	S GOVERNMEN			DO NOT	WRITE IN THI				
NATIONAL LABOR	TITIONS BO/	ARD	Case No. 07	07-RC-228354 October 1, 2018					
INSTRUCTIONS: Unless e-Filed u	sing the Agend	v's website. ww	w.nlrb.gov. submit a	n original of this l	Petition to a	n NLRB office in the Region			
in which the employer concerned									
of service showing service on the	employer and	all other parties	named in the petitio	on of: (1) the petiti	on; (2) State	ement of Position form			
(Form NLRB-505); and (3) Descrip									
with the NLRB and should not be					..	,			
1. PURPOSE OF THIS PETITION: RC-C				of employees wish to	be represented	for purposes of collective			
bargaining by Petitioner and Petitioner	desires to be certif	ied as representa ive	e of the employees. The I	Petitioner alleges that	t the followin	g circumstances exist and			
requests that the National Labor Rel	ations Board proc								
2a. Name of Employer			fress(es) of Establishment 15 Lake Lansing Rd	(s) involved (Street an	na number, city	, State, ZIP code)			
Transdev	Million Million 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)								
Tim Sparks 3c. Tel. No.	3d. Cell No.		1415 Lake Lansing MI Lansing 48912 3e. Fax No.		3f. E-Mail Add	ross			
(517) 940-7501	(517) 582-0873		Je. Fax NU.		timothy sparks@				
4a. Type of Establishment (Factory, mine,		4b. Principal prod	luct or service			and State where unit is located:			
Transportation	wholesaler, etc)	4b. Fincipal prou	Paratransit Service		Ja. Ony	Lansing, MI			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
l						100			
Included: See Attached Page 2 for additi	onal details					6b. Do a substantial number (30%			
Evolution in the second						or more) of the employees in he			
Excluded: See Attached Page 2 for additi	onal details					unit wish to be represented by the			
			in the second		E	Petitioner? Yes [Vo []			
Check One: 7a. Request for	-			and	Employer dec	lined recognition on or about			
7h Retitioner is		(If no reply received	presentative and desires (contification under the	Act				
8a. Name of Recognized or Certified Ba			8b. Address		ALL.				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	race			
oc. rento.	ou ocir No.		00. T dx 140.			1035			
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i. Expiration [Date of Current or Most Recent			
			-		Contract, if an	y (Month, Day, Year)			
9. Is there now a strike or picketing at the	Employer's establi	shment(s) involved?	If so, approx	imately how many em	ployees are pa	rticipating?			
(Name of labor organization)		, has picke	eted the Employer since (I	Month, Day, Year)					
10. Organizations or individuals other than	Petitioner and tho	se named in items 8	3 and 9, which have claim	ed recognition as repre	esentatives and	d other organizations and individuals			
known to have a representative interest in	any employees in	the unit described in	n item 5b above. (If none,	so state)					
10a. Name	10b. Ad	droce		10c. Tel. No.		10d. Cell No.			
Tua. Name	TUD. Ad	diess		TUC. TEL NO.		Tud. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conduct	ts an election in th	is matter, state your	position with respect to	11a. Election Type:	🔽 Manual 🛛	Mail Mixed Manual/Mail			
any such election. 11b. Election Date(s):	11c F	lection Time(s):		11d. Election Loca in	on(s):				
October 24, 2018		8:00 a.m., 2:00 to 5	::00 p.m.	Safety Room	(-).				
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code)									
Amalgamated Transit Union	ocal name and n			10000 New Hampshi MD Silver Spring 209	ne Ave				
Amalgamated Transit Union 12c. Full name of national or international Amalgamated Transit Union			s an affiliate or constituen	10000 New Hampshi MD Silver Spring 209 t (if none, so state)	0.3-				
12c. Full name of national or international			s an affiliate or constituen 12f. Fax No.	t (if none, so state)	12g. E-Mail Ad	Idress			
12c. Full name of national or international Amalgamated Transit Union	abor organization	of which Petitioner i		t (if none, so state)		ldress g			
12c. Full name of national or international Amalgamated Transit Union 12d. Tel No. (301) 431-7100 13. Representative of the Petitioner who	12e. Cell No. (202) 714-4219	of which Petitioner i	12f. Fax No. (301) 431-7116	t (if none, so state)	12g. E-Mail Ao dsmith@atu.oi	ldress g			
12c. Full name of national or international Amalgamated Transit Union 12d. Tel No. (301) 431-7100	12e. Cell No. (202) 714-4219	of which Petitioner i	12f. Fax No. (301) 431-7116	t (if none, so state) entation proceeding.	12g. E-Mail Ac dsmith@atu.or	ldress g			
 12c. Full name of national or international Amalgamated Transit Union 12d. Tel No. (301) 431-7100 13. Representative of the Petitioner who 13a. Name and Title 	abor organization 12e. Cell No. (202) 714-4219 will accept serv	of which Petitioner i	12f. Fax No. (301) 431-7116 r purposes of the repres 13b. Address (street and	t (if none, so state) entation proceeding.	12g. E-Mail Ac dsmith@atu.or .nd ZIP code)	g			
12c. Full name of national or international Amalgamated Transit Union 12d. Tel No. (301) 431-7100 13. Representative of the Petitioner who	12e. Cell No. (202) 714-4219	of which Petitioner i	12f. Fax No. (301) 431-7116 r purposes of the repres	t (if none, so state) entation proceeding.	12g. E-Mail Ac dsmith@atu.or	g			
 12c. Full name of national or international Amalgamated Transit Union 12d. Tel No. (301) 431-7100 13. Representative of the Petitioner who 13a. Name and Title 	abor organization 12e. Cell No. (202) 714-4219 will accept serv 13d. Cell No.	of which Petitioner i ice of all papers fo	12f. Fax No. (301) 431-7116 r purposes of the repres 13b. Address <i>(street and</i> 13e. Fax No.	t (if none, so state) entation proceeding. I number, city, state, a	12g. E-Mail Ac dsmith@atu.or .nd ZIP code)	g			
12c. Full name of national or international Amalgamated Transit Union 12d. Tel No. (301) 431-7100 13. Representative of the Petitioner who 13a. Name and Title 13c. Tel No. I declare that I have read the above petitioner	abor organization 12e. Cell No. (202) 714-4219 will accept serv 13d. Cell No.	of which Petitioner i ice of all papers fo	12f. Fax No. (301) 431-7116 r purposes of the repres 13b. Address <i>(street and</i> 13e. Fax No.	t (if none, so state) entation proceeding. I number, city, state, a	12g. E-Mail Ac dsmith@atu.or .nd ZIP code)	g			
12c. Full name of national or international Amalgamated Transit Union 12d. Tel No. (301) 431-7100 13. Representative of the Petitioner who 13a. Name and Title 13c. Tel No. I declare that I have read the above petition Name (Print) S	abor organization 12e. Cell No. (202) 714-4219 will accept serv 13d. Cell No. tion and that the	of which Petitioner i ice of all papers fo	12f. Fax No. (301) 431-7116 r purposes of the repres 13b. Address (street and 13e. Fax No. e to the best of my know	t (if none, so state) entation proceeding. I number, city, state, a ledge and belief.	12g. E-Mail Ac dsmith@atu.or Ind ZIP code) 13f. E-Mail Ad	g dress			

