FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS SPACE									
14	Case No. R.C- 230360	Date Filed / 18								

		NO FETTIO	-N		[	7/1	<u>- 230</u>	136 L	<u> </u>	111	12/18
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition i s named in t	must be accomp the petition of: (1	panied by b (1) the petiti	both a sh ion; (2) S	submit an origina lowing of interest Statement of Posi	al of this t (see 6b ition forn	Petition to a below) and n (Form NLR	an NLRB of a certificat RB-505); an	ffice in the Reg te of service sh d (3) Description	howing . on of Re	service on epresentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petit     requests that the National Laboratory	tioner desires	s to be certified as	as representa I under its p	tative of th proper au	ne employees. The uthority pursuant	e Petition to Section	ner alleges to on 9 of the N	hat the foll National La	owing circums bor Relations	stances Act.	
2a. Name of Employer: Walgreens			2b. Addres 2933 S	ss(es) of t . Kings	Establishment(s) i shighway Bl	nvolved ( vd., St	Street and no Louis, N	umber, City √IO 631:	, State, ZIP cod 39	fe):	
3a. Employer Representative - Nar Jason Powers, Store Mana			3b. Addres	ss (if sam	ne as 2b - state sai	me):					
3c. Tel. No. 314-773-2757	3d. Cell No.	<u> </u>	3(	e. Fax No	).		3f. E-Mail Ac MGR.05		ore.walgre	ens.co	om
4a. Type of Establishment (Factory,	mine, wholes	saler, elc.)	41	b. Princip	al Product or Serv	ice		5a. City an St. Lou	nd State where t	unit is lo	cated:
5b. Description of Unit Involved: Included: Cashiers, Shift Supervisor	rs, Tech-	in-Training,	, Certifie	d Tech	ns, Wellness	Amba	L	18	er of Employees		
Excluded: Store Managers, Assistant						nance		of the e represe	ubstantial numb employees in the ented by the Pet	e unit wi titioner?	rish to be
Check One:   7a. Request for recon or about (Date)  7b. Petitioner is cut  8a. Name of Recognized or Certific	rrently recogn	(If no nized as Bargaini	no reply rece ning Represe	eived, so s entative a	state). Ind desires certific	ation und		Employer	declined recogn	ition	
BA. Name of Necognized of Colum	tu Darganiii.	lg Agent (ii nonc	1, 30 aldie,	00.70	uless.						
8c. Tel. No.	8d. Cell No.		86	8e. Fax No. 8f			8f. E-Mail Ad	idress			
8g. Affiliation, if any:			8h. C	Dale of Re	ecognition or Certi				urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	it the Employ	er's establishme	nt(s) involve	olved? If so, approximately how many employees are participating?							
(Name of Labor Organization)	·								er since (Month		
<ol> <li>Organizations or individuals othe individuals known to have a repre</li> </ol>										(- <del>;</del> )	ons and
10a. Name		10b. Address					10c. Tel. No.				
							10e. Fax No.		10f. E-∰aji Adi		
11. Election Details: If the NLRB co				our positi	ion with respect to			Manua	lienda∐ li	**	d Mariual/Mail
11b. Election Date(s): November 23, 2018		11c. Election Tim 12 p.m. to 1	ne(s): p.m. A	ND 5-0	6 p.m.		11d. Election	ı Location(s	s): 👱 £	ည ည ရ	<i>t</i> 2
12a. Full Name of Petitioner (includ United Food Commercial	Workers	(UFCW) L	ocal 655		12b. Address (str 300 Weidma	an Roa	nd Ballwi				
12c. Full name of national or internat	ional labor or	rganization of whi	ich Petitione	er is an al	ffiliate or constitue	ent (if non	e, so slale):				
12d, Tel. No. 12e. Cell No.				2f. Fax No		1	12g. E-Mail <i>F</i>				
13a. Name and Title: Billy Meyers, Organizing Di		ccept service of		papers for purposes of the representation proceeding 13b. Address (street and number, city, State and Zi				(IP code):			
13c. Tel. No. 636-736-2726	13d. Cell No 314-853	3-2123	_ 63	13e. Fax No. 636-394-5006 13f. E-Mail Address bmeyers@ufcw655.org							
declare that I have read the above Name (Print)	petition and	d that the staten		rue to the	e best of my kno	wledge a					Date
Billy Meyers		0	2: 1	ďγ	7_		ganizing l	Director			11/02/18

