UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 14-RC-251022	Date Filed 11/1/2019						

	RC I	PETITION			14-	RC-25	1022		11/1	/2019
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The petition must is named in the pe	be accompanied tition of: (1) the p	by both a si petition; (2) :	howing of Interest (s Statement of Positio	see 6b b in form (elow) end (Form NL)	a certifice RB-505); en	te of service sh d (3) Description	owing s	ervice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	ítioner desires to be	certified as repre	sentative of t	he employees. The P	etitione	r alleges :	that the foll	lowing circums	tances e	
2a. Name of Employer:				Establishment(s) invo	olved (S	treet and r	umber, City	, State, ZIP cod	e):	
Gillespie Benld Area Ambul	ance Service	321	S. Oak							
3s. Employer Representative - Na Josh Ross	me and Title:	3b, Ad sam		ne as 2b - state same	e):					
3c, Tel. No. 217-839-3032	3d. Cell No.		3e. Fax N	0,	1	f. E-Mail A bambula	ddress ince@hot	mail.com		
4a. Type of Establishment (Factory,	mine, wholesaler, e	etc.)	4b. Princip	oal Product or Service	,		,	d State where u	rnit is loca	ited:
emergency service			emerger	ncy			Illinois			
5b. Description of Unit Involved: included:							6a. Numbe	er of Employees	in Unit:	
all regular full and part time E	MT and Parame	dics employeed	at employ	ers Carlinville fac	ility		13			
Excluded:	in una ruiano	alos employas	a ut omploj	Tora Curin Villa Ido	, iii.		6b. Doas	ubstantial numb	er (30% c	or more)
office clericals, guards and su	pervisors as de	fined by the ac	t				of the s	employees in the	unit wish	n to be × Yes ∏ No
Check One: 🗵 7a. Request for re on or about (Date))	(If no reply	received, so	state).				declined recogni		705 []110
7b. Petitioner is cu				and desires certification	on under	r the Act.				
none	cu barganning Agr	one (ii rione, so sie	Sie) Ob. Ac	au 635.						
8c, Tel, No.	8d. Cell No.		8e. Fax No	0.	86	8f. E-Mail Address				
8g. Affilitation, if any:			Bh. Date of R	ecognition or Certification				urrent or Most (Month, Day, Ye	er)	
9. Is there now a strike or picketing	at the Employer's es	stablishment(s) inv	olved? No	If so, appro	ximately	how man	y employee	s are participatir	18?	
(Name of Labor Organization)					, has	s picketed	the Employ	er since (Month,	Day, Ye	er)
 Organizations or individuals other individuals known to have a representation. 								es and other org	anization	s and
10a. Name	10b. A	Address			10	Oc. Tel. No		10d, Cell No.		
					10	De. Fax No		10f, E-Mail Add	iress	
11. Election Details: If the NLRB co	onducts and election	n in this matter, sta	ate your posit	tion with respect to ar	ny such (election:	1a. Election ☐ Manua		Mixed	Manual/Mail
11b. Election Date(s);	11c. E	lection Time(s):			11	ld. Election	1 Location(s	·):		
12a. Full Name of Petitioner (including local name and number): Teamsters Local 525 12b. Address (street and number, city, State and ZIP code): 830 E Broadway, Alton, IL 62002										
12c. Full name of national or internal International Brotherhood of T		ation of which Pet	tioner is an a	iffiliate or constituent	(if none,	so state):				
12d. Tel. No.	12e. Cell No. 618-781-7309		12f. Fax N			2g. E-Mail				
618-462-9706	-9720			25@gmail	.com					
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code):										
						02	ле соаву:			
13c. Tel, No.	13d. Cell No.		13e. Fax N			Sf. E-Mail A				
618-462-9706	618-781-7309		618-462				25@gmail	.com		
I declare that I have read the abov Name (Print)	e petition and that		are true to th	ne best of my knowl	ledge an	d belief.				Date
Brett Wessel		Signature	-/2		UP	1 R.	inss R		ŀ	11-1-19
Part Cir. Cor Coreci	<u> </u>	11000	0		101	1 13011	~ KJ5 /C	c't,		.,,,,

