 6016	4			
3a. Employer Representative - Nam	e and Title:	3b. Ad	dress (if same	e as 2b - state same):			_		
Mike Plesha, Data Center		Sam	e						
3c, Tel, No.	3d. Cell No.		3e. Fax No		3f. E-Mail Ad	ddress			
30, 161, 140.	773-315-312	6			mplesha	@digital:	realty.con	n	
4a. Type of Establishment (Factory, л			4b. Principa	al Product or Service			State where		ed:
Data Center	inite, Wilolosaior, o	,	Mainter			IL.			
			Wittilitei	- Idilico			of Employee	s in Unit:	
5b. Description of Unit Involved: Included:							0. Linpio) 00		
All full-time and regular part-time skill	led maintenance w	orkers working fo	r Digital Real	ty at 505 N. Railroad Av	e,	10			
Northlake, IL 60164 Excluded: Office clerical, professional employee						of the er	bstantial num nployees in the nted by the P	he unit wish	to be
Check One: 7a. Request for reco	ognition as Bargain	ing Representativ	ve was made	on (Date)	and		eclined recog		g
on or about (Date)		(If no reply	received, so s	state).					
7b. Petitioner is cur					under the Act.				
8a. Name of Recognized or Certifie	d Bargaining Age	nt (If none, so sta	ate) 8b. Ad	dress:					
8c. Tel. No.	8d. Cell No.		8e, Fax No).	8f. E-Mail A	ddress			
8g. Affiliation, if any:			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yaar)						
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) in	volved?	If so, approxi	mately how man	y employees	are participa	iting?	
(Name of Labor Organization)	, ,		_		, has picketed	the Employe	r since (Mon	th, Day, Yea	ar)
10. Organizations or individuals other	. th O-this-sec	d these second in	itama C and	a which have claimed					
individuals known to have a repre	r than Petitioner an esentative interest i	n any employees	in the unit de	scribed in item 5b abov	e. (If none, so s	tate)		, g	
10a. Name	10b. A	ddress			10c. Tel. No	э.	10d. Cell No.		
					10e. Fax N	0.	10f. E-Mail A	ddress	
	ļ								
11. Election Details: If the NLRB co	nducts and election	n in this matter, st	ate your posi	tion with respect to any	such election:	11a. Election	Type:		
					į	X Manua	1 Mail	Mixed	Manual/Mail
11b. Election Date(s):		lection Time(s):				on Location(s			
11/27/2019	6:30	AM-7:30AN	M and 2:3	0PM-3:30PM	Confere	nce Rooi	n		
12a. Full Name of Petitioner (include				12b. Address (street a	and number, city	, State and 2	ZIP code):	-	
International Union of Op			399	2260 S Grove S					
12c. Full name of national or internat	ional labor organiz	ation of which Per	titioner is an a	l	none, so state	:			
International Union of Op	erating Engir		CIO						
12d. Tel. No.	12e. Cell No.		12f. Fax N		12g. E-Mai	I Address			
312-372-9870			312-84						
13. Representative of the Petitions	r who will accept	service of all pa	pers for pur	poses of the represen	tation proceed	ing.			
13a. Name and Title: Pat O'Gorman, Organizer				ess (street and number Grove St, Chicago		ZIP code):			
	Lant d'art		40 - 5 - 1	Na	40f F M-1	Address			
13c. Tel. No.	13d. Cell No.	5.5	13e. Fax i		13f. E-Mail		200		
312-980-6156	773-502-742		312-84			an@iuoe	599.com		
I declare that I have read the abov	e petition and tha			ne best of my knowle	age and belief.				Date
Name (Print)		Signature	tai		Organizar				11/14/19
Pat O'Gorman		Ich	NO COL		Organizer				11/14/19

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
13-RC-251806	11/15/19						

RC PETITION

13-RC-251806

11/15/19

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 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