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 14-RC-231029

DO NOT WRITE IN THIS S	SPACE	
RC-231029	Date Filed	8

										1/14/18
INSTRUCTIONS: Unless e-Filed of employer concerned is located. If the employer and all other parties Case Procedures (Form NLRB 48	The petition mus s named in the	st be accomp petition of: (1	anied b () the pe	y both a s tition; (2) :	howing of interest (s Statement of Position	ee 6b below) a n form (Form N	nd a certifica ILRB-505); a	nte of service si nd (3) Descripti	howing s	service on epresentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratery	tioner desires to	be certified as	s represe	ntative of t	the employees. The Po	etitioner allege	s that the fo	llowing circums	stances	collective exist and
2a. Name of Employer:					Establishment(s) invo			y, State, ZIP cod	le):	
Shred-it / Stericycle			629 L	ambert F	Pointe Dr. Hazelw	ood, Missou	ıri, 63042			
3a. Employer Representative - Nar	ne and Title:	·	3b. Add	ress (if san	ne as 2b - state same)	r				
Mark Sapa			Same							
3c. Tel. No.	3d. Cell No.			3e. Fax N	O. '	3f. E-Mai	Address			
314-595-5201						mark.sa	apa@stericy	/cle.com		
4a. Type of Establishment (Factory,	mine, wholesale	r, etc.)			pal Product or Service ent shredding		1 '	nd State where a	unit is loc	cated:
5b. Description of Unit Involved:						"."	6a. Numb	er of Employees	in Unit:	
Included:	- 1						45			
Excluded:	F ATTH	CHMEN	1				6h Do a	substantial numb	or /200/	or more)
							of the	employees in the ented by the Pe	e unit wis	sh to be
Check One: 7a. Request for reconnection on or about (Date)				was made ceived, so		a	ind Employer	declined recogn	ition	
7b. Petitioner is cu						n under the Act	t.			
8a. Name of Recognized or Certific					ddress:		-			
None								co.		
8c. Tel. No.	8d. Cell No.			8e. Fax N	0.	8f. E-Mail	Address	A	2018	411
8g. Affiliation, if any:			8h	. Date of R	Recognition or Certifica			urrent or Most (Month, Day, Ye	ē	32
9. Is there now a strike or picketing a	t the Employer's	establishmen	t(s) invol	ved? No	If so, approx	kimately how m	any employee	s are participation	ng?	AA
(Name of Labor Organization)						, has pickete	ed the Employ	er since (Month	, Day, Ye	
10. Organizations or individuals othe	r than Petitioner	and those nar	med in ite	ems 8 and	9, which have claimed	recognition as	representativ	es and other pro	anization	ns and 11
individuals known to have a repre	sentative interes	st in any empl	oyees in	the unit de	escribed in item 5b abo	ove. (If none, so	state)	63	25	* S C D
10a. Name	10b	. Address				10c. Tel. I	No.	10d. Cell ng.	ပၢ	
						10e. Fax	No.	10f. E-Mail Add	iress	
11. Election Details: If the NLRB co	nducts and elect	tion in this ma	tter, state	your posi	tion with respect to an	y such election:	11a. Electio	n Type:		<del> </del>
							⊠ Manua		Mixed	Manual/Mail
11b. Election Date(s): December 7, 2018		. Election Tim m-9am 3pm		m		I .	tion Location( ers confere	•		
12a. Full Name of Petitioner (includ		<u>.</u>			12b. Address (street					
Teamsters Local 600					161 Weldon Par	kway Maryl	and Height	s, Missouri 6	3043	
12c. Full name of national or internat International Brotherhood of Te	•	ization of whi	ch Petitic	oner is an a	affiliate or constituent (	if none, so state	e):			*
12d. Tel. No.	12e. Cell No.	.   -		12f. Fax N	0.	12g. E-Ma	ail Address	· <del>- · · · · · · · · · · · · · · · · · ·</del>		
314-388-4400				314-388	-4413	jkelting@	@teamsters	600.org		
13. Representative of the Petitione	r who will acce	pt service of								
13a. Name and Title: John Kelting, Recording Sec	retary				ess (street and numbe Idon Parkway Ma		,	ıri 63043		
13c. Tel. No.	13d. Cell No.		-	13e. Fax N	No.	13f. E-Ma	il Address			
314-388-4400				314-388			nteamsters needs	600.org		
declare that I have read the above	petition and th	1	tents ar	e true to th	he best of my knowle					I Date
Name <i>(Print)</i> John Kelting		Signature	/ //	1-		Title Recording S	Secretary			Date
oo		1/1/	1		<u> </u>					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. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board

