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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

| DO NOT WRITE IN THIS SPACE |                   |  |  |  |  |  |  |  |
|----------------------------|-------------------|--|--|--|--|--|--|--|
| Case No.                   | Date Filed        |  |  |  |  |  |  |  |
| 14-RC-247614               | September 4, 2019 |  |  |  |  |  |  |  |

|   | <b>-</b>                            |                                    |                          |                               |  |                                     | 21,01   |  | eptember                    | 1, 2017      |
|---|-------------------------------------|------------------------------------|--------------------------|-------------------------------|--|-------------------------------------|---|--|-----------------------------|--------------|
| INSTRUCTIONS: Unless e-Filed u<br>employer concerned is located. T<br>the employer and all other parties<br>Case Procedures (Form NLRB 48 | The petition m<br>s named in the    | ust be accom<br>e petition of: (   | panied b<br>(1) the pe   | y both a si<br>tition; (2) \$ | howing of interest (se<br>Statement of Position  | ee 6b below) ar<br>form (Form N     | nd a certifica<br>LRB-505); ar                    | te of service show<br>nd (3) Description (   | ing service of<br>Represent | on<br>tation |
| PURPOSE OF THIS PETITION: I<br>bargaining by Petitioner and Petit<br>requests that the National Laboratery                                | lioner desires t                    | o be certified a                   | as represe               | entative of t                 | he employees. The Pe                             | titioner allege                     | s that the fol                                    | lowing circumstan                            | ices exist an               |              |
| 2a. Name of Employer:<br>Kansas Central   |                                     |                                    |                          |                               | Establishment(s) invoit 21st Street              | ived (Street and                    | I number, Cit                                     | y, State, ZIP code):                         |                             |              |
| 3a. Employer Representative - Nan<br>Kelly Kimble   | ne and Title:                       |                                    | 3b. Add<br>Same          |                               | ne as 2b - state same).                          |                                     |   |  |                             |              |
| 3c. Tel. No.<br>785-233-2009  | 3d, Cell No.                        |                                    |                          | 3e. Fax N                     | 0.   | 3f. E-Mail<br>k.kimble              | Address<br>@illinois-o                            | entral.com                                   |                             |              |
| 4a. Type of Establishment (Factory, a School Bus  | mine, wholesa                       | ler, etc.)                         |                          | 4b. Princis<br>Transit        | oal Product or Service                           |                                     |   | nd State where unit<br>Kansas                | is located:                 |              |
| 5b. Description of Unit Involved:   |                                     |                                    |                          |                               |  |                                     |   | er of Employees in                           | I Init                      |              |
| Included:   |                                     |                                    |                          |                               |  |                                     |   | er or Employees in                           | Onic.                       |              |
| Drivers   |                                     |                                    |                          |                               |  |                                     | 115   |  |                             |              |
| Excluded:   |                                     |                                    |                          |                               |  |                                     | 6b. Do a s  | ubstantial number (                          | 30% or more                 | ·            |
| Monitors, office, clerical, profe   | ssional and                         | confidential                       | employ                   | ees, and                      | supervisors as de                                | fined by the a                      |   | employees in the un<br>ented by the Petition |                             | □wo          |
| Check One: 🔀 7a. Request for rec  |                                     |                                    |                          |                               | ·  |                                     | lopics  | declined recognition                         |                             | 11.10        |
| on or about (Date)  | 9/3/1                               | 9 (ffr                             | no reply re              | eceived, so                   | state).  |                                     |   | _  |                             |              |
| 7b. Petitioner is cui   |                                     |                                    |                          |                               |  | n under the Act                     |   |  |                             |              |
| 8a. Name of Recognized or Certific  | ed Bargaining                       | Agent (If non                      | e, so stat               | e)   86. A                    | ddress:  |                                     |   | _  |                             | _            |
| none  |                                     |                                    |                          |                               |  |                                     | ,   | ~^}&   | 2019 SEP                    | NLRB         |
| 8c. Tel. No.  | 8d. Ceil No.                        |                                    |                          | 8e. Fax N                     | ò.   | 8f. E-Mail                          | 8f. E-Mail Address                                |  |                             |              |
| 8g. Affiliation, if any:  |                                     |                                    | 81                       | n. Date of R                  | ecognition or Certifica                          |                                     | Recent Contract, if any (Month, Day, Year)        |  |                             |              |
| 9. Is there now a strike or picketing a   | t the Employe                       | r's establishme                    | nt(s) invo               | ived? No                      | If so, approx                                    |                                     |   | s are participating?                         | 70                          | <u> </u>     |
| (Name of Labor Organization)  |                                     |                                    | ` <b>`</b>               |                               | ے اور  | , has pickete                       | d the Employ                                      | er since (Motors, Da                         | y, Year)                    | O.           |
| Organizations or individuals other individuals known to have a representation.  | r than Petitions<br>sentative inter | er and those na<br>rest in any emp | amed in it<br>ployees in | ems 8 and<br>the unit de      | 9, which have claimed<br>escribed in item 5b abo | recognition as<br>ove. (If none, so | representativ<br>state)                           | es and other gani                            | zations and                 | CI N         |
| 10a, Name   | 110                                 | Ob. Address                        |                          | ·                             |  | 10c. Tel. I                         | io.   | 10d. Cell No.                                |                             |              |
| Too, Hallo  |                                     |                                    |                          |                               |  |                                     |   |  |                             | - 1          |
|   |                                     |                                    |                          |                               | 10e. Fax 6                                       |                                     |   | 10f. E-Mail Addres                           | ss                          |              |
| 11. Election Details: If the NLRB co  | nducts and ele                      | ction in this m                    | atter, stat              | e your posi                   | tion with respect to an                          | y such election:                    | 11a. Electio                                      | n Type:<br>ál Mail I                         | Mixed Manua                 | al/Mail      |
| 11b. Election Date(s):<br>9/18/19   |                                     | 1c. Election Tir<br>':30-10:00 ar  | ٠,                       | 0-3:00                        |  |                                     | 11d. Election Location(s):<br>employee break room |  |                             |              |
| 12a. Full Name of Petitioner (includ<br>International Brotherhood of  |                                     |                                    |                          |                               | 12b. Address (street<br>3600 Northeast           |                                     | * -   |  |                             |              |
| 12c. Full name of national or internat  |                                     | anization of wi                    | nich Petiti              | oner is an a                  | affiliate or constituent (                       | if none, so state                   | p):   |  |                             |              |
|   | 12e. Cell No.                       |                                    |                          | 121. Fax N                    | <u></u>  | 12a E M                             | il Address  |  |                             |              |
| 12d. Tel. No.<br>785-232-3866   | 714-944-39                          |                                    |                          | 121. PBX N                    | ю.   | 1 -                                 | gteamsters  | 2010 om                                      |                             |              |
|   |                                     |                                    | f all pane               | ers for num                   | ooses of the moreser                             | , ,                                 | -   |  |                             |              |
| <ol> <li>Representative of the Petitioner who will accept service of all pay</li> <li>Name and Title:</li> </ol>                          |                                     |                                    |                          | 13b. Addn                     | ess (street and numbe                            | r, city, State and                  | d ZIP code):                                      |  |                             |              |
| Dale Crane, IBT orgqanizer  |                                     |                                    |                          |                               | ortheast Sardou A                                |                                     |   | 6616   |                             |              |
| 13c. Tel. No.   | 13d. Cell No.                       |                                    |                          | 13e. Fax I                    | <b>√</b> 0.                                      | 13f. E-Mail Address                 |   |  |                             |              |
| 785-232-3866  | 714-944-39                          |                                    |                          |                               | t  | dcrane@teamsters2010.org            |   |  |                             |              |
| I declare that I have read the above  | e petition and                      | that the state                     | ments a                  | re true to t                  | he best of my knowle                             | dge and bellef                      |   |  |                             |              |
| Name (Print)  |                                     | Signatur                           | e _                      |                               | _  | Title                               | •   |  | Date                        | آ ،          |
| Dale Crane  |                                     | 190                                | 24 1                     | w. C                          | range.   | IBT organiz                         | er  |  | 9/3/1                       | 9            |

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.