(Form NLRB-505); and (3) Descript				n NL	RB 4812). The si	howing	of inte	erest shou	ıld only be filed	
with the NLRB and should not be s	erved on the	employer or al	ny other party.							
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de requests that the National Labor Relational L	esires to be certif	ied as representat	ive of the employees.	The	Petitioner alleges th	hat the fo	llowing	circumsta	nces exist and	
2a. Name of Employer		2b.,A	ddress(es) of Establis	hmen	t(s) involved (Street a	and numb				
Omni Hotels Management Corp. db		go Hotel 676 I	N. Michigan Aver	nue,	Chicago IL 6061	11				
3a. Employer Representative - Name and			3b. Address (If sa	me as	s 2b – state same)					
Richard Maxfield, General Manag	er		same							
3c. Tel. No. (312)944-6664	3d. Cell No.		3e. Fax No.				ail Addre eld@o	ess mnihotel	s.com	
4a. Type of Establishment (Factory, mine, w	vholesaler. etc.)	4b. Principal pro	duct or service						ere unit is located:	
Hotel		Hospitality				1	hicago	, IL		
5b. Description of Unit Involved									Employees in Unit:	
Included: All regular part-time & full-time Houseker attendants, utility porters, turn down atter	eping Department emp ndants, office coordina	ltoyees (Including room) Itors and housekeeping	attendants, housepersons, k super√isors) of the Employe	obby att r at its c	endants, floor care attendar perations at 676 N. Michiga	nts, linen roo an Ave.	·m -	57	hatastial number (200/	
Excluded: Other employees, valet employees,	Excluded: Other employees, valet employees, engineering employees, food and beverage employees, front desk department employees, guards, managers and supervisors as defined in the NLRA. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No									
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/15/2019 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).										
			epresentative and de		certification under the	Act.				
8a. Name of Recognized or Certified Barg none	jaining Agent (h	f none, so state).	8b. Addr none	ess						
8c. Tel No.	8d Cell No. none		8e. Fax No.	1			E-Mail Address			
8g. Affiliation, if any			8h. Date of Recognit	tion or	Certification	8i. Expir	ration Da	ate of Curre	nt or Most Recent	
none			none	none Contract, if any (Month, Day, Year)					y, Year)	
9. Is there now a strike or picketing at the Er	nployer's establis	shment(s) involved	?_no If so, a	pprox	imately how many en	nployees	are part	ticipating? [n/a	
(Name of labor organization) n/a			keted the Employer si	nce //	Month Day Year)	/a		_		
Organizations or individuals other than F known to have a representative interest in an none		se named in items	8 and 9, which have	claim	ed recognition as rep		es and	other organi	izations and individuals	
10a. Name	10b. Ad	dress			10c. Tel. No.			10d. Cell I	No.	
none	nor	ne			10e. Fax No.			10f. E-Mai	Address	
11. Election Details: If the NLRB conducts	an election in thi	e matter etate voi	r position with respec	* to	none			none	74.0	
any such election.	an electori in thi	s matter, state you	i position with respec	10	11a. Election Type:	Ma	nual [Mail	Mixed Manual/Mail	
11b. Election Date(s):	11c. El	ection Time(s):			11d. Election Locat					
As soon as possible		-1pm, 4pm-7pm					el, 676 N. Michigan Ave.			
12a. Full Name of Petitioner (including loc UNITE HERE Local 1	cal name and nu	ımber)		12b. Address (street and number, city, state, and ZIP code) 218 S. Wabash Ave., Suite 700, Chicago, IL 60604						
12c. Full name of national or international la UNITE HERE	bor organization	of which Petitioner	is an affiliate or cons	tituen	t (if none, so state)			r		
12d. Tel No.	12e. Cell No.		12f. Fax No.			12g. E-N	Mail Add	Iress		
312-663-4373			312-986-3828				r@unite	ehere.org		
13. Representative of the Petitioner who	vill accept servi	ce of all papers f	or purposes of the re	epres	entation proceeding	g.			′ [
13a. Name and Title Sheila Gaine	er, Lead C)rganizer			number, city, state, 1700, Chicago, IL 60604	and ZIP o	code)	147		
13c. Tel No.	13d. Cell No.		13e. Fax No.			13f. E-M				
773-680-7588 I declare that I have read the above petition	773-680-7588 on and that the s	statements are tru	312-986-3828 ue to the best of my	know	ledge and belief.	sgainer	wunite	here.org		
Name (Print) SQ	hature, O		Title			Date	9 1. /.	5/19		
Sheila Gainer	MAN UN CARL	1111	Lead Organizer				11//	7119		

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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any such election. 11b, Election Date(s):

12a. Full Name of Petitioner (including local name and number)

American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

13a, Name and Title Nicole J. Daro, Legal Counsel

12e. Cell No.

13d, Cell No.

National Nurses Organizing Committee (NNOC)

November 26, 2019

12d. Tel No.

510-273-2200

13c. Tel No.