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

All full-time and regular part-time drivers and utility workers employed by the employer at its Lansing facility.

Employees Excluded

All other employees, mechanics, dispatchers, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

FORM NLRB-502 (RC) (4-15)

11

UNITED STATES		DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR R RC PET		ARD	Case No. 07-F	RC-228416	Date	Filed 10-2-2018			
INSTRUCTIONS: Unless e-Filed usir	ng the Agend	y's website, w	ww.nlrb.gov, submit	an original of this	Petition to a	an NLRB office in the Region			
in which the employer concerned is									
of service showing service on the el	mployer and	all other partie	s named in the petiti	ion of: (1) the pet	ition; (2) Stat	ement of Position form			
(Form NLRB-505); and (3) Description	on of Repres	entation Case I	Procedures (Form NL	.RB 4812). The s	howing of in	terest should only be filed			
with the NLRB and should not be se	erved on the	employer or an	y other party.		-	-			
1. PURPOSE OF THIS PETITION: RC-CER bargaining by Petitioner and Petitioner des	sires to be certif	ied as representati	ve of the employees. The	Petitioner alleges t	hat the followin	g circumstances exist and			
requests that the National Labor Relation	ons Board proc		dress(es) of Establishmer						
Beaumont Mobile Medicine			0 Northline Rd. Taylo	or, MI. 48180					
3a. Employer Representative – Name and Terrye Nicholls-General Manager	line		3b. Address (If same a Same	is 20 – state same)					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add				
734-946-0405 Ext. 227			, , , , , , , , , , , , , , , , , , ,	-		olls@beaumont.org			
4a. Type of Establishment (Factory, mine, wh	nolesaler, etc.)	4b. Principal pro				and State where unit is located:			
Paramrdics		Emergency F	response		Taylor				
5b. Description of Unit Involved	Time South C	anual Bormano	nt Dart Time, Dead Bor	nonal Paramodias		6a. No. of Employees in Unit: 95			
Included: Contingent, Full Time, Part 1 Emergency Medical Technic						6b. Do a substantial number (30%			
Excluded:						or more) of the employees in the			
Cemtech, Parastar,	Managen	nent				unit wish to be represented by the Petitioner? Yes V No			
Check One: 7a. Request for rec	ognition as Baro	aining Representa	tive was made on (Date)	9/26/18 ar	nd Employer dec	lined recognition on or about			
▼			d, so state). No Rep			*			
7b. Petitioner is cur	rently recognize	ed as Bargaining R	epresentative and desires	certification under the	e Act.				
8a. Name of Recognized or Certified Barga	aining Agent (II	f none, so state).	8b. Address			i			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress			
8g. Affiliation, if any			8h. Date of Recognition o	or Certification		Date of Current or Most Recent y (Month, Day, Year)			
9. Is there now a strike or picketing at the Em		hmont(a) involved		ximately how many er					
	ipioyers establis								
(Name of labor organization)			eted the Employer since (· · · · · · · · · · · · · · · · · · ·			
10. Organizations or individuals other than Pe known to have a representative interest in any None					resentatives an	d other organizations and individuals			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
None			•	10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts a any such election.	an election in thi	s matter, state you	r position with respect to	11a. Election Type	Manual Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): October 18-19-2018		ection Time(s): -8:00pm		11d. Election Loca Break/Lounge Roc	• /				
12a. Full Name of Petitioner (including local			· · · · · ·			city, state, and ZIP code)			
United Automobile, Aerospace & Agricultura 12c. Full name of national or international labor	al Implement V	Vorkers of Americ		8000 East Jefferso					
International Union, United Automobile, Aero	ospace & Agric		Workers of America		40- 5-14 11 -				
12d. Tel No. 734-692-3490	12e, Cell No.		12f. Fax No. 734-692-3496		12g. E-Mail A steve@uaw30				
13. Representative of the Petitioner who w	ill accept servi	ce of all papers fo	or purposes of the repres	sentation proceedin	g				
^{13a. Name and Title} Steve Gonza	13a. Name and Title Steve Gonzales, President 13b. Address (street and number, city, state, and ZIP code) 22693 Van Hom Rd. Woodhaven, MI. 48183								
	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad				
734-692-3490	n and that the	tatomonto 4	734-692-3496	wladge and hallof	teri@uaw3000	.org			
I declare that I have read the above petition			·	meuye and benef.	Deta				
Name (Print) Sign Steve Gonzales	8 L	14/	Title President, UAW Local 3		Date 10/2/2018				

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.