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 illigation. 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 those uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
14-RC-251637	11-13-19						

		RCPETITIO	N			14	-KC-25	163/		11-	13-19
INSTRUCTIONS: Unless e-Filed of employer concerned is located. It the employer and all other partie Case Procedures (Form NLRB 48	(see 61	below) and	a certifica RB-505); ar	te of service sho	owing se	ervice on presentation					
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desire	es to be certified a	s represe	entative of	the employees. The	Petitio	ner alleges t	that the fol	lowing circumst	ances e	llective xist and
2a. Name of Employer:			2b. Add	dress(es) of	Establishment(s) in	volved	(Street and n	umber, City	, State, ZIP code	e):	
Northview Village			2415	North Kingshighway Boulevard, St. Louis, MO 63113							
3a. Employer Representative - Na	me and Title	:	3b. Add	ress (if san	me as 2b - state sam	e):					
Ralph "Buzz" Menees, F	IR Direc	tor	2415	North I	Kingshighway	Bou	levard, S	t. Louis	, MO 63113	3	
3c. Tel. No. (314) 361-1300	3d. Cell N				361-3906		3f. E-Mail A buzz.me		hma-usa.co	m	
4a. Type of Establishment (Factory, Nursing Home	mine, whole	esaler, etc.)			pal Product or Servicent Care	e		1000	id State where un	nit is loca	ited:
5b. Description of Unit Involved: Included: All full-time and	regular	nart-time na	tient c	are ass	istants			6a. Numbe	er of Employees i	n Unit:	
C SYNERY W 10 St.	20 25							Approx	kimately 8		
Excluded: LPNs, clerical, a as defined by the	nd profe e Act	essional emp	oloyee	s, guar	ds and superv	/isors	5,	6b. Do a s	ubstantial numbe employees in the ented by the Petit	r (30% o unit wist	r more)
Check One: 7a. Request for reon or about (Date) 7b. Petitioner is cu	No resp	onse (If n	o reply re	eceived, so	state).				declined recogniti		2100 110
8a. Name of Recognized or Certifi					ddress:	ion dit	TOT THE AGE.				
None											
8c. Tel. No.	8d. Cell N	o.		8e. Fax No.			8f. E-Mail Address				
8g. Affiliation, if any:			81	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing a	at the Emplo	yer's establishme	nt(s) invo	lved? No) If so, appr	oximat	ely how many	employee	s are participating	g?	
(Name of Labor Organization)									er since (Month, I		
 Organizations or individuals othe individuals known to have a repri None 	r than Petiti esentative ir	oner and those na nterest in any emp	amed in it doyees in	ems 8 and the unit de	9, which have claims escribed in item 5b at	ed reco	gnition as re If none, so st	presentative ate)	es and other orga	nization	s and
10a, Name		10b. Address					10c. Tel. No.		10d. Cell No.		
Tod. Hame		Tob. Address									
				10e.				10e. Fax No. 10f. E-Mail Ad			
11. Election Details: If the NLRB co	enducts and	election in this ma	atter, state	e your posi	tion with respect to a	any suc	h election:	1a. Election	The state of the s	Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tin		1000		1		Election Location(s):			
Early December 12a. Full Name of Petitioner (include)	#== t===t ==	6:30-7:30	a.m. a	nd 2:30			Northvie				
SEIU Healthcare MO and KS, a			re Illinois	s/Indiana	12b. Address (street) 5585 Pershin		1000 - 1000 - 11 Policio - 12 P			MO 6	3112
12c. Full name of national or internal	ional labor	organization of wh	ich Petitio	oner is an a	affiliate or constituent	t (if nor	e, so state):				
Service Employees Inter	national			12f. Fax N	0.		12g. E-Mail /	Address			
(314) 533-3633	(314)3	61-3266		Lenny.Jor	es@seiu	hcil.org and tw	ayna.tl	nompson@se uci			
13. Representative of the Petitione 13a. Name and Title:	r who will a	68-9821 accept service of	all pape		poses of the representations of the representation of the represen				1		
Amanda K. Hansen, Atto	rney			Schuch	at, Cook & Wer	ner, '	1221 Locu	st Street	t, Suite 250,	St. Lo	uis, MO 63103
13c. Tel. No.	13d. Cell N	lo.		13e. Fax No.			13f. E-Mail Address				(*)
(314) 621-2626	*			(314) 62			akh@scl	nuchatc	w.com		
I declare that I have read the above Name (Print)	e petition a	Signature		. 1		Title				-	Date
Amanda K. Hansen		IAM	rano	the f	ann		rney At I	_aw			11/13/19

