

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

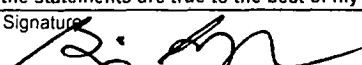
14 RC-230360

Date Filed

11/2/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> Walgreens		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2933 S. Kingshighway Blvd., St. Louis, MO 63139	
<b>3a. Employer Representative - Name and Title:</b> Jason Powers, Store Manager		<b>3b. Address (if same as 2b - state same):</b>	
<b>3c. Tel. No.</b> 314-773-2757	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> MGR.05304@store.walgreens.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b>		<b>4b. Principal Product or Service</b>	<b>5a. City and State where unit is located:</b> St. Louis
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Cashiers, Shift Supervisors, Tech-in-Training, Certified Techs, Wellness Ambassadors <b>Excluded:</b> Store Managers, Assistant Store Managers, Pharmacy Managers, Maintenance			<b>6a. Number of Employees in Unit:</b> 18 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> _____ <b>and Employer declined recognition</b> on or about (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ <b>If so, approximately how many employees are participating?</b> _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> November 23, 2018	<b>11c. Election Time(s):</b> 12 p.m. to 1 p.m. AND 5-6 p.m.		<b>11d. Election Location(s):</b>
<b>12a. Full Name of Petitioner (including local name and number):</b> United Food Commercial Workers (UFCW) Local 655		<b>12b. Address (street and number, city, State and ZIP code):</b> 300 Weidman Road Ballwin MO 63011	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b>			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Billy Meyers, Organizing Director		<b>13b. Address (street and number, city, State and ZIP code):</b>	
<b>13c. Tel. No.</b> 636-736-2726	<b>13d. Cell No.</b> 314-853-2123	<b>13e. Fax No.</b> 636-394-5006	<b>13f. E-Mail Address</b> bmeyers@ufcw655.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Billy Meyers		<b>Signature</b> 	<b>Title</b> Organizing Director
			<b>Date</b> 11/02/18

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

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 14-RC-231029

Date Filed

11/14/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Shred-it / Stericycle

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
629 Lambert Pointe Dr. Hazelwood, Missouri, 63042

**3a. Employer Representative - Name and Title:**  
Mark Sapa

**3b. Address (if same as 2b - state same):**  
Same

**3c. Tel. No.**  
314-595-5201

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
mark.sapa@stericycle.com

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

**4b. Principal Product or Service**  
Document shredding

**5a. City and State where unit is located:**  
Hazelwood Missouri

**5b. Description of Unit Involved:**  
**Included:**

**6a. Number of Employees in Unit:**  
45

**Excluded:**

SEE ATTACHMENT

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

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
None

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
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 an election in this matter, state your position with respect to any such election: **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
December 7, 2018

**11c. Election Time(s):**  
6am-9am 3pm-4:30pm

**11d. Election Location(s):**  
Employers conference room

**12a. Full Name of Petitioner (including local name and number):**  
Teamsters Local 600

**12b. Address (street and number, city, State and ZIP code):**  
161 Weldon Parkway Maryland Heights, Missouri 63043

**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.**  
314-388-4400

**12e. Cell No.**

**12f. Fax No.**  
314-388-4413

**12g. E-Mail Address**  
jkelting@teamsters600.org

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

**13a. Name and Title:**  
John Kelting, Recording Secretary

**13b. Address (street and number, city, State and ZIP code):**  
161 Weldon Parkway Maryland Heights, Missouri 63043

**13c. Tel. No.**  
314-388-4400

**13d. Cell No.**

**13e. Fax No.**  
314-388-4413

**13f. E-Mail Address**  
jkelting@teamsters600.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)**  
John Kelting

**Signature**

**Title**  
Recording Secretary

**Date**

11/14/18

**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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**5b. Description of Unit Involved:**

**Included:**

All full-time and regular part-time off site, on site, lead, swing customer service representative (c.s.r.) drivers and warehouse employees employed by the Employer at its 629 Lambert Pointe Dr. Hazelwood Missouri facility

**Excluded:**

All office clerical and professional employees, guards, and supervisors as defined in the act