Poing Particular Lador Resource Poing Particular Lador Resource Particular Tools BOARD Particular Tools Particular Particular Tools Particular	ORM NLRB-502 (RC) UNITED STATES OF AMERICA				Г	DO NOT WRITE IN THIS SPACE					
amployer executed is factable The pattern much as eccompanied by here à increting at interest (see ab below) and a certification of service harding attrates of mission and the amployer and its pattern of the pathon (TMM RRB 305) and (2) Description of Representation for any description of Representation of the amployer and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is and the amployer and (2) Description of Representation is a server of the second (2) Stells, 2P end (• •	NATIONAL LABO	R RELATIONS B		C	C	ase No. 07-R	C-228835	335 Date Filed 10-9-2018		
bageholy by Politone and Politone during to be certified as representative of the Politone and politone and the Net Motion Advectmentances and and measures that the Motion Advectmentances and and an equipases that the Motion Advectmentances and and an equipases that the Motion Advectment Bavery and advect is prover advecting pursued to Section 5 of the National Labor Relation Advectmentation and the Section Advectmentation advectmentadvectmentadvectmentation advectmentation advectmentation advectme	employer concerned is located. The employer and all other parties	he petition must i named in the pet	e accompanied Ition of: (1) the p	by bo etitio	oth a showing of inte in; (2) Statement of P	rest (se asition	e 8b below) end 1arm (Form NLI	l a certificati RB-505); and	e of service showing a i (3) Description of Re	ervice on presentation	
Superior Materials Holdings, LLC 1384 Lake Lansing Road, Lansing, MI 48908 3a. Employer Representative - Name and Title: 3b. Address (# same as 2b - store team): SUPERING Modelshow - Name and Title: 3b. Address (# same as 2b - store team): SUPERING Modelshow - Name and Title: 3b. Address (# same as 2b - store team): SUPERING Modelshow - Name and Title: 3b. Address (# same as 2b - store team): SUPERING Modelshow - Name and Title: 3b. Address (# same as 2b - store team): Sup Take Name 3b. Address (# same as 2b - store team): Sup Take Name Sup Take Name Sup March Name Sup Name Name Sup Name Name Sup Name Name Sup Name Name Sup Name Name Sup Name Name Sup Name Name	pargaining by Pelilionar and Petili	ioner desires to be	certified as repre-	senta	live of the employees.	The Pe	itioner alleges	that the folio	wing ctroumstances		
Stephanie Montarty-Senior HR Rep. 30701 W 10 Mile Rd., Farmington Hills, Mi 48338 st. Tel. No. 246-789-4011 247-789-4011 35. E-4481 Address st. Tel. No. 246-789-4011 248-5892-3001 35. E-4481 Address St. Diraching Production of Unit Neuroivation of Unit N		LLC							Slate, ZIP code):		
248-782-6411 248-782-6411 248-782-6411 sxmorferty@symperionmaterials.net 4a. Type of Existiliationen (Pactory, mine, wholesalin, etc.) db. Principal Product or Service Lansing, MI 65. Description of Unit Involved: Included: a. Number of Employees in Unit: 10 Included: 10 All Drivers B. Rought of the exception of Service of the employee is the unit who to be production/Service 10 CREE One: The Request for exception as 8 angelining Representative was made or (Patt) 10/10/18 and Employee declared recognition on a wood (Data) CREE One: The Request for exception as 8 angelining Representative was made or (Patt) 10/10/18 and Employee declared recognition on a wood (Data) CREE One: The Request for exception as 8 angelining Agent (If none, so stele) Bb. Address and Employee declared recognition 6: 7â. No. Sd. Cell No. Set. Cell Cell The Recognition or Certification under the Act. 7a, Affination, if any: Bb. Date of Recognition or Certification are foreexentatives and declared incognition or Certification are probability of the Agent are organization 10: Cognitionation or Infoldudie Inform Patiloner and those named In lanes a and 8, which have clained recognition are foreexentatives and declared in the matter, state your position with respect to any such adartist; if any (Mont, Day, Yonr) 10: Cognition are ordividual inform for Patiloner in matter, state your position with respect to any such adartist; if any clain are organization and indidudat st											
projuction/dailway projuction/dailway concrete Lansary Lansary Lansary Lansary Lansary La	3c. Tel. No.							y@superio			
Included: All Drivers Excluded: All Drivers Excluded: Backdod by the Act Check One: D 7a. Request for recognition as Bargalning Representative and dealers carification under the Act as excluded: and Employer addiesed recognition or or arbou(Qale) or or arbou(Qale) or or arbou(Qale) or or arbou(Qale) or contined or cont	production/delivery	mine, wholesaler, e	ətc.)		•	Service		Lansing,	MI	aled:	
as excluded by the Act temployee's in the unit welfs ba generating by the plane and the property and the p	Included:								ror⊏mpioyees in Unit		
Image: Construction on an about (Data) Office on phy received, as state). Image: Construction of Construction on the Act. Image: Construction of Construction of Construction on Construction Constructing Constructin Construction on Construction on Construc	as excluded by the Act							of the e	mployees in the unit we need by the Pelilioner?	sh to be	