510-273-2294

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 13-RC-251816

DO NOT WRITE IN THIS SPACE Date Filed 11/15/19

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

12b. Address (street and number, city, state, and ZIP code)

12a. E-Mail Address

13f, E-Mail Address

ndaro@nationalnursesunited.org

November 15, 2019

11d. Election Location(s):

13b. Address (street and number, city, state, and ZIP code)

Conference room A & B, 7th Floor

155 Grand Ave., Oakland, CA 94612

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 Community First Medical Center 5634 W. Addison St., Chicago, IL 60634 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Greg Brentano, CEO Same 3c. Tel. No. 3d. Cell No. 3e. Fax No: 3f. E-Mail Address 773-282-7000 GBrentano@cfmedicalcenter.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Acute Care Hospital Healthcare Chicago, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 320 Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the See Attachment A Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date)_ Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 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 8c. Tel No. 8d Cell 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? ______ 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) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to

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

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

Title

12f. Fax No.

510-663-4822

13e. Fax No.

510-663-4822

155 Grand Ave., Oakland, CA 94612

11c. Election Time(s):

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

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

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

6:00am - 9:00am; 11:00am-2:00pm; 6:00pm-9:00pm

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

RC Petition Community First Medical Center

by National Nurses Organizing Committee (NNOC)

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses employed by the Employer at its facility at 5634 W. Addison St., Chicago IL, 60634.

Excluded:

All other employees, confidential employees, physicians, residents, employees of outside registries and other agencies supplying labor to the Employer, traveling nurses, all other professionals, already-represented employees, managerial employees, guards, and supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No

DO NOT WRITE IN THIS SPACE 13-RC-251828

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) First Student 250 W. 63rd St., Westmont IL 60559; 11S221 Madison St., Burr Ridge IL 60527 DuPage County 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jose Vasquez, Shop Manager SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (800) 204-4362 (630) 964-2500 (630) 964-2527 Jose.Vasquez@FirstGroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: School & City Bus Service Garage Service Westmont, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: All full time and regular part time Service Technicians including journeyman, apprentices, semi-skilled, lube Included: rack technicians and fluid checkers who are employed by the employer whose facilities are currently located at 6b. Do a substantial number (30% 250 W. 63rd St. in Westmont, IL 60559 and 11S221 Madison St. in Burr Ridge, IL 60527. or more) of the employees in the Excluded: All other employees including Monitors, Dispatchers, Drivers, Parts Employees, Office clerical employees, professional unit wish to be represented by the employees, managerial employees, guards and supervisors as defined by the Act. 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). Petition to serve as request. 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 None 8d Cell No. 8e. Fax No. 8c. Tel 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 11a. Election Type: ✓ Manual Mail _ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1:00 PM - 2:00 PM December 9, 2019 East Side of Shop 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO 1113 Republic Avenue, Ste. 100, Joliet, IL 60435 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO 12d. Tel No. 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.org 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 J. LePinske, Grand Lodge Representative/TOL 113 Republic Avenue, Ste. 100, Joliet, IL 60435 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.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) Signature Title Date William J. LePinske Grand Lodge Representative November 15, 2019

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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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 13-RC-251854	Date Filed 11/15/19					

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 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) 425 N. Villa Ave. IL Villa Park 60181 First Student, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 425 N. Villa Ave. IL Villa Park 60181 Felix Setyadi 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (630) 530-9250 felix.setyadi@firstgroup.com (630) 530-9366 (224) 567-9714 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation School bus student transportation Villa Park, II 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 12/3/2019 930 am to 10 am small hallway office between shop and drivers' lounge 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 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 12g. E-Mail Address greg@teamsters777.org 12d Tel No 12e, Cell No. 12f. Fax No. (630) 854-9919 (708) 777-1082 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) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-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) Signature Title Date Secretary Treasurer Gregory W Glimco Gregory W Glimco 11/15/2019 12:35:29

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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Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
13-RC-251854	11/15/19				

Employees Included

All full-time and regular part-time dispatchers, payroll personnel, and router.

Employees Excluded

all other employees, drivers, aides, mechanics, trainers, all those employees covered by other collective bargaining agreements, guards and supervisors as defined in the Act