RECEIVED  
ALRB REGION 14  
2018 NOV 14 PM 12:35  
SAINT LOUIS, MO 63103

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**14-RC-231241**

Date Filed  
**November 19, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> F&H Insulation Sales and Services, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 5003 E 61st St N KS Kechi 67067-9001	
<b>3a. Employer Representative - Name and Title</b> John Pfister		<b>3b. Address</b> (If same as 2b - state same) 5003 E 61st St N KS Kechi 67067-9001	
<b>3c. Tel. No.</b> (316) 264-2208	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (316) 264-4146	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Construction		<b>4b. Principal product or service</b> Mechanical Insulation, Asbestos Removal	
		<b>5a. City and State where unit is located:</b> Wichita, KS	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 39
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 12-13-18	<b>11c. Election Time(s):</b> 4:00 PM - 6:00 PM	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11d. Election Location(s):</b> A neutral location in the Wichita, KS area		<b>12b. Address</b> (street and number, city, state, and ZIP code) 234 N Cleveland Ave KS Wichita 67214-4024

**12a. Full Name of Petitioner (including local name and number)**  
Thomas E. Williams  
International Association of Heat and Frost Insulators and Allied Workers Local 15

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Association of Heat and Frost Insulators and Allied Workers (AFL-CIO)

<b>12d. Tel No.</b> (330) 770-5573	<b>12e. Cell No.</b> (330) 770-5573	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> twilliams@insulators.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name</b> (Print) Thomas E. Williams	<b>Signature</b> Thomas E. Williams	<b>Title</b> Regional Organizer	<b>Date</b> 11/16/2018 13:14:58
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

Mechanical Insulators, Metal Men and Asbestos Removers currently employed as of 11-16-18.

**Employees Excluded**

Scaffold Builders, Painters, Lead Paint Removers, Environmental Inspectors, Insulation Energy Appraisers, Office/Warehouse Personnel and Owners and Supervisors as defined by The Act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-231544

Date Filed

11/23/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> Shred-it / Stericycle	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 629 Lambert Pointe Dr. Hazelwood, Missouri, 63042
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<b>3a. Employer Representative - Name and Title</b> Mark Sapa	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 314-595-5201	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mark.sapa@stericycle.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b>	<b>4b. Principal Product or Service</b> Document shredding	<b>5a. City and State where unit is located:</b> Hazelwood Missouri
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<b>5b. Description of Unit Involved:</b> Included: See attachment Excluded:	<b>6a. Number of Employees in Unit:</b> 45	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel No</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11b. Election Date(s)</b> December 7, 2018	<b>11c. Election Time(s):</b> 6am-9am 3pm-4:30pm	<b>11d. Election Location(s):</b> Employers conference room
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 600	<b>12b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway Maryland Heights, Missouri 63043
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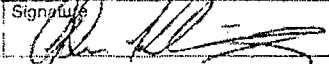
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters

<b>12d. Tel. No.</b> 314-388-4400	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 314-388-4413	<b>12g. E-Mail Address</b> jkelling@teamsters600.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title</b> John Kelling, Recording Secretary	<b>13b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway Maryland Heights, Missouri 63043
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<b>13c. Tel. No.</b> 314-388-4400	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 314-388-4413	<b>13f. E-Mail Address</b> jkelling@teamsters600.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> John Kelling	<b>Signature</b> 	<b>Title</b> Recording Secretary	<b>Date</b> 11/23/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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**5b. Description of Unit Involved:**

**Included:**

All full-time and regular part-time off site, on site, lead, swing customer service representative (c.s.r.) route drivers and warehouse employees employed by the Employer at its 629 Lambert Pointe Dr. Hazelwood Missouri facility

**Excluded:**

All office clerical and professional employees, guards, and supervisors as defined in the act