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

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

| DO NOT WRITE | IN THIS SPACE |
|--------------|---------------|
| Case No.     | Date Filed    |
| 14-RC-247869 | 9/9/2019      |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 800 Market Street; St.Louis, Missouri 63101 JonesLangLaSalle 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Carrie Bird; Employee Relations Specialist 200 East Randolph Street; Chicago, Illinois 60601 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 312-228-2813 312-307-1380 carrie.bird@am.ill.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Banking Center Financial Services St. Louis, Missouri 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: Three All Static Engineers on Bank of America account at above address. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Excluded: All other JonesLangLaSalle employees at the location and those excluded by the Act Check One: Ta. Request for recognition as Bargaining Representative was made on (Date) September 9, 2015 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 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) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Secret ballot election at the work location 11b. Election Date(s): 9 2 7 201 9 11d. Election Location(s): 800 Michel Steel, St. Louis mo, (3101 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 11000 Lin Valle Drive; St. Louis, Missouri 63123 International Union of Operating Engineers, Local 148; 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, Local 148; AFL-CIO 12d, Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 314-865-1300. 314-775-9469 314-865-1423 brad@iuoe148.com 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): 11000 Lin Valle Drive; St. Louis, Missouri 63123 Bradley Wooten 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 314-775-9469 314-86501423 314-865-1300, ext.111 brad@iuoe148.com-I declare that I have read the above petition and that the statements are true to the best of my owledge and belief. Name (Print) Organizer ? 9-9-2019 Bradley A. Wooten

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

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

| DO NOT WRITE IN THIS SPACE |                    |  |  |  |  |  |  |  |
|----------------------------|--------------------|--|--|--|--|--|--|--|
| Case No.                   | Date Filed         |  |  |  |  |  |  |  |
| 14-RC-248122               | September 12, 2019 |  |  |  |  |  |  |  |

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) 7300 West 129th St. KS Overland Park 66223-3b. Address (If same as 2b – state same) Midwest Air Traffic Control Services, Inc. 3a. Employer Representative - Name and Title 7300 West 129th St. KS Overland Park 66223 Shane Cordes 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address shanelc@att net (913) 782-7082 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Aerospace & Defense Air Traffic Control Services Overland Park, KS 6a. No. of Employees in Unit: 5b. Description of Unit Involved 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): As early as possible At the facility. One hour, mid day, 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Hammond
nal Air Traffic Controllers Association, AFL-CIO (NATCA) 1325 Massachusetts Ave. NW DC Washington 20005-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address ehammond@natcadc.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 266-9850 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 Erina Hammond 09/12/2019 14:47:05 Erina Hammond

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

All full-time and regular part-time air traffic control specialists at the Topeka Regional/Forbes Field (FOE) Air Traffic Control Tower in Topeka, Kansas...

**Employees Excluded** 

All other employees, managers, guards, and supervisors as defined by the Act.

INTERNET FORM NLRB-502 (2-08)

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

|              | FORM EXEMPT UNDER 44 U.S.C |
|--------------|----------------------------|
| <br>DO NOT W | RITE IN THIS SPACE         |
| <br>-        | D.A. 57 4                  |

| Case No.<br>14-RD-248355 | September 17 | , 2019 |
|--------------------------|--------------|--------|

|   |                          |         |                                       |                      |                  |                  | <u> </u>   |  |  |
|---|--------------------------|---------|---------------------------------------|----------------------|------------------|------------------|--|--|--|
| INSTRUCTIONS: Submit an original of this Petition to the  | NLRB Regional            | Offic   | e in the Regio                        | on in whic           | the employe      | r concerne       | d is located.                                    |  |  |
| The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.  |                          |         |                                       |                      |                  |                  |  |  |  |
| 1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)  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.  RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.  RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.  UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded. |                          |         |                                       |                      |                  |                  |  |  |  |
| UC-UNIT CLARIFICATION- A labor organization is currer   |                          |         |                                       | ner seeks            | clarification of | placement of     | certain employees:                               |  |  |
| (Check one) In unit not previously certified. In AC-AMENDMENT OF CERTIFICATION- Petitioner seeks Attach statement describing the specific amendment sough   | amendment of ce          |         | _                                     | ase No               |                  | <del>-</del>     |  |  |  |
| 2. Name of Employer   | Employer Repres          | entativ | ve to contact                         |                      |                  | Tel. No.         | -  |  |  |
| SSM Health Saint Louis University   | Brian Wiekr              | •       | s                                     |                      |                  | 314-2            | 68-7795  |  |  |
| <ol> <li>Address(es) of Establishment(s) involved (Street and number, or<br/>3635 Vista, St. Louis MO 63110</li> </ol>  | ty, State, ZIP code      | )       |                                       |                      |                  | Fax No.<br>314-5 | 77-8574  |  |  |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)   | 1                        | 41      | b. Identify princ                     | cipal produ          | ct or service    | Cell No.         |  |  |  |
| Hospital  |                          |         |                                       |                      |                  | e-Mail           | orian.wiekrykas@ssmhealth.co                     |  |  |
| 5. Unit Involved (In UC petition, describe present bargaining unit a  | nd ettach descript       | on of   | proposed clarifi                      | ication.)            |                  | 6a. Num          | ber of Employees in Unit:                        |  |  |
| Magnetered nurses employed at 3635 Vista Avenue,  |                          |         |                                       |                      |                  | Present          |  |  |  |
| BLVD, St. Louis, Missouri 63104, including all full-tin   |                          |         |                                       | -                    |                  | 600<br>Proposed  | i (By UC/AC)                                     |  |  |
| as relief charge nurses.<br>All other Registered Nurses, including confidential R   | egistered Nur            | ses, c  | office clerica                        | I Registe            | ered Nurses      |                  | , ip) carrol                                     |  |  |
| all other professsional Registered Nurses (including nurses, (SEE ATTACHED).  | without limitat          | on p    | inysicians ar                         | nd reside            | ents), registry  | OU. IS UIB       | petition supported by 30% or more of the         |  |  |
| (If you have checked box RC in 1 above, check and complete EITh   | IER item 7a or 7b,       | which   | hever is applica                      | bie)                 |                  |                  | in the unit?*  Yes  No<br>able in RM, UC, and AC |  |  |
| 7a. Request for recognition as Bargaining Representative w  |                          |         |                                       | -1-1-1               |                  |                  | and Employer declined                            |  |  |
| recognition on or about (Date)  7b. Petitioner is currently recognized as Bargaining Represe  |                          |         | ply received, so<br>ification under t |                      |                  |                  |  |  |  |
| 8. Name of Recognized or Certified Bargaining Agent (If none, so s  | _                        |         |                                       |                      | Affiliation      |                  | -  |  |  |
| Address 11628 Old Pallat Road   |                          | T       | Tel. No. 102                          | 2020                 | Date of Re       | cognition or C   | Certification                                    |  |  |
| St. Low Mo 03141  |                          | -       | 714472<br>Cell No.                    | 44923930 Date of Rec |                  |                  | e-Mail   |  |  |
| 9. Expiration Date of Current Contract. If any (Month, Day, Year)   | 110                      | ( VOL I | have checked h                        | OV LID in 1          | above, show he   | are the date of  | of execution of -                                |  |  |
| 6/15/2019   | agre                     | ment    | granting union                        | shop (Mor            | nth, Day and Ye  | ar)              | +  |  |  |
| 11a. Is there now a strike or picketing at the Employer's establishm Involved? Yes No   | ent(s)                   | 11      | 1b. if so, appro                      | ximately h           | ow many emplo    | yees are parti   | cipating?  |  |  |
| 11c. The Employer has been picketed by or on behalf of (Insert Nat  | me)                      |         | <del></del>                           |                      |                  |                  | , a labor  |  |  |
| organization, of (Insert Address)  12. Organizations or individuals other than Petitioner (and other than   | - #h                     |         | 0 4 4 4 \ 4-                          | int base at          | _ Since (Month,  |                  | statives and other empirestons                   |  |  |
| <ol> <li>Organizations or individuals other than Petitioner (and other that<br/>and individuals known to have a representative interest in any empl</li> </ol>  | oyees in unit desc       | ibed i  | n item 5 above.                       | (If none,            | so state)        | on as represe    | intatives and other organizations                |  |  |
| Name  | Add                      | ess     |                                       |                      | el. No.          |                  | Fax No.  |  |  |
|   |                          |         |                                       | - 1                  | Cell No.         |                  | e-Mail   |  |  |
| 13. Full name of party filing petition (If labor organization, give full n  | ame, including loc       | al nan  | ne and number                         | )                    |                  |                  | ,,   |  |  |
| 14a. Address (street and number, city, state, and ZIP code)   |                          |         |                                       | 14b. Tel. I          | No. EXT          | 14c. Fa          | x No.  |  |  |
| 14d. Cell No. 14e. e-Mail   |                          |         |                                       |                      |                  |                  |  |  |  |
| 15. Full name of national or international labor organization of which  |                          |         |                                       |                      | in when petition | is filed by a    | labor organization)                              |  |  |
| I declare that I have read the above petition and that the states<br>Name (Print)   | ments are true to<br>Sig |         | o) (6), (b)                           | (7)(C)               |                  | Title (if any    | )  |  |  |
| (b) (8), (b) (7)(C)   | Sig                      | ,,,,,   |                                       |                      |                  | riac (# arry     | ,<br>  |  |  |
| Address (street and number, city, state, and ZiP code)  |                          |         | Tel, No.                              |                      |                  | Fax No.          | (0) (1) (7)(0)                                   |  |  |
| (b) (6), (b) (7)(C)   |                          |         | Cell No.                              | b) (6), (l           | b) (7)(C)        | eMail (b)        | (6), (b) (7)(C)                                  |  |  |