hernan Gomez

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

(2.3)		RC PETITIO	N	,,,,,			Case	13-	RC-251	952	T1/18/19
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 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.											
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	tioner desire	s to be certified a	s represe under it	entat s pro	ive of toper a	the employees. The fourthority pursuant to	Petitio Secti	ner alleges ion 9 of the	that the fol National La	lowing circums bor Relations	tances exist and Act.
1						Establishment(s) inv n BLVD. Bolingb		-		, State, ZIP cod	e):
3a. Employer Representative - Nar Richard Berg	me and Title	:	3b. Add same		(if san	ne as 2b - state same	e):				
3c. Tel. No.	3d. Celi No			3e.	Fax No	0.		3f. E-Mail	Address		
	630-690			ļ				richardbe		horsecarriers	
4a. Type of Establishment (Factory, warehouse	mine, whole	saler, etc.)		Ι.	Princip istics	pal Product or Service	е		5a. City ar	nd State where u	init is located:
5b. Description of Unit Involved: Included:				_					6a. Numbe	er of Employees	in Unit:
All full time and regular part tin	ne wareho	usemen, shipp	ing and	d red	ceivin	g, leads, dock wo	rkers		40		
Excluded:											er (30% or more)
all other employees as stated									represe	ented by the Pet	e unit wish to be titioner? X Yes No
Check One: 7a. Request for reconnection on or about (Date)			sentative o reply re			' '		an	d Employer	declined recogn	ition
7b. Petitioner is cu				_			ion und	der the Act.			
8a. Name of Recognized or Certific	eo Bargaini	ng Agent (IT none	e, so stat	e)	8D. AC	ddress:					
8c. Tel. No.	8d. Cell No. 8e. Fax No.						8f. E-Mail A	Address			
8g. Affiliation, if any:			81	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing a (Name of Labor Organization)	t the Emplo	yer's establishme	nt(s) invo	olved	? No	If so, appro		-		s are participating	
10. Organizations or individuals othe	r than Petitio	oner and those na	med in it	tems	8 and	9, which have claime					
individuals known to have a repre											
10a. Name		10b. Address						10c. Tel. N	0.	10d. Cell No.	
								10e. Fax N		10f. E-Mail Add	iress
11. Election Details: If the NLRB co	nducts and	election in this ma	itter, stat	te yo	ur posit	tion with respect to a	ny suc	th election: (11a. Electio	-	Mixed Manual/Mail
11b. Election Date(s):		11c. Election Tim	ne(s):					11d. Election	on Location(s		
December 3,,4,5 2019		morning and a	afternoo	on				employe	lunchroo	m or shipping	& receiving office
12a. Full Name of Petitioner (includ Teamsters local 781	ling local na	me and number):				12b. Address (stree 747 church rd.					
12c. Full name of national or international Brotherhood of To		organization of wh	ich Petiti	ioner	is an a	affiliate or constituent	t (if nor	ne, so state)			
12d. Tel. No. 202-624-6800	12e. Cell N	lo.		12f.	Fax N	0.		12g. E-Mai	Address		
13. Representative of the Petitione	r who will a	sccept service of	all pape						-		
13a. Name and Title: Tracy I. treadwell Secretary-	Treasure	r				ess (street and numb urch RD, bldg, D					
13c. Tel. No. 847-298-9999	13d. Cell N 630-880-				Fax N	lo. -0781		13f. E-Mail truck781	_		
I declare that I have read the above	e petition a			re tru	e to ti	he best of my know					
Name (Print)		Signature			. 1		Title	3			Date