14-RC-231659

11/26/18

**INSTRUCTIONS:** Unless a 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 4b 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: Durham School Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2201 Brownsville Rd Mount Vernon, IL 62864	
3a. Employer Representative - Name and Title: Labin Roth		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 618-242-5685	3d. Cell No.	3e. Fax No. 618-242-4523	3f. E-Mail Address ldwarren@durhamschoolservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School BUS		4b. Principal Product or Service Transit	5a. City and State where unit is located: Mount Vernon, IL
5b. Description of Unit involved: Included: Drivers and Monitors Excluded: Office, Clerical, professional employees, confidential employees and supervisors defined		5c. Number of Employees in Unit: 76	5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 11-21-18 on or about (Date) 11-21-18 (If no reply received, so state). and Employer declined recognition. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Amateurs, if any:		8h. Date of Recognition or Certification	8i. Expiration Date or 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 this NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): December 7th 2018	11c. Election Time(s): 7:30 am to 11:30 am	11d. Election Location(s): Employer Training Room	
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters Local 50		12b. Address (street and number, city, State and ZIP code) 1609 N Illinois St Swansco, IL 62226	
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. 618-233-0313	12e. Cell No. 615-512-4682	12f. Fax No.	12g. E-Mail Address jwood@teamster.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joel Wood		13b. Address (street and number, city, State and ZIP code): 1609 N Illinois St Swansco, IL 62226	
13c. Tel. No. 618-233-0313	13d. Cell No. 615-512-4682	13e. Fax No.	13f. E-Mail Address jwood@teamster.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) Joel Wood		Signature Joel Wood	Title International Organizer
			Date 11-21-18

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

Collection of this information on this form is authorized by the National Labor Relations Act and 29 U.S.C. 215(a)(3). This information is to be used for the National Labor Relations Board's purposes only.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>14-RC-231707</b>	Date Filed <b>11/26/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Panera Fresh Dough Facility	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2511 S. Hanley Rd. St. Louis Mo. 63144.
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<b>3a. Employer Representative - Name and Title</b> Scott Cain; General Mgr.	<b>3b. Address (If same as 2b - state same)</b> same
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<b>3c. Tel. No.</b> 314-781-0508	<b>3d. Cell No.</b> 865-307-4388	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> scott.cain@panerabread.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory	<b>4b. Principal product or service</b> Fresh Dough	<b>5a. City and State where unit is located:</b> St. Louis, MO
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<b>5b. Description of Unit Involved</b> <b>Included:</b> Bagel line/mixer, packers/loaders, bread/cookie, sanitation and leads and all personal included in the act.  <b>Excluded:</b> Included but not limited to: temporary employees, office clerical employees, store managers, department managers, confidential employees, Human Resources employees, professional employees, maintenance, guards and supervisors as defined on the Act.	<b>6a. No. of Employees in Unit:</b> 55  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 11/26/2018 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.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 12/21/2018	<b>11c. Election Time(s):</b> 3:30am-5:30am, 1-2pm, 10-11pm	<b>11d. Election Location(s):</b> Break room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Tara Hagin, United Food & Commercial Workers Local 655	<b>12b. Address (street and number, city, state, and ZIP code)</b> 300 Weidman Rd Ballwin, MO 63011
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Food & Commercial Workers International Union

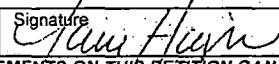
<b>12d. Tel No.</b> 636-394-6500	<b>12e. Cell No.</b> 636-628-7678	<b>12f. Fax No.</b> 636-394-5006	<b>12g. E-Mail Address</b> thagin@ufcw655.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Tara Hagin; Coordinator	<b>13b. Address (street and number, city, state, and ZIP code)</b> Same as above
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Tara Hagin	<b>Signature</b> 	<b>Title</b> Coordinator	<b>Date</b> 11/26/2016
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

RECEIVED  
NLRB REGION 14  
NOV 27 2018

FORM NLRB-502 (RC)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-231958

Date Filed

11/30/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Panera Fresh Dough Facility		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2511 S. Hanley Rd. St. Louis, Mo. 63144	
3a. Employer Representative - Name and Title Robert Seigel; Counsel for Panera Fresh Dough Facility		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 314-781-0508	3d. Cell No. 314-746-4842	3e. Fax No. 314-827-3940	3f. E-Mail Address robert.seigel@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Fresh Dough	6a. City and State where unit is located: St. Louis, MO

**6b. Description of Unit Involved**  
Included: Bagel line/mixer, Packers/loaders, bread/cookies, sanitation and leads.

Excluded: Included but not limited to: temporary employees, office personnel, store managers, department managers, confidential employees, Human resources employees, professional employees, maintenance employees, guards and supervisors as defined in the act.

