#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	_		_	T 1	-			M
K	C	Р				и	•	N

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
14-RC-260008	May 6, 2020				

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) 1115 Armor Road United States Gypsum Co. MO North Kansas City 64116-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1115 Armor Road MO North Kansas City 64116-Jason Kankey 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address jkankey@usg.com (816) 471-4298 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Constr. - Supplies & Fixtures Drywall Kansas City, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 28 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the 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) 04/23/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 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 recogni ion 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. F-Mail Address 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): As soon as possible As soon as possible Via mail 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) andon Johnson eamsters Local Union No. 838 4501 Emmanuel Cleaver ILBIvd 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address landon@kcteamsters.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (816) 924-3485 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) Paul Torlina Blake & Uhlig, P.A 753 State Ave Suite 475 KS Kansas City 66101-2560 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address pet@blake-uhlig.com (913) 321-8884 (913) 321-2396 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 Paul Torlina 04/23/2020 12:32:27 Paul Torlina

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.

	DO NOT WRITE	IN THIS SPACE
Attachmant	Case	Date Filed
Attachment		

Employees Included Full-time & regular part-time Production & Warehouse employees at NKC MO facility

Employees Excluded
All other employees at North KC facility

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 14-RC-260021	May 6, 2020				

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) 2470 Adie Road MO Maryland Heights 63043-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Todd Linnenbringer 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (314) 567-7121 (314) 567-7287 tlinnenbringer@deltagases.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Business Services** gas and welding equipment Maryland Heights, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 8 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 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? 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 recogni ion 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 \_\_\_ Mail \_\_\_ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): asap **Employers facility** any 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state) none 12g. E-Mail Address jflach@ciu1958.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (618) 462-2447 (618) 462-5579 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 National President John Flach 05/4/2020 13:08:35 john flach

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** 

Customer Service representatives, Salespeople, Warehouse Employees, Maintenance Employees, Quality Assurance Employees, Clerical Employees, Technicians, Production Employees, Transportation Employees, Assistants

Employees Excluded

Drivers, Guards, and Supervises defined under the Act

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

			NC

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
14-RC-260254	May 12, 2020				

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) 12 State Highway V MO Warrensburg 64093-Heartland Waste 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 12 State Highway V MO Warrensburg 64093 Robert Morgan 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address heartlandwaste@hotmail.com (660) 429-1040 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Waste Management Services Waste collection Warrensburg, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 35 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the 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) 04/30/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 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 recogni ion 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. F-Mail Address 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): As soon as possible 12 Highway V, Warrensburg, MO, 64093 As soon as possible 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) andon Johnson eamsters Local Union No. 838 4501 Emmanuel Cleaver ILBIvd 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address landon@kcteamsters.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (816) 924-3485 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) Paul Torlina Attorney Blake & Uhlig, P.A. 753 State Ave Suite 475 KS Kansas City 66101-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address pet@blake-uhlig.com (913) 321-8884 (913) 321-2396 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 Paul Torlina Attorney 04/30/2020 14:55:40 Paul Torlina

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 Class A & Class E CDL drivers, Throwers/Helpers, and Mechanics