Vice President

11-15-2019

£122470£10 FORM NLR8-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

ı	15:23:54 11-20-	2019	27
ļ	Casa No.	Date Filed	
	13-RC-252133	11/20/19	

RC PETITION								1	3-RC-2	252133	İ	11	/20/19		
INSTRUCTIONS: Unless a-filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48)	he petition in named in t 12). The sho	must b the pet owing o	e accomp ition of: (1 of interest	anled b i) the pe should	y both a s tition; (2) only be f	St.	owing of interest (see atement of Position d with the NLRB and	e 6b form sho	below) and (Form NLi uld not be	a certificate RB-505); and served on ti	e of service sho i (3) Description ne employer or	wing so of Rep any oth	ervice on presentation er party.		
 PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo 	ioner desire:	s to be	certified as	s represe under it	entative of s proper a	the aut	e employees. The Pat thority pursuant to S	tition ection	er alleges ton 9 of the i	that the folio National Lai	owing circumstoor Relations A	ances e ct.			
a. Name of Employer:					2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):										
Interstate Power Systems					2601 East 15th Avenue, Gary, Indiana 46402										
a. Employer Representative - Name and Title; Eric Whelchel				_	3b. Address (if same es 2b - state same): Same										
3c. Tel. No. 219-883-0421	3d. Cell No		3e, Fax No.					3f. E-Mall Address							
19-883-0421 219-314-8915 . Type of Establishment (Factory, mine, wholesaler, etc.)					4h Princ	hna	I Product or Sandra		eric.whelchel@istate.com						
Wholesaler/Truk Repair	tarra, witom.	aaigi, g	10.)		4b. Principal Product or Service Truck Repair				5a. City and State where unit is located: Gary, Indiana						
5b. Description of Unit Involved:							- Puit		6a. Number of Employees in Unit:						
ncluded: Parts/Parts deliveries, service advisors, field coordinators, non-mgmt branch admins.															
Excluded: Guards, 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? Yes No					
Chack One: X 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) November 19, 2019 (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) 8b. Address:															
Sc. Tel. No.	8d. Cell No.					8e. Fax No.				8f. E-Mail Address					
8g. Affiliation, if any:				8	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 a	t the Employ	yer's es	tablishme	nt(s) inv	olved?		If so, approx	imate	ely how man	y employee:	are participatin	g?			
(Name of Labor Organization)								andre .			er since (Month,		·		
 Organizations or individuals other individuals known to have a representation 											s and other orga	anization	ns and		
IDa, Name 10b, Address								T	10¢, Tøl. No).	10d. Cell No.				
									10e. Fax No.		10f, E-Mail Address				
11. Election Details: If the NLRB co	nducts and	election	in this ma	atter, sta	te your po	slti	on with respect to any	/ suci	h election:	11s. Election	on Type:				
									- 1	X Manua	Mali Mixed Manual/Mali				
11b. Election Date(s): 11c. Election Ti				1.					11d. Election Location(s):						
December 5, 2019 2:30 p.m3										Conference Room of employer					
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 142					1 ,				number, city, State and ZIP code): Gary, Indiana 46404						
12c. Full name of national or internet								if non	e, so state)						
International Brotherhood of Teamsters Local U					121. Fex No.			7	12g. E-Mail Address						
219-949-1550					<u> </u>				•						
13. Representative of the Petitioner who will accept service of				fall pap											
13s. Name and Title: Jeff Gideon, Trustee/Business Agent					13b. Address (streat and number, 1300 Clark Road, Gary, Ir				*						
13c. Tel. No. 13d. Cell No.					13e. Fax No.				13f. E-Mail Address						
219-949-1550 ext. 302 219-916-4617 declare that I have read the above petition and that the state					219-944-6278				jeff@teamsters142.org						
I declare that I have read the above Name (Print)	e pention a	no thai	Signature		To true to	I	A	Title					Date		
Jeff Gideon				U.	KLIE	Ų	Wye			siness A	gent		11/20/19		

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE									
Case No. 13-RC-252169	Date Filed 11/21/19								

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 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): CBRE, Inc. 1850 Springer Dr, Lombard, IL 60148 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Frank Stephens, Critical Facilities Manager 700 Commerce Dr Suite 500, Oak Brook, IL 60523 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 630-288-2761 630-272-2988 frank.stephens@cbre.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Data Center Maintenance Lombard, IL 6b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time skilled maintenance workers working at the CyrusOne facility for CBRE located at 1850 Springer Dr. Lombard, IL 60148. 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes Office clerical, professional employees, managers, guards and supervisors as defined by The Act 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 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: 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 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? 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) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 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): 11c. Election Time(s): 11d. Election Location(s): 12-05-2019 6:30AM-7:30AM On Site Conference Room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Union of Operating Engineers Local 399 2260 S Grove St, Chicago, IL 60616 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO 12d, Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 312-372-9870 312-842-1565 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): 2260 S Grove St, Chicago, IL 60616 Pat O'Gorman, Organizer 13c, Tel, No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 773-502-7425 312-842-1565 312-980-6156 pogorman@iuoe399.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title Pat O'Gorman 11/21/19 Organizer

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE									
Case No.	Date Filed								
13-RC-252246	11/22/19								