Bc. Tel. No. Bd. Cell No. Be. Fax No. Bf. E-Mail Address Bg. Affiliation, if any: Bh. Date of Recognition or Certification Bf. Expiration Date of Current or Most Record Contract. If any (Month, Day, Year) B. Is here now a surke 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 daimed recognition as representatives and other organizations and individuals forwn to have a representative interset in any employees in the unit desorted in item 5b above. (If none, so state) 10a, Name 10b. Address 11b. Election Data(s): 11c. Election Time(s): 111/178 4.00pm to 7.00pm 112a. Fail Name of Petitioner (including local name and numbor): 12b. Address (dreaf and number, city, State and number); 12a. Full Name of Teamsters 12a. Cell No. 12b. Full Name of Teamsters 12b. Cell No. 12b. Address (dreaf and number, city, State and number); 12b. Address 12b. Cell No. 1	on or about (Dale)	none rrantly recognized :	()f no reply as Bargaining Rej	recei arese	ved, so slate). Native and deaires ce		<u> </u>	d Employer d	lectined recognition		
8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Explication 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 ince (Manth, Day, Year) 10. Organization or Individuals clifer than Politioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals (nown 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. 11b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: I 11d. Election Type: I 11d. Election Localine(b; 111d. Election Localine(b; 112d. Election Localine(b; 112d. Elec	Ba. Name of Recognized or Certific	ad Bargalning Ag	ent (If none, so st	øle)	8b. Addreas:						
8. Is there now a surike or picketing at the Employer's establishment(e) Involved? No If so, approximately how many amployees are participating? (Name of Labor Organization)		8d. Cell No.									
(Name of Labor Organization)							Recent Cor	ntraci, if any	(Month, Day, Year)		
10. Organizations or individuals other than Politioner 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 Sb above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Image: Conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Image: Conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11. Election Date(a): 11c. Election Time(b): 11d. Election Location(s): 11d. Election Conditions (so: 11/1/18) 12a. Fail Name of Petitioner (including local name and number): 12b. Address (streat and number, city, Stete and ZIP code): 12c. Full name of national or inlemational labor organization of which Petitioner Is an affiliate or constituent (if none, so state): 112p. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13a. Representat		t the Employer's e	stablishment(s) In	volve	d? <u>No</u> If so	, approx	-		· · · <u> </u>		
Individuals known to have a representative interest in any employees in the unit described in item Sb above. (if none, so state) 10a, Name 10b. Address 10a, Name 10b. Address 11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: 11s. Election Type:		· · · · ·	= x								
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any auch election: 111. Election. Type: 11. Election Data(s): 111. Election Time(s): 111. Election Location(s): 11/1/18 4:00pm to 7:00pm 1384 Lake Lansing Road, Lansing, MI 48906 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, elly, State end ZIP code): Teamsters Local 243 5800 Executive Drive, Lansing, MI 48911 12c. Full name of national or inlemational labor organization of which Petitioner is an effiliate or constituent (if none, so state): 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 517-819-2133/517-819-4308 517-887-2944 517-819-2133/517-819-4308 12f. Fax No. 13a. Name and Title: 13b. Address (street and number, city, State and Street States) 13a. Name and Title: 13b. Address (street and number, city, State and States) 13a. Name and Title: 13b. Address (street and number, city, State and States) 13a. Name and Title: 13b. Address (street and number, city, State and States) 13a. Aame and Title: 13b. Address (street and number, city, State and States) 13a. Name and Title: 13b. Address (street and number, city, State and States) 13b. Address Rep/VP 13b. Address (street and num									as and other organizatio	ns and	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type:	10a, Name	10b. /	Address			10c, Tel. No.			10d. Cell No.		
Image: State of the statements are first the statements are true to the best of my knowledge and belief. 138. Femal () Mail ()											
11/1/18 4:00pm to 7:00pm 1384 Lake Lansing Road, Lansing, Mi 48906 12a. Full Name of Petiltoner (including local name and number): Teamsters Local 243 12b. Address (street and number, city, State and ZIP code): 5800 Executive Drive, Lansing, Mi 48911 12c. Full name of national or international labor organization of which Petiltoner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12t. Fax No. 12g. E-Mail Address 12d. Tel, No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 517-887-2944 517-819-2133/517-819-4308 517-887-3069 mikeparker@teamsters243.org/imeade@teamsters243 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. 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: 13b. Address (street and number, city, State and ZIP code): 5800 Executive Drive, Lansing, MI 48911 Lynne Maade/Business Rep//P 500 Executive Drive, Lansing, MI 48911 500 Executive Drive, Lansing, MI 48911 13b. ref. No. 13d. Cell No. 13d. Cell No. 13f. Fax No. 13f. E-Mail Address 517-887-2944 517-819-2133/819-4308 517-887-3				aue y				🔀 Manua	al 🗍 Mail 📋 Mibxe	d Manual/Mail	