## **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

2010 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	November 19, 2018					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5003 E 61st St N KS Kechi 67067-9001 F&H Insula ion Sales and Services, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 5003 E 61st St N KS Kechi 67067-9001 John Pfister 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (316) 264-2208 (316) 264-4146 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Mechanical Insulation, Asbestos Removal Wichita, KS 6a. No. of Employees in Unit: 5b. Description of Unit Involved 39 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 12-13-18 A neutral location in the Wichita, KS area 4:00 PM - 6 00 PM 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Thomas E. Williams
International Association of Heat and Frost Insulators and Allied Workers Local 15 234 N Cleveland Ave 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) 12g. E-Mail Address twilliams@insulators.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (330) 770-5573 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Thomas E. Williams Regional Organizer 11/16/2018 13:14:58 Thomas E. Williams

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

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN	THIS	SF
4-	Case No. RC-231544		1

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	Date Filed /	را
	11/02/18	
	11/a - 1/0	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Pelition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Shred-it / Stericycle 629 Lambert Pointe Dr. Hazelwood, Missouri, 63042 3a. Employer Representative - Name and Title 3b. Address (if seme as 2b - state same): Mark Sapa Same 3c. Tel. No. 3f. E. Mail Address 3d Cell No. de Fax No. 314-595-5201 mark.sapa@stericvcle.com 4b. Principal Product or Service 5a. City and State where unit is located: 4a Type of Establishment (Factory, mine, wholesaler, etc.) Document shredding Hazelwood Missouri 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 45 See attachment 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Excluded: 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 Certifled Bargaining Agent (if none, so state) 8b Address: None 6f E-Mail Address 8c. Tel No 8d, Cell No. 8e. Fax No. 80 Affiliation, if any: Sh. 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? has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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 10f. E-Mail Address 10a. Fax.No. 11a Election Type. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Mixed Manual/Mail Manual Mail 11d Election Location(s): 11b Election Date(s) 11c. Election Time(s): Employers conference room December 7, 2018 6am-9am-3pm-4:30pm 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number) 161 Weldon Parkway Maryland Heights, Missouri 63043 Teamsters Local 600 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 12f. Fax No. 12g. E-Mail Address 12d Tel. No 12e Cell No 314-388-4400 314-388-4413 ikelting@teamsters600.org 13. Representative of the Potitioner 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 161 Weldon Parkway Maryland Heights, Missouri 63043 John Kelting, Recording Secretary 13c Tel. No. 13e, Fax No. 13f E-Mail Address 13d Cell No. ikelting@teamsters600.org 314-388-4413 314-388-4400 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Pant) Signature John Kelting Recording Secretary

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of sen. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or higation. The routine uses for the information are fully set torth 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 myoke its processes.