,						1.	J-ICC-2	32240		11/	22/17		
INSTRUCTIONS: Unless e-Filed to employer concerned is located, it the employer and all other parties Case Procedures (Form NLRB 48	The petition mu s named in the	st be accomp petition of: (1	anied by the pe	y both a s tition; (2)	howing of interest (s Statement of Positio	see 6b on forn	below) and a (Form NL	d a certificat RB-505): an	le of service sho d (3) Description	wing s	ervice on		
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratery	tioner desires to	be certified as	represe	ntative of t	the employees. The P	etitio	ner alleges	that the foll	owing circumsta	ances e	ollective exist and		
2a. Name of Employer:	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):												
Vinakom	1100 and 1000 E Woodfield Rd, Schaumburg, IL 60173												
3a. Employer Representative - Nar	me and Title:		3b. Address (if same as 2b - state same):										
Vanessa Gomez, Property	Same												
3c. Tel. No. 847-240-9330	3d. Cell No.		3e. Fax No.				3f. E-Mail Address vhwoodfield@vhllc.net						
4a. Type of Establishment (Factory,	mine, wholesale	r, etc.)	4b. Principal Product or Service				5a. City and State where unit is located:						
Office			Maintenance				Schaumburg, IL						
5b. Description of Unit Involved:							6a. Number of Employees in Unit:						
Included: All full-time and regular part-time skilled maintenance workers working for Vinakom at 1100 and 1000 E Wooofield Rd, Schaumburg, IL 60173.													
Excluded: Office clerical, professional employees, managers, 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? ☒ Yes ☐ N						
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 cu		d as Bargainir	na Repre	sentative	and desires certification	on und	er the Act						
8a. Name of Recognized or Certific	ed Bargaining A	agent (If none,	, so state	8b. A	ddress:								
8c. Tel. No.	8d. Cell No.			8e. Fax No.			8f. E-Mail Address						
8g. Affiliation, if any:	8h.	8h. Date of Recognition or Certification 8i. Expiration Recent Co.				on Date of Current or Most ntract, if any <i>(Month, Day, Year)</i>							
9. Is there now a strike or picketing a	t the Employer's	establishmen	t(s) invol	ved?	If so, approx	ximate	ly how man	ny employees	s are participating	?			
(Name of Labor Organization)						. h	as picketed	the Employe	er since (Month, I	Dav. Ye	ear)		
Organizations or individuals other individuals known to have a repre	r than Petitioner esentative intere	and those nan st in any emplo	ned in ite byees in	ems 8 and the unit de	9, which have claimed scribed in item 5b abo	d recor	onition as re	epresentative			,		
10a. Name	Da. Name 10b. Address								10d. Cell No.).			
						10e. Fax No. 10f. E-Mail			Address				
11. Election Details: If the NLRB co	ter, state	tale your position with respect to any such elec				_							
11b. Election Date(s):	e(s):				11d Cleatio	Manual Mail Mixed Manual/Mail n Location(s):							
12/6/2019	:30PN					Conference Room							
12a. Full Name of Petitioner (includ	12b. Address (street and number, city, State and ZIP code):												
International Union of Op	erating Eng	ineers Lo			2260 S Grove	St, C	Chicago,	IL 6061					
12c. Full name of national or internati	ional labor organ	ization of which	h Petitio	ner is an a	ffiliate or constituent ((if non	e, so state):						
International Union of Op	erating Eng	ineers, AF	L-CI	<u>. </u>									
12d. Tel. No. 12e. Cell No. 312-372-9870								12g. E-Mail Address					
	<u> </u>	312-842-1565 papers for purposes of the representation proceeding.											
13a. Name and Title:				13b. Address (street and number, city									
Pat O'Gorman, Organizer				2260 S Grove St, Chicago, I									
13c. Tel. No. 13d. Cell No.				13e. Fax N	lo.		13f. E-Mail Address						
312-980-6156 773-502-7425				312-842		1	pogorman@iuoe399.com						
I declare that I have read the above	petition and th	at the statem	ents are	true to th	ne best of my knowle	edge a	and belief.						
Name (Print)		Signature	11		/	Title					Date		
Pat O'Gorman		1 //2	1.	1/	2	1Org	anizer				11/22/19		

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 13-RD-252456

Date Filed 11/26/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, , 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. 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 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 26 BUSINESS RT30, AURORA. IL XPO LOGISTICS 3a. Employer Representative - Name and Title MARK CURCIO TM
el. No. 3d. Fax No. SAME 3c. Tel. No. 3f. E-Mail Address 630-820-1604 4a. Type of Establishment (Factory, mine, wholesaler, etc.)
TRUCKING COMPANY 4b. Principal product or service TRUCKING 5a. Description of Unit Involved 5b. City and State where unit Included: ALL DRINERS (DSR'S) AURORA, IL Excluded: SHOP AND DOCK WORKERS 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? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any TEAMSTERS LOCAL TEAMSTERS 8d. Tel. No. 1000 NE FRONTAGE RD , JOLIET , IL 815-741-2200 8g. E-Mail Address 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) JUNE 2018 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 ИO since (Month, Day, Year) (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations MONE 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 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. DEINEL 13a. Election Type: Manual Mail Mixed Manual/Mail PETITIONER 13d. Election Location(s) XPO LOGISTICS AT AURORA, IL 13b. Election Date(s) Mon. - FRI. 13c. Election Time(s) DAY OF WEEK 26 BUS. RT 30 CONFERENCE ROOM (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14b. Tel. No. (b) (6), (b) (7)(C) 14e. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title 15a Name 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 an (b) (b) (b) (c) (c) (b) (6), (b) (7) (C) the best of my knowledge and belief. Date Filed $\frac{1}{(b)}\frac{(b)}{(6)}\frac{(b)}{(b)}\frac{(7)(C)}{(7)}$ (b) (6), (b) (7)(C) PETITOONER 11-25-2019 HED BY FINE AND ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