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

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
14-RC-251913	11-18-19						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should 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)									
Titanium Metals Corp. (Timet)		1250			3385-4515	County of St. Charles			
3a. Employer Representative – Name and Steve Harris, General Manage			3b. Address (If same as SAME	2b – state same)					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess			
636-887-9060									
4a. Type of Establishment (Factory, mine, w		4b. Principal prod		,		and State where unit is localed:			
Machine Shop		Titanium Ae	rospace Manufact	uring	vventz	ville, MO			
5b, Description of Unit Involved Included: All full-time and regular p			nance employees who	are employed at the	e employers	6a. No. of Employees in Unit: 46			
1250 Interstate Drive We	entzville, MO fac	cility.			ļ	6b. Do a substantial number (30% or more) of the employees in the			
All other employees, office supervisors, as defined to		oyees, professio	nal employees, manage	erial employees, gu	ards and	unit wish to be represented by the Petitioner? Yes V No			
	· · · · · · · · · · · · · · · · · · ·	alaina Panyaranta	tive was made on (Oale)	200	d Employer deci	ined recognition on or about			
Ta. Requestione			d, so state). Petition to			inter recognition on a about			
7b. Petitioner is co			epresentative and desires	•					
8a. Name of Recognized or Certified Barg None			8b. Address						
8c. Tel No.	8d Cell No.	,	8e. Fax No.		8f. E-Mail Addr	Bf. E-Mail Address			
8g. Affiliation, if any			8h. Date of Recognition or	h. Date of Recognition or Certification 8i. Expiration Date of Curren Contract, if any (Month, Day,					
9. Is there now a strike or picketing at the Er	mployer's establish	hment(s) involved	? NO If so, approxi	imately how many em	ployees are par	tlcipating?			
			seled the Employer since (A						
10. Organizations or individuals other than I									
known to have a representative interest in a	ny employees in ti	he unit described i	in item 5b above. (If none,	so state)					
10a. Name	10b. Add	lress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
 Election Details: If the NLRB conducts any such election. 			r position with respect to			Mail Mixed Manual/Mail			
11b. Election Date(s): 12/10/2019 and 12/11/2019	3:30 - 0	ection Time(s): 6:30 pm (both c	days)	11d. Election Locat Lunch Room					
12a. Full Name of Petitioner (Including to District Lodge 9, International Associ	ation of Machin	nists & Aerospa	ice Workers AFL-CIO	113 Republic Ave	enue, Ste. 10	city, state, and ZIP code) 0, Joliet, IL 60435			
12c. Full name of national or international la International Association of Machinist		Workers AFL-C	010	l (if none, so state)					
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mall Address 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.org									
13. Representative of the Petitioner who	will accept service	ce of all papers fo	or purposes of the repres	entation proceeding	j.				
13a. Name and Tille William J. LePinske, Gra	and Lodge Repr	esentative/TOL	13b. Address (street and 113 Republic Aven			i			
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587		13e, Fax No. 815-280-6345		13f. E-Mail Ad wlepinske@i	dress			
I declare that I have read the above petiti									
	nalyre /		Title		Date				
William J. LePinske	124/20	O In	Grand Lodge Repres	entative .	Novembe	r 18, 2019			

