

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342

Expires: 1/31/2013


Petition for Trade Adjustment Assistance (TAA) 81441

Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	Tim Morton		
b) Title	ERI Specialist		
c) Street Address	7575 Fulton Street East		
City	Ada		
State, Zip	Michigan 49355		
d) Phone - Main	616 787-5097		
e) Phone - Alternate	616 295-1808		
f) E-mail	Tim.morton@amway.com		
g) Worker Separation Date			
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official X	Union Official <input type="checkbox"/> (Union Name _____)
(please check one)	State Workforce Office <input type="checkbox"/>	One-Stop Operator/Partner <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	Access Business Group LLC (ABGL) employees impacted By 04/28/2010 Supply Chain Reorganization announcements in Lakeview, CA and Ada, MI		

Section 2. Workers' Firm

Provide information on the firm employing the worker group. Complete items (a) - (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) - (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and One-Stop Operators/Partners may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm)

a) Name of Firm	ALTICOR INC (Or Access Business Group LLC)
b) Street Address	7575 Fulton Street East
City	Ada
State, Zip	MI 49355
c) Phone	616 787-5097
d) Website (if known)	www.amway.com
e) Describe the article produced or service supplied by this firm	Consumer Products to support Direct Sales Business
f) How many workers have been or may be separated (if known)?	Approximately 10 Two warehouse facilities will be consolidating and segments of production will move overseas starting Jan 2011
g) Is the firm or any part of the firm closing (if known)? If yes, when?	

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm	Access Business Group LLC
i) Street Address	19600 6 th Street
City	Lakeview
State, Zip	CA, 92567
j) Phone	616 787-5097
k) Describe the article produced or service supplied by this firm	Consumer Products to support Direct Sales Business
l) How many workers have been or may be separated (if known)?	Approximately 150 Yes, the Lakeview, California facility will have a phased closure, to be completed by 2013
m) Is the firm or any part of the firm closing (if known)? If yes, when?	

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Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

Production from Lakeview, CA is shifting either overseas, to Buena Park, CA or to Ada, MI. Additionally, some production is shifting from Ada, MI to foreign countries. The production shifting to existing facilities in Ada, Michigan and Buena Park, California is intended to minimize job loss in those two locations that would have resulted in the shift of some production to a foreign country.

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

Official 1

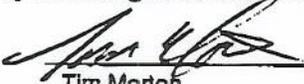
Official 2

a) Name	<u>Tim Morton</u>	<u>Rob Hunter</u>
b) Title	<u>ER Specialist</u>	<u>Vice President, Global Engineering</u>
c) Phone - Main	REDACTION	
d) Phone - Alternate		
e) Fax		
f) E-mail		

Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief, the information I have provided is true, correct, and complete."

a) Signature	<u></u>	_____	_____
b) Name (Print)	<u>Tim Morton</u>	_____	_____
c) Date of Petition	<u>March 23, 2012</u>	_____	_____