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 unfair labor practice 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.

## INCLUDED:

Registered nurses employed at 3635 Vista Avenue, St. Louis, Missouri 63110 and 1755 South Grand BLVD, St. Louis, Missouri 63104, including all full-time, part-time, and PRNs, including those that serve as relief charge nurses.

## **EXCLUDED**

All other Registered Nurses, including confidential Registered Nurses, office clerical Registered Nurses, all other professional Registered Nurses (including without limitation physicians and residents), registry nurses, Registered Nurses of outside registries and other agencies supplying labor to the Employer, traveling nurses, regularly assigned charge nurses, guards, managers, supervisors, as defined the ACT, and already represented Registered Nurses.

SAINT LOUIS, MO 63103

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

| DO NOT WRITE IN THIS SPACE |                    |  |  |  |  |  |  |  |  |
|----------------------------|--------------------|--|--|--|--|--|--|--|--|
| Case No.                   | Dale Filed         |  |  |  |  |  |  |  |  |
| 14-RC-248358               | September 18, 2019 |  |  |  |  |  |  |  |  |

|   |  |  |                         |   |                           |                     | - 4                      |                                       |                                     | 1 1                               |   |
|---|--|--|-------------------------|---|---------------------------|---------------------|--------------------------|---------------------------------------|-------------------------------------|-----------------------------------|---|
| INSTRUCTION   | NS: U  | nless e-Filed us                             | ing the                 | Agenc                                   | y's webs                  | ite, w              | ww.nlrb.c                | gov, submit a                         | n original of this                  | Petition to a                     | n 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  |  |                         |   |                           |                     |                          |                                       |                                     |                                   |   |
|   |  |  |                         |   |                           |                     |                          |                                       | RB 4812). The si                    | howing of int                     | erest should only be filed  |
| with the NLR  | B and  | should not be :                              | served o                | n the e                                 | employer                  | or an               | y other p                | party.                                |                                     |                                   |   |
| bargaining by   | 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 Em  | ployer   |  |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                           | 2b. Ac              | dress(es)                | of Establishment                      | (s) involved (Street a              | and number, city                  | , State, ZIP code)  |
| Zenetex, LL   |  |  |                         |   |                           | 110                 |                          |                                       |                                     | man AFB, I                        | MO 65305 Johnson Cty  |
|   |  | ntative - Name an                            |                         |   | ,                         |                     |                          |                                       | 2b - state same)                    |                                   |   |
|   | orth,  | Site Manage                                  |                         |   |                           |                     | SAME                     |                                       |                                     |                                   |   |
| 3c. Tel. No.<br>660-687-11  |  |  | 3d. Cell                |   |                           |                     |                          | 87-1190                               |                                     |                                   | sworth@zenetex.com  |
|   |  | ent (Factory, mine, and the aircraft maint   |                         |   |                           |                     | duct or ser<br>ntenanc   |                                       |                                     |                                   | and State where unit is located:<br>man AFB, MO                   |
| Sh Description  | of Uni   | Involved                                     |                         |   |                           |                     | ,                        |                                       | •                                   |                                   | 6a. No. of Employees in Unit:                                     |
| Included: All   | full-tim   | e and regular pa                             | rt-time Ai              | rcraft N                                | fechanics                 | emplo               | oyed in pe               | erformance of t                       | he Company's Co                     | ntract Task                       | 31  |
|   |  | mber FAB108-17-<br>employees includ          |                         |   |                           |                     | ality cont               | rol employees.                        | office clerical em                  | ployees.                          | 6b. Do a substantial number (30% or more) of the employees in the |
|   |  | nal employees, m                             |                         |   |                           |                     |                          |                                       |                                     |                                   | unit wish to be represented by the Petitioner? Yes  No            |
| Check One:  | 1  | 7a. Request for re                           |                         |   |                           |                     |                          |                                       |                                     |                                   | lined recognition on or about                                     |
|   | Ħ  | 26 0-112 1                                   |                         |   |                           |                     |                          |                                       | serve as reques                     |                                   |   |
| 8a. Name of Re  | cogniz   | 7b. Petitioner is of<br>ed or Certified Bar  |                         |   |                           |                     | epresentat               | 8b. Address                           | certification under the             | ACT.                              |   |
| None  | -ogine   |  | 5ng /                   | .30-11                                  |                           |                     |                          |                                       |                                     |                                   |   |
| 8c. Tel No.   |  |  | 8d Cell                 | No.                                     |                           |                     | 8e. Fax                  |                                       |                                     | 8f. E-Mail Add                    |   |
| 8g. Affiliation, If   | any  |  |                         |   |                           |                     | 8h. Date o               | of Recognition or                     | Certification                       |                                   | Date of Current or Most Recent<br>y (Month, Day, Year)            |
| 9. Is there now a   | strike   | or picketing at the E                        | mployers                | establis                                | shment(s) i               | nvolved             | ? NO                     | If so, approx                         | lmately how many e                  | mployees are pa                   | rticipating?  |
| (Name of labo   |  |  |                         |   |                           |                     |                          | mployer since (/                      | Month, Day, Year) _                 |                                   |   |
| 10. Organization<br>known to have a   | s or inc   | fividuals other than<br>entative interest in | Petitioner<br>any emplo | and tho                                 | se named i<br>the unit de | in items<br>scribed | 8 and 9, w<br>in item 5b | vhich have claime<br>above. (If none, | ed recognition as rep<br>so state)  | presentatives an                  | d other organizations and individuals                             |
| 10a. Name   | ÷  |  | T                       | 10b. Ad                                 | dress                     |                     |                          |                                       | 10c. Tel. No.                       |                                   | 10d. Cell No.   |
|   |  |  |                         |   |                           |                     |                          |                                       | 10e. Fax No.                        |                                   | 10f. E-Mail Address   |
| 11. Election De   |  | the NLRB conduct                             | s an elect              | ion in thi                              | is matter, s              | tate yo             | ur position              | with respect to                       | 11a. Election Type                  | Manual                            | Mail Mixed Manual/Mail  |
| 11b. Election Da<br>October 8, 201  | ite(s):  | .,   |                         |   | lection Tim<br>6:30am-8   |                     | / 2:30pm                 | -4:30pm                               | 11d. Election Loca<br>Community Cer | ter                               |   |
| 12a, Full Name<br>Local Lodge 7   | of Peti<br>78, In  | tioner (including I                          | ciation of              | Machi                                   | inists & A                | erosp               | ace Work                 | kers AFL-CIO                          | 113 Republic A                      | eet and number,<br>venue, Ste. 10 | city, state, and ZIP code)<br>00, Joliet, IL 60435                |
| 12c. Full name of   | of natio   | nal or international lation of Machinis      | labor organ             | nization                                | of which P                | etitione            | r.is an affili           | ate or constituen                     | t (if none, so state)               |                                   |   |
| 12d. Tel No.  |  | , , , , , , , , ,                            | 12e. Ce<br>219-61       | ell No.                                 |                           |                     | 12f, Far<br>815-28       |                                       |                                     | 12g. E-Mail A<br>though@ian       |   |
| 815-280-6400  |  | the Petitioner who                           |                         |   |                           | apers               |                          |                                       | sentation proceeding                |                                   |   |
| 13a. Name and   |  | agraditer with                               |                         |   | <del></del>               |                     |                          |                                       | d number, city, state               |                                   |   |
| 138. 148/110 8/10   | Timoth   | y J. Hough, Gran                             | nd Lodge                | Repre                                   | sentative                 |                     |                          |                                       | e, Ste. 100, Joliet,                | IL 60435                          |   |
| 13c. Tel No.  |  |  | 13d. Co                 | ell No.                                 |                           |                     | 13e. Fa                  |                                       |                                     | 13f. E-Mail Ad<br>though@ian      |   |
| 815-280-6400  | <b>h</b> are =   | ead the above peti                           | 219-61                  |   |                           | c are to            |                          | 0-6345                                | vledge and belief                   | inougnwian                        | iaw.org   |
|   | tiave f  |  |                         | ac ine                                  |                           |                     | Title                    |                                       |                                     | Date                              |   |
| Name (Print)<br>Timothy J. Ho   | uah  | 2  | ignature—               | - 1                                     | Nha                       | n 😾                 |                          | Lodge Repres                          | entative                            |                                   | er 17, 2019   |
|   | ~g.,   |  | ALL DESCRIPTIONS        | -4                                      | 11 James                  | 1/                  |                          |                                       | IMPRISONMENT /                      |                                   | F 18. SECTION 1001)   |

WILLFUL FALSE STATEMENTS ON THIS PETITION GAN 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 NLR9-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

| DO NOT WRITE IN THIS S   | SPACE           |     |
|--------------------------|-----------------|-----|
| Pase No.<br>14-RC-248422 | September 18, 2 | 019 |