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
14-RC-251914	11-18-19							

				•			. 1	1-1-1	ICC-231	1714		111-10	5-19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be the petition	accomp on of: (1,	anied b) the pe	y both a tition; (sh 2) S	owing of interest (se tatement of Position	ee 6b l n form	below) and (Form NLF	a certificat (B-505); an	e of service : d (3) Descrip	showing s tion of Re	service on presentation
PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of el bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petit requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 1.										hat the foll	owing circun	nstances	
2a. Name of Employer:				2b. Add	iress(es)	of l	Establishment(s) invo	lved (S	treet and n	umber, City	State, ZIP co	ode):	
Frist Student				1700	Jeron	ne l	Lane East Saint	t Lou	is, IĻ 6	2206			
3a. Employer Representative - Nan	ne and Title:	:		3b. Add	iress (if s	sam	e as 2b - state same)) <u>;</u>	· , · · ·				
Cynthia Moore				Same	•		·						
3c. Tel. No. 618-332-0255	3d. Cell No).			3e. Fax	(No),]3	of, E-Mail A	dress			
4a. Type of Establishment (Factory, I	mine, whole:	saler, etc.)		4b. Prir	ncipa	al Product or Service	•			d State Where		cated:
School Bus					Trans	sit				East Sa	int Louis	s, IL	
5b. Description of Unit Involved:		•								6a. Numbe	r of Employee	s in Unit:	
Included:										32			
Drivers											a de la caración de l	h == /200/	
Excluded:	c						.:-11	. ام م		of the e	ibstantial num mployees in t	he unit wi:	sh to be
Monitors, Office, Clerical											nted by the P		Yes No
Check One: X 7a. Request for reconnection on or about (Date)		Bargaining 8-19	•		e was ma eceived			18-19	and	Embloyer	leclined recog	muon	
7b. Petitioner is cui								n unde	r the Act.				
8a. Name of Recognized or Certific	d Bargalniı	ng Agent	(If none,	so stat	e) 8b.	Ad	dress:						
None					,							•	
8c. Tel, No.	8d, Cell No).			8e. Fax No.				f. E-Mail Ac				
8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Control Recognition or Certification Recent Control						Date of Cu ract, if any	irrent or Most (Month, Day,	Year)					
9. Is there now a strike or picketing a	t the Employ	yer's estat	blishmen	t(s) invo	olved? N	10	If so, approx	ximatel	y how man	y employee:	are participa	ting?	٠.
(Name of Labor Organization)								, ha	s picketed	the Employe	er since (Mont	h, Day, Ye	ear)
Organizations or individuals other individuals known to have a repre-	than Petitionsentative int	ner and therest in a	hose nan	ned in i	tems 8 a	nd 9), which have claimed scribed in item 5b abo	recog ove. (if	nition as re none, so st	presentative ate)	es and other o	rganízatlo	ns and
None													
10a. Name		10b. Add	ress					1	0c. Tel. No		10d, Cell No.		,
						10e. Fax No			0e. Fax No	o. 10f. E-Mail Address			
11. Election Details: If the NLRB con	nducts and e	election in	this mat	ter, stal	le your p	ositi	on with respect to an	y such	election: 1	1a. Election	. **	Mixe	d Manual/Mail
11b. Election Date(s):		11c. Elec	tion Time	e(s):				11	1d. Election	Location(s		Ξ	
December 5th 2019		7:30 a	•		am						ng/Break	Room	
12a. Full Name of Petitioner (includ	ing local nài					ī	12b. Address (street	and nu	imber, city,	State and 2	IP code):	= =	
International Brotherhood				50			1609 N Illinois	s St S	Swansea	, IL 622		UALT :	, ====================================
12c. Full name of national or internati International Brotherhood			on of whic	ch Petiti	ioner is a	in al	filiate or constituent ((if none	, so state):		0.00	81	250
12d. Tel. No.	12e. Cell N	lo.			12f. Fa:	x No).		2g. E-Mail		-		وسد د
618-233-0313	615-512			:-						teamster			200
13. Representative of the Petitione	r who will a	ccept se	rvice of	all pape	ers for p	urp	oses of the represer	ntation	proceedir	ng.	တ		e de
13a. Name and Title: Joel Wood					13b. Address (street and number, ci 1609 N Illinois St Swansea,					ur code).	63103	5	And the second
13c, Tel. No. 618-233-0313	13d. Cell N 615-512	2-4682			13e. Fa			j		ddress teamster			(j
I declare that I have read the above			e\staten	nents a	re true\t	o th	e best of my knowle	edge a					7
Name (Print)			ignature	۱ Ia.	M			Title					Date
Joel Wood		`	Agh.	$\mathbf{y}_{\perp} \mathbf{W}$	<u>000</u> 0			Inte	rnationa	l Organ	zer		11-18-19