## 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

## RC PETITION

14-RC-231659

11/26/18

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INSTRUCTIONS: Unless A-Filed a employer concerned to located. I the employer and an other partie Case Procedures (Form NLRB 48	The petition must be accom s named in the petition of: (	panied b (1) tire pa	y both a sh Mion; (2) S	latement of Position	tom (For	n) and m NL	( z cortilica) RB-505); an	ie of service d (3) Descri	chowin to holiq	g senn Repres	ice en sentation
PURPOSE OF THIS PETITION:     bargaining by Politioner and Peli     requests that the National Laboratory	floner desires to be certified a	za represa	ntative of th	ic employees. The Pe	titioner all	leges (	that the foll	oving circu	mstance		
2a. Name of Employer: Durham School Services				stablishment(s) involville Rd Mount				State, ZIP	codel:		
3a. Employer Representative - No.	me and Tale:	3b. Add	ress (if sam	e os 2b - state same):	:		· · · · · · · · · · · · · · · · · · ·	<del></del>		,	
Labin Roth		50	me								
3c. Tel. No. 618-242-5685	3d. Cell No.		36. Fex No 618-24	2-4523			ddress n@durha	mschoo	Iservic	es.co	m
4a. Type of Establishment (Factory, School Bus	mine, wholesaler, etc.)		4b. Princip I ransit	al Product or Service		,		d State when Vernon		located	:
56. Description of Unit Involved: Included:   Drivers and Monitors				<u> </u>			Ba. Numbe 76	r of Employe	es in Lin	rúS;	
Excluded: Office, Clerical, profession							of the e	ubstantial nu imployees in intod by the	the unit Pathone	wish to	be _
On an anount to purch		O ICPIT IC	CC4150. 001	state).	21-18	_	Employer o	leckined reco	gnition		
Ba. Name of Recognized or Certifi Nonc	rrently recognized as Bargain ed Bargaining Agent (if non				n under the	ACT.				<b></b> -	
8c. Tel. No	Sd. Cell No.		Be. Fax No		81 E	APS A	ddress				
Bg. Amsation, if eny:				th. Date of Recognition or Contineation Bi. Expiration Date of Current of Most Recent Contract, if any (Month, Day, Year)							
9. to there now a strike or picketing a	at the Employers establishme	ent(s) invo	ived? No	C) If so, approx	_			,		-	
(Name of Labor Organization) 10. Organizations or Individuals other	r than Putitioner and those n	amed in it	ems é end t	, which have daimed	recognitio	n as re	presentetive	er since (Mo es and other			nzi
indudusts known to have a reor None	esentativo interest in any em	ninyees in	the unit de	unibed in fiem 5h ann	we (ifnon	n sa sa	(ATR)				,
10a. Name	10b. Address				10c.1	Tel. No	).	10d. Cell N	Ò.		
	ļ,				109 1	Faz No	,	10F E-M=9	Address		· _
11. Election Dotalls: II the NLRS or	onducts and election in this m	alter, stat	e your posit	ion with respect to en	y cuch eluc	tiun.	11a. Electio X Manua		Пм	xed Ma	nual/Mail
11b, Election Date(s): December 7th 2018	11c. Election To 7:30 am to		and	attice is a second			n Location(s				
12a. Full Name of Petitioner (incluint intermational Brotherhoo	ding local name and number)			12h Address (street 1609 N Illinoi					SAIN	2018	
12c. Full name of national or interns International Brotherhoo	tional tabor organization of w d of licamsters	hich Petiti	oner is an a	ffiliate or constituent (						NO.	33
12d, Tel. No. G18-233-U313	12c, Call No. 013-312-4682		12f. Fox N		lind	)OQ (Q	Address Pleamste	प्राट. इ	SIDO	9	<u> </u>
13. Representative of the Petition: 13a. Name and Title: Joel Wood	er who will accept service (	of all pape	13b. Addre	ioses of the represer iss (street and numbe Illinois St Swans	r, city, Stat	e and .	ZiP code):		M0 63	## 8:	
13c Tel No. 618-233-0313	13d, Cdt No. 613-512-4682		13c. Fax 1	lo.			Address Øteamste	т.огд	103	7	
I declare that I have read the above Name (Print)	re petition and that the state Significa		ne true to th	e best of my knowle	Title					Da	ite
Joel Wood		1 (a	(Jarol)		Intern	ation	al Organ	nzer		1	1-21-18