Teamsters Local 243 5800 Executive Drive, Lansing, MI 48911 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. 12e. Cell No. 517-687-2944 517-819-2133/517-819-4308 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title: 13b. Address (streat and number, city, State and Zir code): Mike Parker/Business Rep/VP 5800 Executive Drive, Lansing, MI 48911 Lynne Meade/Business Rep/Trustee 13d. Cell No. 13c. Tel. No. 13d. Cell No. 517-887-2944 517-819-2133/819-4308 517-887-3069 mikeparker@teamsters243.org/Imeade@teamsters24 13b. Address 5800 Executive Drive, Lansing, MI 48911 Lynne Meade/Business Rep/VP 5800 Executive Drive, Lansing, MI 48911 Lynne Kenze 517-819-2133/819-4308 517-887-2944 517-819-2133/819-4308 517-887-2944 517-819-2133/819-4308 517-887-3069 mikeparker@teamsters243.org 11declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Printi) Signature <			••					•	•	48906	
International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 517-867-2944 517-819-2133/517-819-4308 517.e87-3069 mikeparker@teamsters243.org/imeade@teamsters24 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title: 13b. Address (streat and number, city, State and ZIP code): Mike Parker/Business Rep/VP 5800 Executive Drive, Lansing, MI 48911 Lynne Meade/Business Rep/Trustee 13e. Fax No. 13c. Tel. No. 13d. Cell No. 517-887-2944 517-819-2133/819-4308 517-867-2944 517-819-2133/819-4308 517-867-3069 mikeparker@teamsters243.org 13e. Fax No. 13f. E-Mail Address 517-867-2944 517-819-2133/819-4308 517-867-3069 14eclare 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 Date	Teamsters Local 243		·		5800 Exe	cutivə	Drivə, Lansir	ng, MI 489			
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Lynne Meade/Business Rep/Trustee 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 517-887-2944 517-819-2133/819-4308 517-867-3069 mikeparker@teamsters243.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date	13. Representative of the Petitione			pers 13	for purposes of the lib. Address (street and	i numbe	ntation proceed r, city, State and	ing. ZIP code):			
517-887-2944 517-819-2133/819-4308 517-867-3069 mikeparker@tearnsters243.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) Title	Lynne Meade/Business Rep	Trustee	<u>_:</u>			ive, La	_			<u> </u>	
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			/819-4308						lers243.org		
						knowle	-	_			
			Signature	2				:р./VР		•	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Soltcitation 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 (NLRA) in processing representation and related proceedings of Illigation. The rouline uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the Information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE						
NATIONAL LABOR					Case Nc 07-F	RC-229161		Date F	iled 10-15-2018		
INSTRUCTIONS: Unless e-Filed us			ite www	v nirh i			s Petiti	n to ai	NI RB office in the Region		
in which the employer concerned											
of service showing service on the											
(Form NLRB-505); and (3) Descrip											
with the NLRB and should not be	•				•				,,		
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION	OF REPRES	ENTATIVE	E - A sut	ostantial number	of employees wish t	o be rep	resented	for purposes of collective		
bargaining by Petitioner and Petitioner d											
requests that the National Labor Rela 2a. Name of Employer	tions Board pi	oceed under	2b Addr	ess(es)	of Establishment	t(s) involved (Street	ational I	Labor Re	State ZIP code)		
Trinity Management Services Co.						, Michigan 481					
3a. Employer Representative – Name and Diane Reed, Transportation Supe				3b. Add Same	dress (If same as	s 2b – state same)					
3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address											
(734) 762-6392	(734) 765-	0529			762-8541		n/a				
4a. Type of Establishment (Factory, mine, n			ipal produ					5a. Citv a	nd State where unit is located:		
Transportation		School						•	City, Michigan		
5b. Description of Unit Involved			•					T	6a. No. of Employees in Unit:		
Included: All regular full time	o and na	rt timo d	lrivore	and	aides				30		
Included: All regular full-tim	e anu pa	rt-time u	invers	anu	alues.			Γ	6b. Do a substantial number (30%		
Excluded: All office clerical employees,	all managerial :	and administr	ative emp	lovees.	and quards and	supervisors defined	d in the A	Act.	or more) of the employees in the unit wish to be represented by the		
	-				3				Petitioner? Yes 🗸 No		
Check One: / 7a. Request for m	ecognition as B	argaining Rep	resentativ	e was m	nade on (Date)	a	nd Emplo	oyer decli	ned recognition on or about		
	(Date) (If no reply	received, :	so state,	^{).} Let petit	tion serve as	s rea	uest.			
	urrently recogn	ized as Barga	ining Repr	resentat	ive and desires of	certification under the	e Act.				
8a. Name of Recognized or Certified Bar None	gaining Agent	(If none, so :	state).		8b. Address						
8c. Tel No.	8d Cell No.			8e. Fax	No.		8f. E-N	Mail Addr	ess		
8g. Affiliation, if any	1		81	h. Date c	of Recognition or	Certification			ate of Current or Most Recent		
							Contra	act, if any	(Month, Day, Year)		
							<u> </u>				
9. Is there now a strike or picketing at the E											
				(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				and 9, w	hich have claim	ed recognition as rep	oresentai	tives and	other organizations and individuals		
None 10a. Name		in the unit des Address		and 9, w	hich have claim	ed recognition as rep	presentai	tives and	10d. Cell No.		
				and 9, w	hich have claim	ed recognition as rep so state) 10c. Tel. No.	presentai	tives and	10d. Cell No.		
10a. Name	10b. /	Address	scribed in i	and 9, w item 5b	/hich have claim above. <i>(If none,</i>	ed recognition as rep so state)	presenta	tives and	_		
	10b. /	Address	scribed in i	and 9, w item 5b	/hich have claim above. <i>(If none,</i>	ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type	e: 🔽 M		10d. Cell No.		
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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.