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 OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
14-RC-252430	11-25-19					

27. 3

		1107211	11014			14	4-KC-2	52430		111-	23-19		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petitions in the petition	must be acc the petition lowing of into	companied i of: (1) the po erest should	by both e s etition; (2) d only be fi	howing of interest (s Statement of Position led with the NLRB and	n fon nd sh	below) and n (Form NL ould not be	d a certifica RB-505); as served on	ite of service s nd (3) Descript the employer	howing : ion of Re or any of	service on epresentation ther party.		
PURPOSE OF THIS PETITION: bargeining by Petitioner and Peti requests that the National Lab	itioner desire	es to be certifi	ed as repres eed under it	entative of ts proper a	the employees. The Pouthority pursuant to	etitio Secti	ner alleges ion 9 of the	that the fol National La	lowing circum abor Relations	stances Act.	exist and		
2a. Name of Employer. STUDENT TRANSPOR' AMERICA			2b. Add 1832	. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 832 Derhake Rd. Florissant, MO. 63033									
3a. Employer Representative - Na Annette ORF - Lot Mang			sa 2b		me as 2b - state same,):							
314.989-7750	3d. Cell N 314-81	8-9674		3e. Fax N not wo			31. E-Mail A AORI		de Sta	. 60	m		
4a. Type of Establishment (Factory, School Bus Transportatio	mine, whole n	saler, etc.)			pal Product or Service ortation	!		5a, City at	ant, MO.	unit is lo	cated:		
6b. Description of Unit Involved: Included: All Full-time and part-tim	ne Drive	rs and Mo	nitors					6a. Numbe 210	er of Employee	s in Unit	, , , ,		
Excluded: Supervisors/Managers					···			of the c		e unit wi:			
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cui			(If to reply)	eœived, so	state).			d Employer	declined recogn	nition			
8a. Name of Recognized or Certific					ddress:	an and	7						
8c. Tel. No.	8d. Cell No).		8e, Fax N	0.		8f. E-Meil Address .						
8g. Affiliation, if any:			81	h. Date of R	Recognition or Certifica	ition	8I, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
Is there now a strike or picketing a (Name of Labor Organization)	t the Emplo	yer's establish	ment(s) invo	olved? no	If so, approx		-		s are participati er since (Monti	· —	and .		
10. Organizations or Individuals other individuals known to have a repreteamsters Local 610						reco	gnition as re	presentative					
10a, Name Jeff Hall		10b. Address 11472 Sc		., Maryl	and Heights		10c. Tel. No. 10d. Cell 314-209-0018 314-76			No. 6-0971			
		MO. 630					10e, Fax No. 10f, E-Mail			Address imsterslocal610.org			
11. Election Details: If the NLRB co	nducts and	election in this	matter, stat	e your posi	tion with respect to an				n Type:		d Manual/Mail		
11b. Election Date(s): December 13, 2019		11c. Election 8am unti						1d, Election Location(s): preakroom					
12a. Full Name of Petitioner (include Teamsters Local 610	ing local na	me and numb	er):		12b. Address (street 11472 Schenk MO. 63043 Su	Dr.	, Maryla		الا (ZIP code	019 KI	7 <u>5</u>		
12c. Full name of national or Internati International Brotherhood			which Petiti	oner is an a	offiliate or constituent (if non	e, so state):		2		# <u>C</u>		
12d. Tel. No. 314-209-0018 12e. Cell No. 314-766-0971					9-0035		12g. E-Mail jeff@tea	Address imstersio	cal610.org		S. S		
					poses of the represer ess (street end numbe schenk Dr., Mary 043 Suite E	r, city	State and		6310	A 3	10		
13c. Tel. No.	13d. Cell N	0.		13e. Fax N	No.	\neg	13f, E-Mail /	Address			V.6		
I declare that I have read the above Name (Print)	e petition a			re true to ti	he best of my knowle	dge i					Date		
Jeff Hall		Signa	Thy	1	Gell		siness B	represent	tative		25 Nov 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 et sep. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN T	THIS SPACE	
Case No. 14-RD-252395	Date Filed	