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

•	DO NOT WRITE IN THIS SPACE
Case No. 14-RC - 2317C	7 Date Filed 11/26/18

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INSTRUCTIONS: Unless e-Filed u						an NLRB office in the Region				
in which the employer concerned										
of service showing service on the		•	. •							
(Form NLRB-505); and (3) Descrip				LRB 4812). The s	howing of in	terest should only be filed				
with the NLRB and should not be	served on the	employer or an	y other party.			d for				
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certifi	ied as representati	ve of the employees. Th	e Petitioner alleges ti	hat the following	g circumstances exist and				
2a. Name of Employer			ddress(es) of Establishme							
Panera Fresh Dough Facility		2511	S. Hanley Rd. St. L		<u> </u>	· ·				
3a. Employer Representative - Name at Scott Cain; General Mgr.	nd Title		3b. Address (If same same	as 2b – state same)	_,					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	· ·				
314-781-0508	865-307-438					panerabread.com				
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro			St. Lou	and State where unit is located:				
Factory  5b. Description of Unit Involved		Fresh Dough		<u> </u>	St. Lot	6a. No. of Employees in Unit:				
	alloadora broo	d/oookia canita	ofice and loads and a	Il parcapal includa	d in the est	55				
Included: Bagel line/mixer, packer	s/loaders, brea	u/cookie, Sailita	ation and leads and a	iii personai include	d in the act.	6b. Do a substantial number (30%				
Excluded: Included but not limited to: tempo Human Resources employees, p	rary employees, office ofessional employees	e clerical employees, s, maintenance, guar	store managers, department ds and supervisors as define	t managers, confidential e d on the Act.	mployees,	or more) of the employees in the unit wish to be represented by the Petitioner? Yes \( \infty \) No				
Check One: / 7a. Request for	recognition as Barg	jaining Representa	ative was made on (Date)	11/26/2018 ar	nd Employer dec	lined recognition on or about				
<u> </u>		(If no reply receive				<del></del>				
			epresentative and desire	s certification under the	e Act.					
8a. Name of Recognized or Certified Ba	rgaining Agent (/i	f none, so state).	8b Address							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress				
8g. Affiliation, if any	<del>-1</del>		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 octablis	heart/s) involved	12 If so appro	ovimately how many e	molovees are or	articipating?				
la contraction of the contractio			keted the Employer since			and cipating (				
Organizations or individuals other than known to have a representative interest in					presentatives an	d other organizations and individuals				
10a. Name	.10b. Ad	dress	<del></del>	10c. Tel. No.	<del></del>	10d. Cell No.				
~				10e. Fax No.		10f. E-Mail Address				
11. Election Details: If the NLRB conduc	ts an election in thi	is matter, state you	r position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail				
any such election.  11b. Election Date(s): 12/21/2018		lection Time(s): a-5:30am, 1-2pm,	10 11cm	11d. Election Loca Break room	ition(s):					
12a. Full Name of Petitioner (including Tara Hagin, United Food & Commercial	ocal name and no	umber)	40-1 гріп			city, state, and ZIP code)				
12c. Full name of national or international United Food & Commercial Workers Inte	labor organization		r is an affiliate or constitue	1	Ballwill, MC 00					
12d. Tel No.	12e. Cell No.	<u> </u>	12f. Fax No.		12g. E-Mail A	ddress				
636-394-6500 636-628-7678 636-394-5006 thagin@ufcw655.org										
13. Representative of the Petitioner wh	will accept servi	ice of all papers fo	or purposes of the repr	esentation proceedin	g.					
13a. Name and Title Tara Hagin	; Coordina	itor	13b. Address (street a Same as above	nd number, city, state,	and ZIP code)					
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address										
I declare that I have read the above pet	declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.									
	don any that the	stațements are u	ue to the best of my kno	owledge and belief.						
Name (Print) Tara Hagin	ignature /	La L	Title Coordinator	owledge and belief.	Date 11/26/201	<u> </u>				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND MENTIUS. 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 used 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 (RC)