Date Filed 11/26/19

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 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: 1500 S. Fairfield Avenue, Chicago, IL 60608 Mount Sinai Hospital Medical Center of Chicago 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Sylvester Cail, Labor Relations Manager 3d. Cell No. 3c. Tel. No. 3e. Fax No 3f. E-Mail Address 773-884-9052 Sylvester.Cail@sinai.org (773) 542-2000 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: hospital health care services Chicago, IL 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See attached. 120 to be added to unit of 274. Excluded: See attached 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 11/26/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). on or about (Date) No reply (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) 8b. Address: 2229 S. Halsted St. Chicago, IL 60608 Service Employees International Union, Healthcare Illinois/ Indiana 8c. Tel. No. 312-980-9000 8d, Cell No. 8e. Fax No 8f. E-Mail Address 773-884-8013 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6/30/2022 Service Employees International Union N/A 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11c. Election Time(s): 7:00 a.m. - 9:00 a.m.; 11:00 a.m. 11b. Election Date(s): 11d. Election Location(s) December 16, 2019 Conference Room D 1:00 p.m.; and 3:00 p.m. - 4:00 p.m. 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Service Employees International Union, Healthcare Illinois/Indiana | 2229 S. Halsted St. Chicago, IL 60608 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12e. Cell No. 12d, Tel. No. 12f Fax No. 12g. E-Mail Address 312-939-8256 312-980-9000 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): Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich David P. Lichtman, Attorney 8 S. Michigan Ave., Chicago, Illinois 60603 13c. Tel. No. 13d, Cell No. 13e. Fax No. 13f. 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) Signature Date David P. Lichtman Attorney 11/26/2019

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 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. 74942-43 (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.

ATTACHMENT TO RC PETITION FILED BY SERVICE EMPLOYEES INTERNATIONAL UNION, HEALTHCARE ILLINOIS / INDIANA AGAINST MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO

To be Included: The following classifications of Registry employees are to be represented in the existing unit as defined in the collective bargaining agreement between the Petitioner and Employer: Nursing Assistants, Surgical Scrub Technicians, SPD Workers, EVS 1 and EVS 2 Technicians, Housekeeping Workers, Dietary Employees, Transporters, Cooks, and Unit Secretaries.

Section 2.1, Recognition, of the collective bargaining agreement provides:

2.1 The Hospital recognizes the Union as the exclusive bargaining agent with respect to wages, hours and other terms and conditions of employment for all Specialty Service Attendants, housekeeping workers, dietary workers, laundry workers, messengers, elevator operators, maintenance employees, central service workers, nursing assistants, aides, helpers, attendants, station clerks and information clerks. The unit specifically excludes supervisors, temporary and casual employees, regular part-time employees normally working less than twenty (20) hours per week, and all other employees of the Hospital. The Hospital shall submit a list of all newly-hired employees with departments assigned to the Chief Steward and the Union for distribution of union packets.

To be Excluded: All confidential employees, managerial employees, office clerical employees and guards, professional employees and supervisors as defined in the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No. 13-RC-252457

Date Filed 11/26/19

DO NOT WRITE IN THIS SPACE

RC 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: Schwab Rehabilitation 2b. Address(es) of Establishment(s) involved (Street and number, City, State ZIP code): Hospital and Care Network 1401 South California Ave, Chicago, Illinois 60608 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Sylvester Cail, Labor Relations Manager 3d. Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 773-884-9052 Sylvester.Cail@sinai.org (773) 542-2000 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) hospital and rehabilitation center health care services 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See attached. 12 to be added to unit of 60. 6b. Do a substantial number (30% or more) Excluded: See attached of the employees in the unit wish to be represented by the Petitioner?