Date Filed

11-25-19

UNITED STATES OF AMERICA FORM NURB-502 (RD) NATIONAL LABOR RELATIONS BOARD (2-18)**RD PETITION** 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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assent had the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2a. Name of Employer 700 S. 6th St. Wood River, IL 62095 Marathon Pipe Line 3a. Employer Representative - Name and Title Jayson Nohl - Wood River Area Manager 3b. Address (if same as 2b - state same) 700 S. 6th St. Wood River, IL 62095 3d. Fax No. 3f. E-Mail Address 317-402-9939 jwnohl@marathonpetroleum.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Pipe Line Company ship crude oil and refined products 5a, Description of Unit Involved 5b. City and State where unit Included is located: Wood River, IL Operations Technician, Mechanical Technician, Electrical and Instrumentation Technician 6. No. of Employees in Unit 21 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes ∏ No 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any United Steelworkers Local 1899 Dan Simmons 8d. Tel. No. 8c. Address 2014 A State St. Rm. 304 618-452-1899 Granite City, IL 62040 8g. E-Mail Address DSimmons@local1899.org 8f. Fax No. 618-877-0325 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification February 1, 2018 January 31, 2020 ⊠ No 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Qay, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations None and Individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12d. Fax No: 12a. Name 12f. E-Mail Address 12e. Cell No. 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Petitioner 13e. Election Type: X Manual ☐ Mail Mixed Manual/Mail 13d. Election Location(s) 13c. Election Time(s) 13b. Election Date(s) 700 S. 6th St. Wood River, IL 3:30pm-6:30pm -16-19 130 14, Full Name of b) (6), (b) (7)(C) 03 (b) (6), (b) (7)(C) 14b. Tel. No. 14c. Fax No. 146 Cell No (b) (6), (b) (7)(C 14f. Affiliation, if any employee of Marathon Pipe Line (Ops. Tech.) 16. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title 15e, Fax No. 15d. Tel. No. 15c. Address (Street and number, city, state, ZIP code) 15g. E-Mail Address 15f. Cell No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

NISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS

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

Name (Print) (b) (6), (b) (7)(C)

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
14-RC-252364	11-25-19							

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2500 Rose Parkway Sikeston, MO 63801 Americold Logistics, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b – state same) William Rushing - General Manager same 3c. Tel. No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 573-471-7727 William.Rushing@americold.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Storage and Distribution Center Ice Cream Sikeston, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time production and maintenance employees employed by the Employer at its 2500 6b. Do a substantial number (30% Rose Parkway facility in S keston, MO. or more) of the employees in he Excluded: All other employees including; temporary employees, professional employees, technical employees, office clerical employees, security guards and unit wish to be represented by the supervisors as defined by the Act, as amended. Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) hv. netition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). no reply 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 11a. Election Type:

✓ Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): Conference room at the Employer's facility December 16, 2019 5:30am to 7am and 1:30pm to 2:30pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Steelworkers, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC 60 Blvd. of the Allies Pittsburgh, PA 15222 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steelworkers, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC 12d. Tel No 12e Cell No 12f. Fax No. 12q. E-Mail Address 412-562-2553 412-562-2555 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) Robert L Gooch - USW Organizer 60 Blvd. of the Allies, Room 913 Pittsburgh, PA 15222 13c. Tel No 13d. Cell No. 13f. F-Mail Address 816-863-9679 816-863-9679 412-562-2555 bgooch@usw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Robert L Gooch **USW Organizer** November 25, 2019

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