Name (Print) Tara Hagin

( <del>1-</del> 10)							
	GOVERNMENT			DO NO	WRITE IN THE		
RC PE		.RD	14-RC-	231958	Date		
INSTRUCTIONS: Unless e-Filed us			ww.nlrb.gov, submit a	n original of this			
In which the employer concerned i							
of service showing service on the	employer and	all other partie	es named in the petition	on of: (1) the peti	tion; (2) State	ement of Position form	
(Form NLRB-505); and (3) Descript	ion of Represe	ntation Case	Procedures (Form NL	RB 4812). The si	howing of int	erest should only be filed	
with the NLRB and should not be s	erved on the	employer or an	y other party.	·	_	_	
PURPOSE OF THIS PETITION: RC-CEI     bargaining by Petitioner and Patitioner di     requests that the National Labor Relat	sires to be certifi	ed as representati	ive of the employees. The	Petitioner alleges ti	at the following	g circumstances exlat and	
2a. Name of Employer	rons Board proc		dress(es) of Establishmen				
Panera Fresh Dough Facility			S. Hanley Rd. St. Lo		· · ·		
3a. Employer Representative - Name and	Title	y	3b. Address (If same as	2b – state same)			
Robert Selgel; Counsel for Paners	Fresh Doug	h Facility	same	v			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add		
314-781-0508	314-74 <u>6-</u> 484	2	314-827-3940		robert.Seige	el@jacksonlewis.com	
4a. Type of Establishment (Factory, mine, w Factory	holeseler, etc.)	4b. Principal pro Fresh Dough			5a. City (	end State where unit is located: Is, MO	
6b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: Bagel line/mixer, F	Packers/loa	aders, brea	ad/cookies sani	itation and le	ads	55	
						6b. Do a substantial number (30% or more) of the employees in the	
Excluded: Included but not limited to; tempora resources employees, professional	ry employees, office employees, mainler	personal , store ma zance employees, gi	nagers, department managers, Jards and supervisors as delini	, confidential employees ed in the act.	. Human	unit wish to be represented by the Petitioner? Yes V No	
Check One: 7a. Request for re	cognition as Barg	aining Represents	itive was made on (Date)	11/30/2018 ==	d Employer deci	lned recognition on or about	
	(Oste) (	If no reply receive	d, so state).			· -	
			epresentative and desires	certification under the	Act		
8a. Name of Recognized or Certified Barg	jaining Agent (//	none, so state).	8b. Address	•	•		
8c. Tel No.	8d Cell No.		T 8e, Fax No.		8f, E-Mall Add	rone ·	
BC. Ter NO.	ou Cell Hu,		08, F4X 14D,	<u>.</u>	alt Estalali VOO	iess .	
8g. Affiliation, if any			6h. Date of Recognition of	Bi. Expiration Date of Gurrent or Most F Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Er	nolover's establis	hment(s) involved	? If so approx	mately how many er	nolovees are na	rficinating?	
			keted the Employer since (				
10. Organizations or individuals other than F known to have a representative interest in a					itesentarives aut	onea odiatirstious sud monadars	
10a, Name	10b. Add	iress		10c, Tel. No.		10d, Cell No.	
						·	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in this	matter, state you	ır position with respect to	11a. Election Type	: Manual	✓ Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. Ek	ction Time(s):		11d. Election Loca	tion(a):	: ;,	
12-21-18 12a. Full Name of Petitioner (Including lo	22/ 22/22 22/ 24/	mhari		12h Addmag (afra	. ·.	city, state, and ZIP code)	
Tara Hagin; United Food & Commercial W	orkers Union Lo	cal 655		300 Weldman Rd I			
12c. Full name of national or international ta United Food & Commercial Workers Intern	ational Union	of which Petitioner		(if none, so state)	···		
12d. Tel No. 636-394-6500	12c. Cell No. 636-628-7678		12f, Fax No. 636-394-5006		12g. E-Mail Ad thagin@ufcw6		
13. Representative of the Petitioner who		a of all papers fo		entation proceeding			
			13b, Address (street and				
13a. Name and Title Tara Hagin;	Coordinal	or	300 Weidman rd. Ballwin, Ma		<u></u>		
13c. Tel No.	13d. Cell No.		13e. Fex No. 13f. E-Maii Addresa				
638-394-6500	636-628-7678	<u> </u>	636-394-5006		thagin@ufcw6	55.org	
I declare that I have read the above petition	on and that the s	tatemente ere tri	ue to the best of my know	riedge and belief.	· <del></del>		