Yes No Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 11/26/2019 and Employer declined recognition (If no reply received, so state). on or about (Date) on or about (Date) No reply (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) Service Employees International Union, Healthcare Illinois/ 2229 S. Halsted St. Chicago, IL 60608 Indiana 8c. Tel. No. 312-980-9000 8d. Cell No. 8e, Fax No. 8f. E-Mail Address 773-884-8013 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 6/30/2022 Service Employees International Union 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11c. Election Time(s):7:00 a.m. - 9:00 a.m.; 11:00 a.m. 11b. Election Date(s): 11d. Election Location(s): December 16, 2019 4th Floor Conference Room - 1:00 p.m.; and 3:00 p.m. - 4:00 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, State and ZIP code): Service Employees International Union, Healthcare Illinois/Indiana 2229 S. Halsted St. Chicago, II. 60608 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12d. Tel. No. 12e. Cell No. 12f, Fax No. 12g. E-Mail Address 312-939-8256 312-980-9000 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: Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich David P. Lichtman, Attorney 8 South Michigan Avenue, 19th Floor, Chicago, IL 60603 13d, Cell No. 13e, Fax No. 13f. E-Mail Address 13c Tel No. 312-372-6599 dlichtman@laboradvocates.com 312-372-1361 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title David P. Lichtman Attorney 11/26/2019

ATTACHMENT TO RC PETITION FILED BY SERVICE EMPLOYEES INTERNATIONAL UNION, HEALTHCARE ILLINOIS / INDIANA AGAINST SCHWAB REHABILITATION HOSPITAL AND CARE NETWORK

To be Included: The following classifications of Registry employees are to be represented in the existing unit as defined in the collective bargaining agreement between the Petitioner and Employer: Certified Nursing Assistants, Surgical Scrub Technicians, SPD Workers, EVS 1 and EVS 2 Technicians, Housekeeping Workers, Dietary Employees, Transporters, Cooks, and Unit Secretaries.

Section 2.1, Recognition, of the collective bargaining agreement provides:

2.1 The Hospital recognizes the Union as the exclusive bargaining agent with respect to wages, hours and other terms and conditions of employment for all Certified Nursing Assistants, Ward Clerks, Dietary Workers, Cooks, Maintenance Mechanics, Maintenance Helpers, Painters, PT/OT Aides, Environmental Service Workers, Grounds Keepers, Medical Records File Clerks, Material Service Techs, Material Service Handlers and Messengers. The unit specifically excludes supervisors, temporary employees, regular part-time employees normally working less than twenty (20) hours per week, and all other employees of the Hospital.

To be Excluded: All confidential employees, managerial employees, office clerical employees and guards, professional employees and supervisors as defined in the Act.

any such election 11b. Election Date(s):

12a. Full Name of Petitioner (including local name and number)

International Brotherhood of Electrical Workers

ASAP

12d. Tel No.

815-398-6282

815-398-6282

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 13-RC-252563 DO NOT WRITE IN THIS SPACE TT/27/19

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) Allied Power Services, LLC 36400 Essex Road, Wilmington, IL 60481 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 36400 Essex Road, Wilmington, IL 60481 Stein Nelson - Director of Human Resources 3f. E-Mail Address 3d Cell No. 815-458-7530 815-408-1858 snelson@alliedpwr.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Braidwood, Illinois Electrical Generation Facility Maintenance **Electrical Maintenance** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached description 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes \(\sqrt{No} \) Request for recognition as Bargaining Representative was made on (Date) 11/27/19 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 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 None 8f F-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification 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. (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) None 10b Address 10c, Tel. No. 10d Cell No 10a Name 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 11a. Election Type: Manual 🗸 Mail 📗 Mixed Manual/Mail

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

13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Alan R. Golden, Business Manager Local 364 6820 Mill Road, Rockford, IL 61108 13c. Tel No. 13d. Cell No. 13e. Fax No.

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

11c. Election Time(s):

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Brotherhood of Electrical Workers, Local Unions 145,146, 176, 364 & 601, Joint Petitioners

12e. Cell No.

815-398-1203 agolden@ibew364.net

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) Date Title Signature 11/27/19 /s/ Patrick N. Rvan Attorney Patrick N. Ryan

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

12f Fax No.

815-398-1203

11d. Election Location(s):

6820 Mill Road, Rockford, IL 61108

12b. Address (street and number, city, state, and ZIP code)

12g. E-Mail Address

13f. E-Mail Address

agolden@ibew364.net

Illinois

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.

5b. Description of Unit Involved

Included: All full-time and part-time employees of the Employer in the classifications of

Electrical Superintendent, Electrical Lead Superintendent, Work Planner Electrical, Lead Electrical Planner, and Work Planner Electrical Trainee, working at any of the

Exelon nuclear generating stations within the State of Illinois.

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

Act and other employees.

I:\364\Allied Power Services, LLC\2019 organizing campaign\unit description.wpd