|  |                                |   |                       |   |  |                 |                         |   | · oup   |                        |  |
|--|--------------------------------|---|-----------------------|---|--|-----------------|-------------------------|---|---|------------------------|--|
| INSTRUCTIONS: Unless e-Filed us<br>employer concerned is located. To<br>the employer and all other parties<br>Case Procedurés (Form NLRB 48) | he petition mu<br>named in the | ust be accomp<br>petition of: (1  | panied b<br>() the pe | y both a sh<br>tition: (2) S  | owing of interest (so<br>statement of Position | ee 6b<br>n form | below) and              | i a certifica:<br>RR-505): an   | te of service showing s                               | ervice on              |  |
| PURPOSE OF THIS PETITION: 6     bargaining by Pelitioner and Peliti     requests that the National Labo                                      | ioner desires (d               | be certified as   | s represe             | entative of the   | ne employees. The Pe                           | etition         | er alleges              | that the foli   | owing circumstances                                   | ollective<br>exist and |  |
| 2a. Name of Employer:<br>Yanfeng Global Automoti   | ve Interio                     | rs  | 2b. Add<br>4110       | ress(as) of<br>NW He  | Establishment(s) invo<br>lena, Riverside       | olved (         | Street and of 64150     | number, City  | , State, ZIP code):                                   |                        |  |
| 3a. Employer Representative - Nam  | ne and Title:                  |   | 3b. Add               | ress (if sam  | e as 2b - state same)                          | ):              |                         |   |   |                        |  |
| Neal Wachter - Plant Man   | ager                           |   | same                  |   |  |                 |                         |   |   |                        |  |
| 3c. Tel. No:<br>816-859-7200   | 3d. Cell No.                   |   |                       | 3e. Fax No  |  |                 | 3f. E-Mail A<br>neal.wa | chter@y   |   |                        |  |
| 4a. Type of Establishment (Factory, a factory)   | nine, wholesal                 | er, etc.)   |                       |   | al Product or Service<br>tive parts            |                 |                         |   | d State where unit is loc<br>ide, MO                  | aled:                  |  |
| 5b. Description of Unit Involved:<br>Included:   |                                |   |                       |   |  |                 |                         | 6a, Numbe   | r of Employees in Unit:                               |                        |  |
| All full-time production and main  | tenance emp                    | oloyees empl  | oyed by               | the emplo   | over at the Riversid                           | de loc          | ation                   | 310   |   |                        |  |
| Excluded:  |                                | , | -,,                   |   | ,  |                 |                         | 6b. Do a s  | ubstantial number (30%                                | or more)               |  |
| All office, clerical, supervisors &  | guards as de                   | efined in the   | Act                   |   |  |                 |                         | of the e  | employees in the unit wis<br>ented by the Petitioner? | to be                  |  |
| Check One: 7a, Request for reconnection or about (Date)  |                                |   |                       | was made  |  |                 | an                      |   | declined recognition                                  |                        |  |
| 7b. Petitioner is cur  |                                |   |                       |   |  | on und          | er the Act.             |   |   |                        |  |
| 8a. Name of Recognized or Certifie   | d Bargaining                   | Agent (If none  | , so stat             | e) 8b. Ad   | idress:  |                 |                         |   |   |                        |  |
| 1  |                                |   |                       |   |  |                 |                         |   |   |                        |  |
| None   | 44.4                           |   |                       |   |  |                 |                         |   |   |                        |  |
| 8c. Tel. No.   | 8d. Cell No.                   |   |                       | 8e. Fax No. 8f. E   |  |                 | 8f. E-Mail Address      |   |   |                        |  |
| 8g. Affiliation, if any:   |                                |   | 18                    | Bh. Date of Recognition of Certification   8i. Expiration   Recent Co |  |                 |                         | ation Date of Current or Most<br>Contract, If any (Month, Day, Year)            |   |                        |  |
| 9. Is there now a strike or picketing at   | t the Employer                 | 's establishmer   | nt(s) invo            | lved? No  | o If so, appro                                 | ximate          | ly how mar              | ny employee   | s are participating?                                  |                        |  |
| (Name of Labor Organization)   |                                |   |                       |   |  | , h             | as picketed             | the Employ  | er since (Month, Day, Yo                              | ear)                   |  |
| Organizations or individuals other<br>Individuals known to have a repre  |                                |   |                       |   |  |                 |                         |   | es and other organization                             | ns and                 |  |
| 10a. Name  | 10                             | 0b. Address   | ,                     |   |  | 1               | 10c. Tel. No            | 0.  | 10d, Cell No.   |                        |  |
|  | İ                              |   |                       |   |  |                 | 10e. Fax No.            |   | 10f. E-Mail Address                                   |                        |  |
| 1  | 1                              |   |                       |   |  | . 1             | 100.70.11               |   |   |                        |  |
| 11. Election Details: If the NLRB co   | nducts and ele                 | ction in this ma  | rtter, stat           | te your position with respect to any such election                    |  |                 |                         |   |   |                        |  |
|  |                                |   |                       | <u> </u>  |  |                 |                         |   |   | d Manual/Mail          |  |
| 11b. Election Date(s):   |                                | ic. Election Tin  |                       | :00 n m : 1   | 10:30 p.m12:00 a                               | - 1             |                         | 1d. Election Location(s): Front break room next to molding & cockpit break room |   |                        |  |
| 10/08/2019<br>12a. Full Name of Petitioner (includ   |                                |   |                       | .00 p.i.i.;   | 12b. Address (sireet                           |                 |                         |   |   | it oreak room          |  |
| International Union, United Autori<br>Workers of America (UAW)   |                                |   |                       | mplement  |  |                 |                         |   |   |                        |  |
| 12c. Full name of national or internati  |                                |   |                       |   |  |                 |                         | :   |   |                        |  |
| International Union, United Autor  |                                | space & Agri  | cultural              |   |  |                 |                         |   |   |                        |  |
| 12d. Tel. No.  | 12e. Cell No.                  |   |                       | 121. Fax N  |  | Í               | 12g. E-Mai              | Address   |   |                        |  |
| 816-453-7007  13. Representative of the Petitions  | r who will acc                 | ept service of  | f all pape            | 816-454-  |  | entatio         | n proceed               | ino.  |   |                        |  |
| 13a. Name and Title:   |                                |   | ш. рар                |   | ess (street and number                         |                 | -                       | -   |   |                        |  |
| Clinton McGill, International Rep  | presentative                   |   |                       | 3841 North Oak Traffic Way, Kan                                       |  |                 | ansas City, MO 64116    |   |   |                        |  |