2/10

(2-16) NATIONAL LABOR RELATIONS BOARD RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website. [WWW/hi/fb:gov/;], submit an original of this Petition to an I	C-229542 Date Filed 10-19-2018
INSTRUCTIONS: Unless e-Filed using the Agency's website, [WWW.hitb.gov/.], submit an original of this Petition to an I	
employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a c the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB- Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be serviced.	certificate of service showing service on 505); and (3) Description of Representation
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to b bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the Nati	t the following circumstances exist and
2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number (ber, City, State, ZIP code):
3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Sam Forsyth, Plant Manager Same	
3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Addre	
1-810-329-4731 1-810-329-4731 1-810-329-2901 sforsyth@kks	
	i. City and State where unit is located: ast China, Mi
	. Number of Employees in Unit:
Included: Pro., Quality, Tool Room, shipping, Mati. Handling, Maint., Mach Operators, Packing and Janitorial	pprox 30
	Do a substantial number (30% or more) of the employees in the unit wish to be
Professional employees, security guard, foreman, managers and supervisors as defined in the Act Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 10-19-18 and Em	represented by the Petitioner? X Yes No nployer declined recognition
on or about (Date) 10-19-18 (if no reply received, so state).	
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Bb. Address:	<u> </u>
None	Y
8c. Tel. No. 8f. E-Mail Addre	·
	ate of Current or Most t, 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 en	mployees are participating?
	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 representative interest in any employees in the unit described in item 5b above. (If none, so state) NODE	sentatives and other organizations and)
10s. Name 10b. Address 10c. Tel. No.	10d. Cell No.
10e. Fax No.	10f. E-Mail Address
X	. Election Type: Manual Mail Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 11d. Election Lo Nov. 8, 2018 6am-8am/2pm-4pm 650 Hathawa	ocation(s): ay St. East China MI 48054
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, Sta United Automotive, Aerospace and Agricultural workers of Americal P. O. Box 355 Mariette MI 48453 (UAW)	ate and ZIP code):
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automotive, Aerospace and Agricultural workers of America (UAW)	<u> </u>
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Add	
989-635-3509 ext. 1 810-338-2489 989-635-5577 inman.david@ 13. Representative of the Petitionar who will accept service of all papers for purposes of the representation proceeding.	@yahoo.com
13a. Name and Title: 13b. Address (street and number, city, State and ZIP of Pavid Inman, President UAW Local 9699 P. O. Box 355 Mariatte MI. 48453-0355	code):
13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Addr	
989-635-3509 ext. 1 810-338-2489 989-635-5577 inman.david@	@yahoo.com
I DREAT THAT I DAVE THE STONE OF HON AND THE THE THE STORE AND THE AND THE HOUSE AND THE HOUSE AND THE STORE AND THE	
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) David Inman President LIAW1	Date

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 easist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fligation. 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 thase 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.

					DO NOT	WRITE IN THIS	SPACE]
FORM NLRB-502 (RD)	UNITED STATES OF AM			Case N	Case No.		Date Filed	
(2-18)	NATIONAL LABOR RELATION RD PETITION			07-1	RD-228723		Oct 5, 2018	
employer concerned is loca the employer and all other p	Filed using the Agency's website, ted. The petition must be accomp parties named in the petition of:(1) RB 4812). The showing of interest	www.nlrb.gov/ , s panied by both a sh the petition; (2) Sta	owing of interes atement of Posit	al of this l st (see 7 b tion form (Petition to an NLRE elow) and a certific (Form NLRB-505); a	ate of service and (3) Descrip	Region in which the showing service on ption of Representation	
recognized bargaining repre-	ON: RD- DECERTIFICATION (REM sentative is no longer their represent ceed under its proper authority pu	ative. The Petitione	r alleges that the	e followin	g circumstances ex			
2a. Name of Employer	2				(Street and number,			-
JECU Loca 3a. Employer Representative	1 951	3270 8	vergree	en N	E Grand	Rapids,	Mi 49325	
John Cak	- Name and Title							
10110-361-7682	5616-447-1000	3e. Cell No. 616-786	-2746	3f. E-Mail / Johr	.cakmakc	ieufcu	010021951.com	Ь
4a. Type of Establishment (Fac	ion office		2	4b. Princip	al product or service			
5a. Description of Unit Involved	NOY DIFIC					5b. City	and State where unit	-
Included: which rea	hesentatives					is lo	cated:	
			、 .			6ra	nd Rapids,	
Excluded: business	office, technolog	yspecie	alists, c	(omm	iunications		MI	
6. No. of Employees in Unit	7. Do a substantial numbe			the unit no	longer wish to be re	presented by th	ne certified or currently	1
8a. Name of Recognized or Cer	recognized bargaining r				8b. Affiliation, if any		AT * 1-	_
Federa	ation of Agents Eln	ternation	al Repts	,	ob. Anniation, ir any			
Bc. Address P. O. P	tox 760		8d. Tel. No.		8e. Cell No.	27-7	214	1
	le, CA 95661-	07100	8f. Fax No.		813-7 8g. E-Mail Address	01-2		-
Rosevil	ie, cr gooor	0140			"imar	rs 1922	- Caol com	
9. Date of Recognition or Certifi	b = 170	10. Expiration Date	e of Current or Mo	ost Recent	Contract, if any (Mo			1
	keting at the Employer's establishme	nt(s) involved?	Yes 🔀 No 1	11b. If so, a	approximately how n	nany employee	s are participating?	7
	cketed by or on behalf of (Insert Nar						a labor organization, o	of
(Insert Address)					sind	æ (Month, Day,	, Year)	
	other those named in items 8 and 11					anizations		7
12a. Name	12b. Address	nployees in the unit		<u>15 above.</u> 12c. Tel. N		12d. Fax No.		-
None								
			1	12e. Cell N	lo.	12f. E-Mail Ad	dress	
13. Election Details: If the NLI matter, state your position w	RB conducts an election in this ith respect to any such election.		1	13a. Electi	on Type: 🔀 Manua	Mail	Mixed Manual/Mail	1
13b. Election Date(s)	13c. Election Tir		I	13d. Election	on Location(s)			1 .
10-29		m-1230	m	3270	Everaree	nN.E.	Corand Rapid	s Mi
14. Full Name of P(b) (6), (b)	b) (7)(C)	1						7
14a. Address (Stree				14b. Tel. N	(\mathbf{h})	14c. Fax No.		1
(b) (6), (b) (7)((C)				, (b) (7)(C)			
			(b) (6)	, (b) (7)(C	(b) (6), (b)	(7)(C)	
14f. Affiliation, if any								
	tioner who will accept service of a	Il papers for purpos		1				-
^{15a. Nan} (b) (6), (b) (7)(C				(b) (6),	(b) (7)(C)			
(b) (6), (b) (7)(C)	er, eny, state, zn code)		1	b) (6)	(b) (7)(C)	Toe. Fax No.		
(b) (b), (b) (7)(C)			()	s) (0);		15a E Mail Ar	drace	-
				b) (6)	, (b) (7)(C)	15g. E-Mail Ac (b) (6), (b)		
I declare mar i nave reau me a	nove pennon and mar me stateme	ents are true to the	Dest of my know	meuge-un				
^N (b) (6), (b) (7)(C)	(b) (6), (b) (7)	(C)		Title	h) (7)(C)		Date Filed	
			(I	b) (b), (b) (7)(C)		10-4-18	
	MENTS			INIP RISO	MMENT-(0.5. CODE	.,E 10, JE	CTION 1001)	
Solicitation of the information on this	s form is authorized by the National Labor R	elations Act (NI RA) 20	USC § 151 et seg	The princip	nal use of the informatio	n is to assist the N	ational Labor Relations Roard	