Employees Excluded All other employees

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
14-RC-260905	May 28, 2020				

					11102	30703	IVIa	y 20, 2020
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the pet	e accompanied i ition of: (1) the p	by both a etition; (2)	showing of interest (se ) Statement of Position	e 6b below) ar form (Form Ni	d a certifica _RB-505); an	te of service showing s d (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	tioner desires to be	certified as repres	entative o	f the employees. The Pe	titioner alleges	that the foll	owing circumstances	
2a. Name of Employer: Truman Medical Centers			of Establishment(s) involves Street, Kansas			, State, ZIP code):		
3a. Employer Representative - Nar Ruth Stricklen Pullins, Ch Resources Officer			dress (if sa as 2b	ame as 2b - state same):				
3c. Tel. No. (816) 404-2545	3d. Cell No.		3e. Fax	No.	3f. E-Mail ruth.pu		icmed.org	
4a. Type of Establishment (Factory, Health care provider	mine, wholesaler, e	tc.)		cipal Product or Service h Care			d State where unit is loc S City, Missouri	
5b. Description of Unit Involved: Included: All full time, regular part t Employer, to add to the e Kansas.						12	er of Employees in Unit:	
professionals and techn	ical employees.		20 00	stered nurses, physicians	200	of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be
Check One: 7a. Request for reconnection on or about (Date)  7b. Petitioner is cur	no reply	(If no reply i	eceived, s		D. 1000 B. 1000	2. (5	declined recognition	
8a. Name of Recognized or Certific None	ed Bargaining Age	ent (If none, so sta	te) 8b.	Address:				
8c. Tel. No.	8d. Cell No.		8e. Fax	No.	8f. E-Mail	8f. E-Mail Address		
8g. Affiliation, if any:		8	h. Date of	Recognition or Certificat			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) inv	olved? N	O If so, approx	imately how ma	ny employee	s are participating?	
(Name of Labor Organization)					Carlos and Agreement and	The second of the second	er since (Month, Day, Ye	
<ol> <li>Organizations or individuals othe individuals known to have a repre None</li> </ol>							es and other organizatio	ns and
10a. Name	10b. A	ddress			10c. Tel. N	lo.	10d. Cell No.	
					10e. Fax N	10e. Fax No. 10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter, sta	te your po	sition with respect to any	such election:			d Manual/Mail
11b. Election Date(s): ASAP		lection Time(s): Ballot				11d. Election Location(s): Mail Ballot		
12a. Full Name of Petitioner (includ SEIU Healthcare Missour Healthcare Illinois/Indiana	i-Kansas, a di		IU	12b. Address (street a 555 Pershing A			ZIP code): t. Louis, MO 631	12
12c. Full name of national or internat Service Employees Intern			ioner is ar	n affiliate or constituent (i	f none, so state	):		
			12f. Fax (314)	No. 361-3266	12g. E-Ma aly.you	il Address ng@seiu	ncil.org	
13. Representative of the Petitione 13a. Name and Title: Christopher N. Grant, Attorr	5/2001	service of all pap	13b. Add	irposes of the represendress (street and number hat, Cook & Werne	, city, State and	ZIP code):	Second Floor, St.	Louis, MO
13c. Tel. No. (314) 621-2626	13d. Cell No. (314) 420-02	-500000	1	621-2378		chuchatev	v.com	
I declare that I have read the above Name ( <i>Print</i> )	petition and that	the statements a	re true to	the best of my knowled	dge and belief Title			Date
Christopher N. Grant		Signature //	1./	20	Attorney A	t Law		05/27/20

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

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
14-RC-260907	May 28, 2020

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): Truman Medical Centers Incorporated 2301 Holmes Street, Kansas City, MO 64108 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ruth Stricklen Pullins, Chief Human same as 2b Resources Officer 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. F-Mail Address (816) 404-2545 ruth.pullins@tmcmed.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Health care provider Health Care Kansas City, Missouri 5b. Description of Unit Involved: 6a. Number of Employees in Unit: All full time, regular part time, and eligible PRN cashiers employed by the Employer, to Included: add to the existing unit of nonprofessional employees represented by SEIU Healthcare Missouri-Kansas Business office clerical, supervisors, guards as defined by the Act, registered nurses, physicians, Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No professionals and technical employees Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 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. 8f. E-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? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): ASAP Mail Ballot Mail Ballot 12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Missouri-Kansas, a division of SEIU 12b. Address (street and number, city, State and ZIP code) 555 Pershing Avenue, Suite 230, St. Louis, MO 63112 Healthcare Illinois/Indiana 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union (SEIU) 12e, Cell No. 12f. Fax No. 12g. E-Mail Address (314) 608-5489 (314) 533-3633 (314) 361-3266 aly.young@seiuhcil.org 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): Schuchat, Cook & Werner, 1221 Locust Street, Second Floor, St. Louis, MO 13a. Name and Title: Christopher N. Grant, Attorney at Law 63103 13c. Tel. No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (314) 621-2626 (314) 420-0206 (314) 621-2378 cng@schuchatcw.com 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 Christopher N. Grant Attorney At Law 05/27/20