| 13c, Tel. No.  | 13d. Cell No.                  |   |                       | 13e. Fax N  | lo.  | T               | 13f. E-Mail Address     |   |   |                        |  |
| 314-680-1417   | 314-680-14                     |   |                       | <u> </u>  |  |                 |                         | gmail.com   | -   |                        |  |
| Name (Print)   | e petition and                 | Signature   |                       |   |  | ledge :         |                         |   |   | Date                   |  |
| Clinton McGill   |                                | Signature   | 15                    | 11  |  | linta           | mation of 1             |   | th.co   | 0400000                |  |

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

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

Case No. 14-RD-248476 Date Filed / 9/1/8/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, <a href="www.nlrb.gov">www.nlrb.gov</a>, 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.

| <ol> <li>PURPOSE OF THIS PETITION: RD- DECERTIFICATION (<br/>recognized bargaining representative is no longer their representations Relations Board proceed under its proper authority</li> </ol>   | sentative. The Petitioner                   | alleges that t           | he followin               | g circumstances e    |  |                          |
|--|---|--------------------------|---------------------------|----------------------|--|--------------------------|
| 2a. Name of Employer  NGC Industries   | 11100 1                                     | establishment            | (s) involved              | (Street and number,  | city, state, ZIP cod                   | e)                       |
| 3a. Employer Representative - Name and Title   | 3b. Address (if san                         | • •                      | name)                     |                      |  |                          |
| Dan Frenette Plant Managel   |   | as Abou                  |                           |                      |  |                          |
| 3c. Tel. No. 917-825-0142 3d. Fax No.  | 3e. Cell No.                                | -9281                    | 3f. E-Mail                | Address              |  |                          |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)  |   |                          | 4b. Princip               | Board Pd             |  |                          |
| 5a. Description of Unit Involved   | a\  | N.1 .                    |                           | D1                   | 5b, City and is locate                 | State where unit         |
| Included: Machine Dept., Stock Pref De<br>Maintenance Dept. Boiler Pert.<br>Excluded:<br>office Clarical Quirds, Professiona   | _   |                          |                           | -                    | Price                                  | OK                       |
| employees as defined in the Labor  | Management Ro                               | chations                 | Act.                      |                      |  |                          |
| 6. No. of Employees in Unit 44 7. Do a substantial nu recognized bargain   | mber (30% or more) of thing representative? | ie employees ii<br>es No | n the unit no             |                      |  | ertified or currently    |
| 8a. Name of Recognized or Certified Bargaining Agent. Munico Sheel, Paper and Forestry, Rubber. Make Sarvice workers, USW International  | lanufacturing, En                           | nevery, Alli             | icd Tabu<br>141           | Affiliation, if any  | <b>W</b>                               |                          |
| 8c. Address District 13  | CANADIA GRA                                 | 8d. Tel. No.             | 17.                       | 8e. Cell No.         |  | -                        |
| P.O. Box 1410<br>Senton AR 72018   |   | 8f. Fax No.              |                           | 8g. E-Mail Address   |  |                          |
| 9. Date of Recognition or Certification  | 10. Expiration Date                         | of Current or I          | Most Recent               | Contract, if any (Mo | onth, Day, Year)                       |                          |
| reone lencertin, more than a doza  | 4 Yers 11-18-                               | 2019                     |                           |                      |  |                          |
| 11a. Is there now a strike or picketing at the Employer's establis   | hment(s) involved? 🔲 🕻                      | es 🕱 No                  | 11b. If so,               | approximately how r  | nany employees are                     | participating?           |
| 11c. The Employer has been picketed by or on behalf of (Inser  | t Name)                                     |                          |                           |                      |  | a labor organization, of |
| (Insert Address)   |   |                          |                           | sino                 | ce (Month, Day, Yea                    | ar)                      |
| 12. Organizations or individuals other those named in items 8 at   |   |                          |                           |                      | janizations                            |                          |
| and individuals known to have a representative interest in a<br>12a. Name 12b. Address   | ny employees in the unit o                  | iescribed in ite         | n 5 above.<br>12c. Tel. N |                      | 12d. Fax No.                           |                          |
|  |   |                          |                           |                      |  |                          |
|  |   |                          | 12e. Cell N               | lo.                  | 12f. E-Mail Addres                     | is                       |
| 13. Election Details: If the NLRB conducts an election in this   |   |                          | 13a. Electi               | on Type: 💢 Manua     | I ∏ Mail ∏                             | Mixed Manual/Mail        |
| matter, state your position with respect to any such election.   | Time (a)                                    |                          |                           |                      |  |                          |
| 13b. Election Date(s) 13c. Election 13c. Ele | O. T. 8:30 pm                               |                          | 13d. Electi               | on Location(s)       | itice Abai                             | ie Break Room            |
| 14. Full N(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)  | CAM COUPM                                   |                          |                           | - Tryou              |  |                          |
|  |   |                          | 14b Tál N                 | -                    | 14a Foy No                             |                          |
| (b) (6), (b) (7)(C)  |   |                          | (b) (6),                  | (b) (7)(C)           | 14c. Fax No.                           |                          |
|  |   |                          | (b) (6)                   | (b) (7)(C)           | 1(b) (6), (b) (                        | 7)(C)                    |
| 14f. Affiliation, if any   | 100   |                          |                           |                      |  |                          |
| 15. Representative of the Petitioner who will accept service   | of all papers for purpos                    | es of the repr           |                           | proceeding.          |  |                          |
| 15a. Name  |   |                          | 15b.Title                 |                      |  |                          |
| 15c. Address (Street and number, city, state, ZIP code)  |   |                          | 15d. Tel. N               | lo.                  | 15e. Fax No.                           |                          |
|  |   |                          | 15f. Cell N               | 0.                   | 15g. E-Mail Addre                      | 5\$                      |
| I declare that I have read the shows notition and that the sta   | tomonte ara trua ta Aba I                   | hast of my be            | audad=a ==                | d haliaf             |  |                          |
| I declare that I have read the above petition and that the stable (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)  |   | best of my Kn            | T141 -                    |                      | ······································ | Date Filed               |
| S(D) (6),  | (b) (7)(C)                                  |                          | 1                         | etition              | nos                                    | 9-17-19                  |