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

11/30/2018

Title

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, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

		•		DO NO	T WRITE IN THIS S	PACE	
FORM NLR8-802 (RD) (2-18)	United States of an National Labor Relatio			Case No.	_		
(4.10)	RD PETITION		14-1	RO-23093	7	11/14/18	7
iNSTRUCTIONS: Unless e-filed u employer concerned is located. the employer and all other portion Case Procedures (Form NLRB 48	The patition must be accomp named in the patition of:(1)	senied by both a show the petition; (2) State	ing of interest ment of Pasitic	(see 7 below) and a certit on form (Form NLRB-805)	licate of eervice ch ; and (3) Description	owing service on on of Representation	
PURPOSE OF THIS PETITION: R     récognized bargeining representati     Lebor Rejetions Board proceed it	ve is no longer their represent	islive. The Politioner a	(leges that the	following circumstances	eas essert that the essert exist and requests	certified or currently that the National	
120 Name of Employer Cal	2b. Address(es) of Es	of Establishment(s) Involved (Street and number, city, state, ZIP code)  LECOME LEG. Cahokia IL. 62206				┦ '	
AM Ser Mediucais+1	nelissa Gray	3b. Address (Illiams	as 2b - stato sa NE	me)			7
30. Tel. No. 618 - 307 - 9400 6	39. Cell No.	MMCzrzy @ Buiats, com A McGina				— 1441,5 @∂	
4a. Typa of Establishment (Factory, mine, wholeseler, etc.)				Ab. Principal product or service  Kesident Cure			
Mussing H	ome			KESIGANT (		61-1- via	Briat
	tary - Activ Maintena	17165 - Flo	sych.	social	le locati	d State where unit ed:	
Murses -	office Ma	GNagemo	~+		-		1
6. No. of Employees in Unit	7. Do a substantial number recognized bargaining	r (30% or more) of the (	employees in th	e unit no longer,wish to be	represented by the c	ertified or currently	┪ .
8s. Name of Recognized or Certified B	argaining Agent	SEIU		6b. Affiliation, if er	ny		7
Br. Address Bg. Tel. No.				8e. Cell No.			7
55.85 Pershi	ng Ave.		14 520	3633 8g. E-Mall Address			
5585 Pershi St. Louis M	10 Suite	230	314-3	61-3266	licholas	James O.	SEIRHZ
9 Date of Recognition or Certification	314		Current or Mos	Recent Contract, if any (M	fonth, Day, Year)		J ON
11a. Is there now a strike or picketing a	t the Employer's establishme	nt(s) involved? Yes	ØN0 11	b. If so, epproximately how	many employees er	e participating?	_
11c. The Employer has been picketed			•			s labor organization,	of
(insert Address)		r			ice (Month, Dey, Ye		4
<ol> <li>Organizations or individuals other ti and individuals known to have a re-</li> </ol>	nose named in items & end 11 presentative interest in any en	ic, which have cigimed : nployees in the unit des	racognition as n cribed in Item 6	epresentatives and other or above. <i>(If none, so state)</i>	genizations	MO.	
12a. Name	12b. Address			c. Tel. No.	120. Fex No.	20 S A	7
/		/	12	e, Celi No.	12f, E-Mail Addre	2016 All	<b>≇</b>
	[ .		["	, oc; , , ,	121, E-Willi Addre		<b>₹</b> .22
13. Election Details: If the NLRS conducts an election in this matter, state your position with respect to any such election.				e, Election Type: Manu	at Mail [	Mixed Manual/Mall	36
13b. Election Date(s)	13c. Election Tir	ne(s)	130	d. Election Location(a)		<del>- 0, -  </del>	35
ASA P	A	SAP				<u> </u>	VED
7(b) (6), (b) (7)(C)		•					
1. van su su all me numera siva b) (6), (b) (7)(C)		(b	) (6), (b) (7)(C	14c. Fex No.	10: 22 63103	-	
a) (a), (a) (1)(a)				) (6), (b) (7)(C		🛈	
14t. Annuton, il erry 15. Representative of the Palitioner v	the will accept service of al	pepere for purposes	of the repress	ntation proceeding.			┪
15a, Name				O.Titie			
150. Address (Street and number, oily,		150	I, Tel. No.	15s. Fex No.		1	
		151	6f. Cell No. 16g. E-Mail Address		-		
I declare that I have read the above p	allila and the state of	non ann amin an the b	O AL PU LINE LINE	dee and hellet	<u></u>		4
I doctare that I have read the above p	Signature	ura dia fina to tua bas			Pate Filed		┪
transferred				(b) (6), (b) (7)(C)		11-1478	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (C.S. CODE, THE LETE, SECTION 1981)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 161 of seq. The principal use of the information is to easiet the Netional Labor Relations Scored (NLRA) in processing representation and related proceedings or illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further expain (figure uses upon request. Obscious 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 Case No. Date Filed 14-RD-231308