6a. No. of Employees in Unit:  
55

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/30/2018 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	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

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

11b. Election Date(s): 12-21-18	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (Including local name and number) Tara Hagin; United Food & Commercial Workers Union Local 655	12b. Address (street and number, city, state, and ZIP code) 300 Weidman Rd Ballwin, MO 63011
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
United Food & Commercial Workers International Union

12d. Tel No. 636-394-6500	12e. Cell No. 636-628-7676	12f. Fax No. 636-394-5006	12g. E-Mail Address thagin@ufcw655.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Tara Hagin; Coordinator		13b. Address (street and number, city, state, and ZIP code) 300 Weidman rd. Ballwin, Mo. 63011	
13c. Tel No. 636-394-6500	13d. Cell No. 636-628-7676	13e. Fax No. 636-394-5006	13f. E-Mail Address thagin@ufcw655.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) Tara Hagin	Signature <i>Tara Hagin</i>	Title Coordinator	Date 11/30/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

FORM NLRB-602 (RD)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RD-230937

11/14/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, <http://www.nrlrb.gov/>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4013). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Buia of Cahokia		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3384 Jerome Ln, Cahokia IL 62206	
3a. Employer Representative - Name and Title Amber McGinnis + Melissa Gray		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 618-307-9400	3d. Fax No. 618-332-1811	3e. Cell No. NA	3f. E-Mail Address MMGray@BuiaHS.com A McGinnis@BuiaHS.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service Resident Care	
5a. Description of Unit Involved Included: CNA - Dietary - Activities - Housekeeping Laundry - Maintenance - Psych. Social Excluded: Nurses - Office Management			5b. City and State where unit is located:
6. No. of Employees in Unit	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent SEIU		8b. Affiliation, if any	
8c. Address 5585 Pershing Ave St. Louis MO Suite 230		8d. Tel. No. 314 533-3633	8e. Cell No.
		8f. Fax No. 314-361-3266	8g. E-Mail Address Nicholas.James@SEIUhzil.org
9. Date of Recognition or Certification 2014		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) NO			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) ASAP	13c. Election Time(s) ASAP	13d. Election Location(s)	
14. Signature of Petitioner (b) (6), (b) (7)(C)		14c. Fax No.	
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print)		Signature	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		Date Filed 11-14-18	

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. § 161 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.

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RECEIVED

SAINT LOUIS, MO 63103  
2018 NOV 14 AM 10:22  
NLRB REGIONAL OFFICE

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-231308

Date Filed

11/19/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Lohr distributing		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1100 S.9th Street, St. Louis, MO 63104	
3a. Employer Representative - Name and Title Kurt Leinauer Vice President		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 314 231 6400	3d. Fax No.	3e. Cell No.	3f. E-Mail Address KALeinauer@lohordist.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) distributor		4b. Principal product or service Beer, liquor, and wine distribution	
5a. Description of Unit Involved Included: Full time Beer warehousemen and beer delivery drivers  Excluded: Liquor/wine employees, Part time, Office staff, shop staff, draught techs, sign techs			5b. City and State where unit is located: St. Louis, MO
6. No. of Employees in Unit 383	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 600		8b. Affiliation, if any	
8c. Address 161 Weldon Parkway Maryland Heights, MO 63043		8d. Tel. No. 314 388 4400	8e. Cell No.
		8f. Fax No. 314 388 4413	8g. E-Mail Address JKelting@teamster600.org
9. Date of Recognition or Certification August 24, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Dec 13, 2018	13c. Election Time(s) 6am and 12pm	13d. Election Location(s) 1100 S9th st, 63104 in large conference room	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (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.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)	Signature (b) (6), (b) (7)	Title (b) (6), (b) (7)(C)	Date Filed 11/19/2018

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 may cause the NLRB to decline to invoke its processes.