FORM NLRB-602 (RC) (2-18)

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

| DO NOT WRITE IN THIS SPACE |                   |  |  |  |  |  |  |  |
|----------------------------|-------------------|--|--|--|--|--|--|--|
| Case No.                   | Date Filed        |  |  |  |  |  |  |  |
| 14-RC-248567               | September 20, 201 |  |  |  |  |  |  |  |

|  |  |                                  |                         |                              |  | 14-KC-                     | <u> 248367</u>                 | Pepe   | 20, 20                      |  |  |
|--|--|----------------------------------|-------------------------|------------------------------|--|----------------------------|--------------------------------|--|-----------------------------|--|--|
| INSTRUCTIONS: Unless e-Filed us<br>employer concerned is located. Ti<br>the employer and all other parties<br>Case Procedures (Form NLRB 481   | he petition mu<br>named in the   | ist be accomp<br>petition of: (1 | anied b<br>) the pe     | y both a sh<br>tition; (2) S | owing of Interest (see 6<br>tetement of Position for | h below) and<br>m (Form NL | l a certificat<br>RB-505); and | e of service showing<br>d (3) Description of R   | service on<br>epresentation |  |  |
| <ol> <li>PURPOSE OF THIS PETITION: F<br/>bargaining by Petitioner and Petiti<br/>requests that the National Labo</li> </ol>  | oner desires to  | be certified as                  | represe                 | ntative of th                | ne employees. The Petiti                             | oner alleges               | that the folk                  | wing circumstances                               |                             |  |  |
| 2a. Name of Employer: ABM  2b. Address(cs) of Establishment(s) involved (Street and number, City, State, ZIP code): 4801 Abbott Drive  Omaha, NE 68110   |  |                                  |                         |                              |  |                            |                                |  |                             |  |  |
| 3a. Employer Representative - Nam  | imployer Representative - Name and Title: 3b. Address (if same as 2b - state same): 4801 Abbott Drive  |                                  |                         |                              |  |                            |                                |  |                             |  |  |
| Michelle Marinella   |  |                                  |                         |                              |  |                            |                                |  |                             |  |  |
| 3c, Tel, No.<br>402-346-2466   | 3d. Cell No.<br>402-689-2  |                                  |                         | 3e. Fax No<br>402-34         | 2-4631   | michelle                   | e.marinel                      | la@abm.com                                       |                             |  |  |
| 4a. Type of Establishment (Factory, of Operator of Parking Pacili  | nine, wholeseld<br>ty  | er, etc.)                        |                         | 4b. Princip<br>Parking       | al Product or Service                                |                            | 5a. City and<br>Omaha          | state where unit is to<br>, NE                   | cated:                      |  |  |
| 5b. Description of Unit involved: Included: All full-time  | and reg  | gular pa                         | rt-t                    | ine dr                       | ivers, mainte  | nance                      | 6a. Numbe<br>30                | r of Employees in Unit                           |                             |  |  |
| personnel and cashi<br>Excluded: Office cleric   | al, guar   | rds, wat                         | chme                    | n, sup                       | ervisory empl  | oyees                      | of the e                       | ubstantial number (30%<br>mployees in the unit w | sh to be                    |  |  |
| as defined in the Check One:   7a. Request for rec on or about (Date)  7b. Petitioner is cui   | ognition as Bar<br>09/19/20  | rgaining Repre<br>019 (If no     | sentative<br>o reply re | was made<br>sceived, so      | on (Date) 09/19/2                                    |                            |                                | nted by the Petitioner?<br>lectined recognition  | Yes No                      |  |  |
| Ba. Name of Recognized or Certifie   |  |                                  |                         |                              |  |                            |                                |  |                             |  |  |
| NA   |  |                                  |                         | NA                           |  |                            |                                |  |                             |  |  |
| 8c. Tel. No.<br>NA   | Bd. Cell No.<br>NA   |                                  |                         | Be. Fax No                   | ).   | er. E-Mell A               | ddress                         |  |                             |  |  |
| eg. Attitation, if any:  |  |                                  |                         | n. Date of R                 | ecognition or Certification                          |                            |                                | rrent or Most<br>(Month, Day, Year)              | NA                          |  |  |
| 9. Is there now a strike or picketing a  | the Employer   | 's establishmer                  | nt(s) invo              | lved? No                     | If so, approxima                                     | ately how man              | y employees                    | s are participating?                             |                             |  |  |
| (Name of Labor Organization)   |  |                                  | NA                      |                              | `  |                            |                                | er since (Month, Day, )                          |                             |  |  |
| <ol> <li>Organizations or Individuals other<br/>individuals known to have a repre<br/>None</li> </ol>  |  |                                  |                         |                              |  |                            |                                | s and other organizati                           | ons and                     |  |  |
| 10a. Name  | 10   | b. Address                       |                         |                              |  | 10c. Tel. N                | o                              | 10d. Cell No.                                    |                             |  |  |
|  | 1  |                                  |                         |                              |  | 10e. Fax N                 | 0.                             | 10f. E-Mail Address                              |                             |  |  |
| 11. Election Details: If the NLRB con<br>NLRB Supervised Electio   |  | ction in this me                 | itter, stat             | e your post                  | tion with respect to any s                           | uch election:              | 11a. Election                  | _  | ad Manual/Mail              |  |  |
| 11b. Election Date(s):   | 11   | c. Election Tim                  | 10(6):                  |                              |  |                            | n Location(s                   | ):   |                             |  |  |
| As set by NLRB   | ,  | as set by N                      | ILRB                    |                              |  |                            | Airport A                      |  |                             |  |  |
| 12a, Full Name of Petitioner (includ<br>Laborers Local No. 1140  | 12a. Full Name of Petitioner (including local name and number):  Laborers Local No. 1140  12b. Address (street and number, city, State and ZIP code): 5625 Sorensen Parkway  Omaha, NE 68152 |                                  |                         |                              |  |                            |                                |  |                             |  |  |
| 12c. Full name of national or Internati<br>Laborers International Un   |  | inization of wh                  | ich Petiti              | oner is an a                 | iffiliate or constituent (# n                        | one, so state)             | ۲.                             |  |                             |  |  |
| 12d. Tel. No.<br>402-573-7878  | 12e. Cell No.<br>402-830-5   | 5208                             |                         | 12f, Fax N                   | 0.   | 12g. E-Mail<br>tami@]a     | Address<br>aborers I 1         | 40.0rg   |                             |  |  |
| 13. Representative of the Potitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title:  M. H. Weinberg, Attorney  13b. Address (street and number, city, State and ZIP code):  9290 West Dodge Road, Suite 205  Omaha, nE 68114 |  |                                  |                         |                              |  |                            |                                |  |                             |  |  |
| 13c, Tel. No.<br>402-397-0999  | 13d. Cell No.<br>402-657-7   |                                  | 01                      | 13e. Fax N<br>402-39         | 7-5519   |                            | Address<br>42@gmai             | il.com   |                             |  |  |
| declare that I have read the above   | petition and   |                                  |                         | re true to the               |  |                            |                                |  | Date                        |  |  |
| Name (Print) Joel Galvan   |  | Signature                        | $\mathbb{Z}$            |                              |  | te<br>Organizer            |                                |  | Date<br>09/20/19            |  |  |