11/19/2018

UNITED STATES OF AMERICA FORM NLRB-502 (RD) NATIONAL LABOR RELATIONS BOARD (2-18) **RD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nlrb.gov/ | , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Lohr distributing 1100 S.9th Street, St. Louis, MO 63104 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kurt Leinauer Vice President same 3e. Cell No. 3d Fax No. 3f. E-Mail Address 314 231 6400 KALeinauer@lohrdist.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Beer, liquor, and wine distribution distributor 5a. Description of Unit Involved 5b. City and State where unit Included: is located: St. Louis, MO Full time Beer warehousemen and beer delivery drivers Excluded: Liquor/wine employees, Part time, Office staff, shop staff, draught techs, sign techs 6. No. of Employees in Unit 18 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any Teamsters Locat 600 8d. Tel. No. 8e. Cell No. 161 Weldon Parkway 314 388 4400 Maryland Heights, MO 63043 8f. Fax No. 8g. E-Mail Address 9.00 314 388 4413 JKelting@teamster600.org 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification August 24, 2017 NA 11a. !s there now a strike Poicketing at the Employer's establishment(s) involved? Yes X No 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

Name | 12b. Address | 12c. Tel. No. 12d. Fax No. 12e, Cell No. 12f F-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: X Manual Mail Mixed Manual/Mail matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 13d. Election Location(s) 1100 S9th st, 63104 in large conference room Dec 13, 2018 6am and 12pm Full Name of Petition (6), (b) (7)(C) 14c. Fax No. d number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a, Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15e. Fax No. ity, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15g. E-Mail Address (b) (6), (b) (7)(C) (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. Title Date Filed

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)

(b) (6), (b) (7)