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

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
14-RC-260908	May 28, 2020

						14-	-KC-260	1908	May	28, 2020
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition in named in t	must be accomp he petition of: (	panied by 1) the pet	both a shition; (2) S	nowing of interest (s Statement of Position	ee 6b n form	below) and (Form NLR	a certificat (B-505); and	e of service showing s d (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Laboratory	ioner desires	to be certified a	s represer	tative of the	ne employees. The Po	etition	ner alleges t	hat the follo	owing circumstances	
2a. Name of Employer: Truman Medical Centers Incorporated  2b. Address(es) of Establishment(s) i 2301 Holmes Street, Kans									State, ZIP code):	
3a. Employer Representative - Nan Ruth Stricklen Pullins, Ch Resources Officer			3b. Addr same		ne as 2b - state same)	):				
3c. Tel. No. (816) 404-2545	3d. Cell No.			3e. Fax No	D.	3f. E-Mail Address ruth.pullins@tmcmed.org				
4a. Type of Establishment <i>(Factory, i</i> Health care provider	mine, wholes	saler, etc.)		<sup>4b. Princip</sup> Health	eal Product or Service Care	Kansas City, Missouri				
5b. Description of Unit Involved: Included: All full time, regular par add to the existing unit								120	r of Employees in Unit:	
Excluded: Business office clerical, s professionals and technic			d by the A	ct, registe				of the e represe	ubstantial number (30% mployees in the unit wis nted by the Petitioner?	sh to be
Check One: X 7a. Request for reconnection on or about (Date)  7b. Petitioner is cur	no re	eply (If n	no reply rea	ceived, so	state).	y 201	2,000 to	Employer	leclined recognition	
8a. Name of Recognized or Certific None					ddress:					
8c. Tel. No.	8d. Cell No.			8e. Fax No	D.		3f, E-Mail Address			
8g. Affiliation, if any:			8h.	Date of R	ecognition or Certifica		Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employ	er's establishme	nt(s) invol	ved? No	If so, appro	ximate	ely how man	y employee:	are participating?	
(Name of Labor Organization)						_		- No. 18	er since (Month, Day, Y	
<ol> <li>Organizations or individuals other individuals known to have a repre None</li> </ol>									es and other organization	ns and
10a. Name		10b. Address					10c. Tel. No		10d. Cell No.	
							10e. Fax No	ú	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and e	election in this ma	atter, state	your posi	tion with respect to ar	ny suc		☐ Manua	Mail Mixe	d Manual/Mail
11b. Election Date(s): ASAP 11c. Election Time(s): Mail Ballot							11d. Election Mail Bal		):	
12a. Full Name of Petitioner <i>(includ</i> SEIU Healthcare Missour Healthcare Illinois/Indiana	i-Kansas a	, a division	of SEI			Ave	nue, Suit	e 230, S	TIP code): t. Louis, MO 63	12
12c. Full name of national or internat Service Employees Intern	ional labor o ational U	rganization of wh Inion (SEIU	nich Petitio	ner is an a	affiliate or constituent	(if non	ne, so state):			
12d. Tel. No. (314) 533-3633	12e. Cell No (314) 60			12f. Fax N (314) 3	o. 61-3266		12g. E-Mail aly.youn		ncil.org	
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Christopher N. Grant, Attorney at Law				13b. Addre	ess (street and number	er, city ier, 1	, State and 2 221 Locu	ziP code): st Street,	Second Floor, St.	Louis, MO
13c. Tel. No. (314) 621-2626	13d. Cell No (314) 42	20-0206			21-2378		13f. E-Mail A		v.com	
I declare that I have read the above	e petition ar			e true to t	he best of my knowl	Title				Date
Name ( <i>Print</i> ) Christopher N. Grant		Signatur	1	10			torney A	t Law		05/27/20

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

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

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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
14-RC-260909	May 28, 2020					

	1,01				14-	-KC-26	U9U9	M	ay 28, 2020
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must is named in the pe	be accompanied tition of: (1) the	by both a : petition; (2)	showing of interest (s Statement of Position	ee 6b n forn	below) and n (Form NL	d a certificat RB-505); an	e of service showin d (3) Description of	g service on Representation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	tioner desires to be	certified as repre	sentative of	the employees. The P	etition	ner alleges	that the foll	owing circumstance	
			b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2301 Holmes Street, Kansas City, MO 64108						
			3b. Address (if same as 2b - state same): same as 2b						
3c, Tel. No. (816) 404-2545	3d. Cell No.		3e. Fax No.			3f. E-Mail Address ruth.pullins@tmcmed.org			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health care provider			4b. Principal Product or Service Health Care			5a. City and State where unit is located: Kansas City, Missouri			
5b. Description of Unit Involved: Included: All full time, regular part existing unit of nonprofes					to add	d to the	18	r of Employees in Un	
Excluded: Business office clerical, supervisors, guards as defined by the professionals and technical employees.				Act, registered nurses, physicians,			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?   No		
Check One:  7a. Request for recon or about (Date)  7b. Petitioner is cu	no reply	(If no reply	received, s	o state).	ay 201	W. 1122 78 11	d Employer o	declined recognition	
8a. Name of Recognized or Certifi None	ed Bargaining Ago	ent (If none, so st	ate) 8b. /	Address:					
8c. Tel. No.	8d. Cell No.		8e. Fax I	8e. Fax No.		8f. E-Mail Address			
8g. Affiliation, if any:			8h. Date of	n. Date of Recognition or Certification 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)	at the Employer's e	stablishment(s) in	volved? N	O If so, appro				s are participating? er since (Month, Day,	Year)
Organizations or individuals other individuals known to have a repression.  None					d reco	gnition as re	epresentative		
10a. Name	10b. A	Address				10c. Tel. No	э.	10d. Cell No.	10
						10e. Fax No	0.	10f. E-Mail Address	
11. Election Details: If the NLRB co	enducts and election	n in this matter, st	ate your po	sition with respect to ar	ny suc	h election:	11a. Election Manua		xed Manual/Mail
11b. Election Date(s): ASAP		11c. Election Time(s): Mail Ballot				11d. Election Location(s): Mail Ballot			
12a. Full Name of Petitioner <i>(includ</i> SEIU Healthcare Missour Healthcare Illinois/Indian	i-Kansas, a d		EIU	12b. Address (stree 555 Pershing	Ave	number, city nue, Suit	te 230, S	ZIP code): t. Louis, MO 6	3112
12c. Full name of national or internal Service Employees Intern			titioner is an	affiliate or constituent	(if nor	ne, so state)			
12d. Tel. No. (314) 533-3633	12e. Cell No. (314) 608-54		(314)	12f. Fax No. (314) 361-3266		12g. E-Mail Address aly.young@seiuhcil.org			
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Christopher N. Grant, Attorney at Law			13b. Add	13b. Address (street and number, city, State and ZIP code): Schuchat, Cook & Werner, 1221 Locust Street, Second Floor, St. Louis, MO					
13c. Tel. No. (314) 621-2626		13d. Cell No. (314) 420-0206		13e. Fax No. (314) 621-2378		13f. E-Mail Address cng@schuchatcw.com			
I declare that I have read the abov	e petition and tha		ane true to	the best of my knowl					Is.
Name ( <i>Print</i> ) Christopher N. Grant		Signature	1//	15	Att	torney A	t Law		Date 05/27/20