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

PRIVACY ACT STATEMENT

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

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

| DO NOT WRITE IN THIS SPACE |                    |  |  |  |  |  |  |  |  |
|----------------------------|--------------------|--|--|--|--|--|--|--|--|
| Case No.<br>14-RC-248815   | September 25, 2019 |  |  |  |  |  |  |  |  |

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 Retitioner 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) Goodwill CrestWoodAWatson 10125 Watson Rd St. Louis, MO 63127 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) TammyBrown, Store Manager same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address tbrown@mersgoodwill.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Retail Store Retail goods St. Louis, MO 6b. Description of Unit Involved 6a. No. of Employees in Unit: 26 Included: Cashiers, Assistants, Leads and Retail Associate 6b. Do a substantial number (30% or more) of the employees in the Excluded: Store Managers/MIT, security, Human Resources, administrative/clerical janitors, interns, temporary employees, confidential employees, professional unit wish to be represented by the employees as defined by the act Petitioner? Yes 🗸 No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 9/24/19 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. 81 F-Mail Address 8e. Fax No. 8g. Affiliation, If any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: 

Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10/18/19 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) LaKenya Roberson, United Food & Commercial Workers Union Local 655 300 Weidman Rd Ballwin, MO 63011 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 12g. E-Mail Address 636-736-2782 314-277-1163 636-394-5006 Iroberson@ufcw655.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title LaKenya Roberson, Coordinator 13b. Address (street and number, city, state, and ZIP code) 300 Weldman Rd. Ballwin, MO 63011 13d. Cell No. 13f. E-Mall Address 13e. Fax No. Iroberson@ufcw655.org 636-736-2782 314-277-1163 636-394-5006 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. erson Title Coordinator Date 10/24/19
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Name (Print) LaKenya Roberson

#### 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.

INTERNET

## **UNITED STATES GOVERNMENT** MATIONAL LABOR DELATIONE BOARD

| DO NOT WRITE IN THIS SPACE |     |
|----------------------------|-----|
| -RO-248803 Date Filed 9/25 | /19 |

| (2-00) PETI   | TION               | BUARL   |                    | 14           | ŔÖ        | №.<br>~2488                           | 10             | 3 Date F          | fled 9/25/19  |
|---|--------------------|---|--------------------|--------------|-----------|---------------------------------------|----------------|-------------------|---|
| INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.   |                    |   |                    |              |           |                                       |                |                   |   |
| The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.  |                    |   |                    |              |           |                                       |                |                   |   |
| 1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)  RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargeining by Petitioner and Petitioner destinate to be certified as representative of the employees.  RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.  RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assort that the certified or currently recognized bargaining representative is no longer their representative.  UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.  UC-UNIT CLARIFICATION- A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No.  AC-AMENDMENT OF CERTIFICATION- Petitioner seeks amendment of certain issued in Case No.  Attach statement describing the specific amendment sought. |                    |   |                    |              |           |                                       |                |                   |   |
| 2. Name of Employer   | Employer Rep       | presentati  | ive to c           | ontact       |           |                                       | 1              | Tel, No.          |   |
| SSM Health Saint Louis University   | Brian Wie          | - · ·   | s                  |              |           |                                       |                | 314-28            | 68-7795   |
| <ol> <li>Address(es) of Establishment(s) involved (Street and number,<br/>3635 Vista, St. Louis MO 63110</li> </ol>   | city, State, ZIP o | code)   |                    |              |           | · · · · · · · · · · · · · · · · · · · |                | Fax No.<br>314-57 | 77-8574   |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)   |                    | 14  | ib. ide            | ntify princi | ipal prod | uct or service                        |                | Cell No.          |   |
| Hospital  |                    |   |                    |              |           |                                       | - [            | e-Mail br         | ian.wiekrykas@ssmhealth.co                            |
| 5. Unit Involved (In UC petition, describe present bargaining unit  |                    |   |                    |              |           |                                       |                | Ba, Numb          | er of Employees in Unit:                              |
| Included Registered nurses empoyed at 3635 Vista Avenue. St. Louis, Missouri 63110 and 1755 South Grand BLVD, St. Louis, Missouri 63104, including all full-time, part-time, and PRNs, including those that serve as relief charge nurses.  Excluded All other Registered Nurses, including confidential Registered Nurses, office clerical Registered Nurses, all other professiona  Registered Nurses (including without limitation physicians and regidents), registry nurses. (SEE ATTACHED).  6b. Is this pertion supported by 30% or more of the  |                    |   |                    |              |           |                                       |                |                   |   |
| (if you have checked box RC in 1 above, check and complete El   |                    |   | hever i            | s epplicat   | ile)      |                                       |                | Not applica       | in the unit?" [ ] Yes [ ] No<br>ble in RM, UC, and AC |
| 7a. Request for recognition as Bargaining Representative recognition on or about (Date)   | was made on (D     |   | ply rec            | eïved, so    | stale).   |                                       |                |                   | and Employer declined                                 |
| 7b. Petitioner is currently recognized as Bargaining Repre  | sentative and de   | <del></del> '                                       |                    |              |           |                                       |                |                   |   |
| 8. Name of Recognized or Certified Bargaining Agent (If none, so  | state.)            |   |                    |              |           | Affiliation                           | 1              |                   |   |
| NNOC - Jenn Dean  |                    |   | Tel. N             |              |           |                                       |                |                   |   |
| Address<br>11628 Old Ballas Road, St. Louis, MO 63141   | !                  |   |                    | 492393       | 30        | Fax No.                               | Recogn         | ition or Ce       | e-Mall  |
| Expiration Date of Current Contract. If any (Month, Day, Year)     6/15/2019  | e                  | greemen   | t granti           | ng union     | shop (M   | 1 above, show<br>onth, Day and        | Year)          |                   | ·   |
| 11s. Is there now a strike or picketing at the Employer's establish involved? Yes No  | ment(s)            | '   | 1 <b>16</b> . II : | so, approx   | dmately   | how many emp                          | dayees         | are partic        | ipaling?  |
| 11c. The Employer has been picketed by or on behalf of (Insert N  | ame)               |   |                    |              |           |                                       |                |                   | , a labor   |
| organization, of (Insert Address)   |                    |   |                    |              |           | Since (Man                            | th, Day        | , Year)_          |   |
| <ol> <li>Organizations or individuals other than Petitioner (and other than and individuals known to have a representative interest in any em</li> </ol>  | ployees in unit d  | escribed  |                    |              |           | e, so state)                          | nition e       | ·                 |   |
| Name  | •                  | Address   |                    |              |           | Tel. No.                              |                |                   | Fax No.   |
|   |                    |   |                    |              |           | Cell No.                              |                |                   | e-Mail  |
| 13. Full name of party filing patition (if labor organization, give full  | name, including    | local na  | me and             | number)      |           |                                       |                |                   |   |
| 14a. Address (street and number, city, state, and ZiP code)  14b. Tel. No. EXT 14c. Fax No.   |                    |   |                    |              |           |                                       |                |                   | No.   |
|   |                    |   |                    |              | 14d. Ce   | l No.                                 |                | 14e. e-l          | Meli  |
| 15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)   |                    |   |                    |              |           |                                       |                |                   |   |
| I declare that I have read the above pelition and that the statements are true to the (b) (6), (b) (7)(C)   |                    |   |                    |              |           |                                       |                |                   |   |
| Name (Print)<br>(b) (6), (b) (7)(C)   |                    | Signatu   |                    |              |           |                                       | T              | de (if any)       |   |
| Address (street and number, city, state, and ZIP code)  |                    |   |                    | Tel. No.     |           |                                       |                | x Na.             |   |
| (b) (6), (b) (7)(C)   |                    | Cell No. (b) (b) (b) (7)(C) (c) (d) (d) (d) (e) (e) |                    |              |           |                                       | 6), (b) (7)(C) |                   |   |