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

,					DO NOT	WRITE IN THIS	SPACE
FORM NLRB-502 (RD) (2-18)	UNITED STATES OF AM NATIONAL LABOR RELATIO RD PETITION	NS BOARD		Case N	07-RD-229	415	Date Filed 10-17-2018
INSTRUCTIONS: Unless e-Filec employer concerned is located the employer and all other part Case Procedures (Form NLRB	 The petition must be accomp ies named in the petition of:(1) 	anied by both a sh the petition; (2) St	owing of interes	t (see 7 l ion form	below) and a certific (Form NLRB-505); :	ate of service s and (3) Descript	howing service on ion of Representation
	RD- DECERTIFICATION (REM tative is no longer their represent of under its proper authority pu	ative. The Petitione	r alleges that the	followir	ng circumstances es		
2a. Name of Employer Stratford Pines Nursing and		2121 Rockwel	l Drive, Midl	and, M	(Street and number, 1 48642	city, state. ZIP c	ode)
3a. Employer Representative - Na Kevin Isbister, Administration		3b Address (If san Same	ne as 2b - state si	ame)			
989-633-5350	3d. Fax Nc.		f E-Mail isbiste	Address r@peplinskigrou	ıp.com		
4a Type of Establishment (Factory, Skilled Nursing Facility	mine, wholesaler, etc.)		4	b Princip Nursing	al product or service Care		
5a. Description of Unit Involved						5b City ar	nd State where unit
Included: Service Unit						is loca	
Excluded:						Midla	nd, Michigan ,
6 No of Employees in Unit	7 Do a substantial number recognized bargaining r			he unit no	o longer wish to be re	presented by the	certified or currently,
8a Name of Recognized or Certified	Bargaining Agent	epieseinauver (X)	es [] 10		8b Affiliation, if any		
8c Address			8d. Tel. No.		8e. Cell No.		
506 N. Euclid Avenue #10 Bay City, MI 48706			989-667-066		8g. E-Mail Address		
			989-667-092	.3	ay, E-mail Address		
9 Date of Recognition or Certificatio May 2016	n	10 Expiration Date	of Current or Mo	st Recent	t Contract, if any (Mo	nth, Day, Year)	
11a Is there now a strike or picketin	g at the Employer's establishmen	t(s) involved?	′es ⊠No [1	1b Ifso.	approximately how m	any employees a	
11c The Employer has been pickete	ed by or on behalf of <i>(Insert Nam</i>	ie)				a (Manih Cau M	a labor organization, of
(Insert Address) 12 Organizations or individuals othe	r those named in items 8 and 11	c, which have claime	d recognition as	represent		e (Month, Day, Y anizations	ear)
and individuals known to have a			lescribed in item I		(If none, so state)	12d Fax No	
None						120 1 36 140	
			12	2e Cell N	lo.	12f E-Mail Addr	ess
13 Election Details: If the NLRB co matter, state your position with re			13	a Electio	on Type: 🔀 Manual	Mail [] Mixed Manual/Mail
13b. Election Date(s)	13c Election Tim	e(s)	113	d Electio	on Location(s)	Numin	nd Data Lilliand
3-4 weeks after petition filed		and 2 pm to 4 p	om P	roperty	of Stratford Pin	les wursing a	nd Rehabilitation
(b) (6), (b) (7)(C)	1			b. Tel. N		14c. Fax No	
14a. Address (Street and number. cir (b) (6), (b) (7)(C						(b) (6), (b) (
			(b)	d_Cell N) <mark>(6)</mark> , (b	ິ່ງ (7)(C)	(b) (6)	
14f. Affiliation. if any							
15. Representative of the Petitione		papers for purpose		ntation p	proceeding.		
(b) (6), (b) (7)(C)	(6), (b) (7)(C)			0.148			
(b) (6), (b) (7)			15	d. Tel. No	D	15e Fax No	
			(b)	(6), (b) (7)(C)	(b) (6).	(b) (7)(C)
I declare that I have read the above					belief.		
Name (Print)	(b) (6), (b) (7)(C)	it	le			Date Filed
(b) (6), (b) (7)(C) WILLFUL FALSE STAT	TEMENTS			APRISON	MENT (U.S. CODE.	TITLE 18. SEGT	1015/18 TION 1001)
THELFOL FALSE 37A	iencers on marenigere		STATEMENT				