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

PRIVACY ACT STATEMENT

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
14-RC-260910	May 28, 2020				

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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 2301 Holmes Street, Kansas City, MO 64108 Truman Medical Centers Incorporated 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Ruth Stricklen Pullins, Chief Human same as 2b Resources Officer 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (816) 404-2545 ruth.pullins@tmcmed.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Health care provider Health Care Kansas City, Missouri 5b. Description of Unit Involved: 6a. Number of Employees in Unit: All full time, regular part time, and eligible PRN mental health technicians (MHT) employed by the Employer, Included: to add to the existing unit of nonprofessional employees represented by SEIU Healthcare Missouri-Kansas. 6b. Do a substantial number (30% or more) Excluded: Business office clerical, supervisors, guards as defined by the Act, registered nurses, physicians, of the employees in the unit wish to be represented by the Petitioner? X Yes professionals and technical employees Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) May 2019 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 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 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: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Mail Ballot ASAP Mail Ballot 12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Missouri-Kansas, a division of SEIU 12b. Address (street and number, city, State and ZIP code): 555 Pershing Avenue, Suite 230, St. Louis, MO 63112 Healthcare Illinois/Indiana 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union (SEIU) 12d. Tel. No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address (314) 608-5489 aly.young@seiuhcil.org (314) 361-3266 (314) 533-3633 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): Schuchat, Cook & Werner, 1221 Locust Street, Second Floor, St. Louis, MO 13a, Name and Title: Christopher N. Grant, Attorney at Law 63103 13e. Fax No. 13f. E-Mail Address 13d. Cell No. 13c. Tel. No. (314) 621-2378 (314) 621-2626 (314) 420-0206 cng@schuchatcw.com 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 05/27/20 Attorney At Law Christopher N. Grant

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

TIONAL LABOR RELATIONS BOARD

RC PETITION

Case No. 14-RC-26092

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
14-RC-260922	May 28, 2020				

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) Beyond Hello, Jushi Holdings Inc. 2021 Goose Lake Rd. Sauget, IL 62206 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Andrew Cordes 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 618 663-4311 618 795-4609 acordes@beyond-hello.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Cannabis Sauget, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 18 Included: All full-time and part-time Retail Associates and Agent in Charge Leads. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Managers, supervisors, agent in charge and security guards as defined by the Act Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 5/20/20 and Employer declined recognition on or about Check One: 5/27/20 (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 8d Cell No 8c Tel 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? 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 recogni ion 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 Manual ✓ Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 6/8/20 Mail in Ballot 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Untied Food and Commercial Workers Local 881 1350 E. Touhy Ave, Rosemont, IL 60018 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Untied Food and Commercial workers International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 847 294-5064 x329 630 254-3100 847 759-7107 moiseszavala@local881ufcw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Joseph Torres, Attorney 13b. Address (street and number, city, state, and ZIP code) 221 N. Lasalle St., Suite 1550 Chicago, IL 60601 13d. Cell No. 13c. Tel No. 13e Fax No. 13f F-Mail Address 3126412910 312 641-0781 joe@karmellawfirm.com 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 Moises Zavala Director of Organizing, Local 881 UFCW 05/27/2020

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 seg. 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.