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
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# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

|                          | IN THIS SPACE      |
|--------------------------|--------------------|
| Case No.<br>14-RC-248358 | September 18, 2019 |

|   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          | The second secon |
|---|----------|---|----------------------|---------------------|------------------------------|----------------|--------------------|------------------------------------|--|---|--------------------------|--|
| INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region  |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
|   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          | ment of Position form  |
| (Form NLRB-   | 505);    | and (3) Descript                                      | ion of R             | eprese              | ntation Ca                   | se P           | rocedur            | es (Form NLF                       | RB 4812). The si                               | howi                                    | ng of inte               | rest should only be filed  |
| with the NLR  | B and    | should <u>not</u> be s                                | erved o              | n the e             | mployer o                    | rany           | other p            | party.                             |  |   |                          |  |
| 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)   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| Zenetex, LLC 110 Arnold Avenue, Ste. 203A, Whiteman AFB, MO 65305 Johnson Cty   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| Bob Farnsworth, Site Manager SAME   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| 3c. Tel. No: 3d. Cell No. 3e. Fax No. 3f. E-Mail Address robert.farnsworth@zenetex.com  |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| **  |          | ent <i>(Factory, mine, w</i><br>e the aircraft mainte |                      |                     | 4b. Principa<br>Aircraft N   |                |                    |                                    |  |   |                          | nd State where unit is located:<br>nan AFB, MO   |
| 5b. Description   | full-tim | ne and regular par                                    | t-time Air           | rcraft M            | lechanics er                 | nplo           | yed in pe          | rformance of t                     | he Company's Co                                | ntrac                                   | t Task                   | 6a. No. of Employees in Unit:<br>31  |
| Ore<br>Excluded: All  | other    | mber FA8108-17-I<br>employees includi                 | F-0075 a<br>ng maint | t White<br>enance   | man AFB, N<br>employees      | MO.<br>, qua   | ality conti        | rol employees,                     | office clerical em                             |   |                          | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the   |
| pro   | itessio  | nal employees, ma                                     | anageria             | i empio             | yees, guard                  | ıs an          | a superv           | isors, as defini                   | ed by the Act.                                 |   |                          | Petitioner? Yes V No   |
| Check One:  | V        | 7a. Request for re                                    | cognition            | as Barg<br>(Date) ( | aining Repres                | ental<br>elvec | live was m         | nade on (Date) _<br>). Petition to | serve as reques                                |   | ployer dedi              | ned recognition on or about  |
|   | $\perp$  |   | urrently re          | cognize             | d as Bargainli               | ng Re          |                    |                                    | certification under the                        |   |                          |  |
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  8b. Address  None  |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| 8c. Tel No. 8e. Fax No. 8f. E-Mail Address  |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| 8g. Affiliation, If   | any      |   |                      |                     |                              |                | 8h. Date o         | of Recognition or                  | Certification                                  |   |                          | ate of Current or Most Recent<br>(Month, Day, Year)  |
| 9. Is there now a   |          | or picketing at the E                                 |                      |                     |                              |                |                    |                                    | lmately how many endonth, Day, Year)           | mploy                                   | ees are par              | ticipating?  |
|   |          |   |                      |                     |                              |                |                    |                                    |  | reser                                   | tatives and              | other organizations and individuals  |
| known to have a   | repres   | sentative interest in a                               | iny employ           | yees in 1           | the unit descri              | ibed i         | n îtem 5b          | above. (If none,                   | so'slale)                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |  |
| 10a. Name   |          | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,               |                      | 10b. Add            | iress                        |                |                    |                                    | 10c. Tel. No.                                  |   |                          | 10d. Cell No.  |
|   |          |   |                      |                     |                              |                |                    |                                    | 10e. Fax No.                                   |   |                          | 10f. E-Mail Address  |
| 11. Election De<br>any such ele   |          | If the NLRB conducts                                  | s an electi          |                     |                              |                | r position         | with respect to                    | 11a. Election Type                             |   |                          | Mail Mixed Manual/Mail   |
| 11b. Election Da<br>October 8, 20   | 19       |   |                      |                     | ection Time(s<br>3:30am-8:30 |                | 2:30pm             | -4:30pm                            | 11d. Election Loca<br>Community Cen            | ter                                     |                          | 150 41   |
| Local Lodge 7   | 78, In   | itioner ( <i>including la</i><br>ternational Assoc    | iation of            | Machi               | nists & Aer                  | ospa           | ce Work            | ers AFL-CIO                        | 113 Republic Av                                | er an<br>Jenu                           | e, Ste. 100              | ity, slate, end ZIP code)<br>D, Joliet, IL 60435   |
| Local Lodge 778, International Association of Machinists & Aerospace Workers AFL-CIO 113 Republic Avenue, Ste. 100, Joliet, IL 60435  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| 12d. Tel No.<br>815-280-6400  |          |   | 12e. Ce<br>219-61    | 4-5476              |                              |                | 12f, Fax<br>815-28 | 0-6345                             |  | tho                                     | g. E-Mail Ad<br>ugh@iama |  |
| 13. Representa  | tive of  | the Petitioner who                                    | will acce            | pt servi            | ce of all pap                | ers fo         |                    |                                    |  |   |                          |  |
| 13a. Name and   |          | hy J. Hough, Gran                                     | d Lodge              | Repres              | sentative                    |                |                    |                                    | d number, city, state,<br>e, Ste. 100, Joliet, |   |                          |  |
| 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mall Address   |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |
| 815-280-6400  | )        |   | 219-61               |                     |                              |                |                    | 0-6345                             |  | tho                                     | ugh@iam                  | aw.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)  |          | SI  | gnature_             | - 0                 | .1/                          | C              | Title              | Ladas Deser                        | antativo                                       |   | Date<br>September        | ×17 2019   |
| Timothy J. Hough   Grand Lodge Representative   September 17, 2019  |          |   |                      |                     |                              |                |                    |                                    |  |   |                          |  |

WILLFUL FALSE STATEMENTS ON THIS PETITION GAN 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.