Solution of the information on this form is authorized by the National Labor Relations And (NLRA), 29 U SC § 151 et act. The principal use of the information is to assist the National Labor Relations Board (NLRA) in occassing representation and related proceedings or filigation. The outline 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 are the NLRB to decline to invoke its processes.

Ø

FORM NLRB-502 (RD) (8-16)	UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION					07-RD-2294	50	Date Filed 10-17-2018	
INSTRUCTIONS: Unless e-Fil employer concerned is locat employer and all other partie Case Procedures (Form NLR	ed. The petitions named in the	gency's website, <u>w</u> n must be accomp petition of:(1) the	anied by both a sh petition; (2) Statem	owing of inter nent of Positio	est (see 7 l n form (Fo	below) and a certific rm NLRB-505); and	ate of servio (3) Descripti	gion in which the te showing service on the ion of Representation	
1. PURPOSE OF THIS PETITIO recognized bargaining repres Labor Relations Board proc	entative is no lo	nger their representa	tive. The Petitione	r alleges that t	the following	ng circumstances ex	es assert that dist and requ	the certified or currently lests that the National	
2a. Name of Employer Marathon Petroleum			2b. Address(es) of 1300 South Fo	Establishment ort St. Detro	(s) involved it Michig	(Street and number, an 48217	city, state, Z	IP code)	
3a. Employer Representative - Dave Malone HR Manag			3b. Address (If san 1300 South Fo			an 48217			
3c. Tel. No. 3d. Fax No. 3e. Cell No. (313) 297-6301 3d. Fax No. 3e. Cell No.						Address one@marathonp	etroleum.	com	
a. Type of Establishment (Facto Dil Refinery	ry, mine, whole	saler, etc.)			4b. Princip Gasolin	e product or service			
a. Description of Unit Involved icluded: Ceamsters Local 283 ixcluded:							is	y and State where unit located: bit, Michigan	
No. of Employees in Unit 263		substantial number			n the unit no	longer wish to be re	presented by	the certified or currently	
a. Name of Recognized or Certi Aike Finnegan						8b. Affiliation, if any Bargaining Age		umsters Local 283	
c. Address 625 Fort St.			,=.	8d. Tel. No. (734) 282-	8850	8e. Cell No.			
Vyandotte, Michigan 481	92			8f. Fax No.	8g. E-Mail Address mike@teamsterslocal283.com			.com	
. Date of Recognition or Certifica -23-2013	ation		10. Expiration Date 01-31-2019	of Current or N	lost Recent	Contract, if any (Mo	nth, Day, Yea	ar)	
1a. Is there now a strike or picke				res 🔀 No	11b. If so, a	approximately how m	any employe	es are participating?	
 The Employer has been pick (Insert Address) 	eted by or on b	ahalf of (Insert Nam	e)			sinc	e (Month, Da	a labor organization, of y, Year)	
2. Organizations or individuals o							anizations		
and individuals known to have 2a. Name	12b. Add		ployees in the unit o	iescribed in iter			12d. Fax No		
NONE					12e. Cell N	0.	12f. E-Mail A	ddress	
								· <u> </u>	
 Election Details: If the NLRE matter, state your position with 	respect to any					on Type: X Manual	Mail	Mixed Manual/Mail	
BD BD		13c. Election Tim TBD	e(s)		13d. Election Location(s) Marathon Detroit Refinery				
6), (b), (c), (c)									
(b) (6), (b) (7)(C)	city state ZIP	code)			14b. Tel. N (b) (6), (b		14c. Fax No.		
					14d. Cell N		14e. E-Mail A (b) (6), (b) (7)(C)	
If. Affiliation, if any Member of									
5. Representative of the Petitic a. Name (6), (b) (7)(C)	mer who will a	coopt service of all	Papers for purpos		15b.Title	e represented by T	eamsters L	ocal 283	
b) (6), (b) (7)(C)	city state ZIP	code)			15d Tel N (b) (6), (b)	(7)(C)	15e. Fax No.		
					15f. Cell No		150 E-Mail ((b) (6), (b) (7)(C)	
declare that I have read the ab	ove petition an	d that the statemen	its are true to the b	est of my kno	wledge and	d belief.	(0), (
ame (Print)) (6), (b) (7)(C)		(b) (6), (k			Title Employee			Date Filed 10-17-2018	
WILLFUL FALSE S	TATEMENTS O		PRIVACY ACT		MPRISO	MENT (U.S. CODE,	TITLE 18, S		

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