



**Petition for Trade Adjustment Assistance (TAA)** 82165

**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. A union official completing this petition form should provide the name of the Union.

*Petitioner 1*

a) Name	Patty Vanaman	_____	_____
b) Title	TAA Coordinator	_____	_____
c) Street Address	135 Hamblin Ave	_____	_____
City	Battle Creek	_____	_____
State, Zip	MI, 49017	_____	_____
d) Phone - Main	(269) 441-1500	_____	_____
e) Phone - Alternate	_____	_____	_____
f) E-mail	vanamanp@michigan.gov	_____	_____
g) Worker Separation Date	11/16/2012	_____	_____
h) Petitioner Type:	State Workforce Office	_____	_____
i) Describe the worker group on whose behalf this petition is being filed:	All workers		

**Section 2. Workers' Firm Information**

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 locations 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	Hostess
b) Street Address	33801 Dequindre
City	Troy
State, Zip	MI, 48083
c) Phone	(800) 467-8377
d) Website (if known)	http://www.hostessbrands.com
e) Describe the article produced or service supplied by this firm	Baked goods
f) How many workers have been or may be separated (if known)?	330
g) Is the firm or any part of the firm closing (if known)? If yes, when?	Yes 11/16/2012

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	Hostess
i) Street Address	14300 Tireman
City	Detroit
State, Zip	MI, 48202
j) Phone	(800) 467-8377
k) Describe the article produced or service supplied by this firm	baked goods
l) How many workers have been or may be separated (if known)?	65
m) Is the firm or any part of the firm closing (if known)? If yes, when?	Yes 11/16/2012

**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.)

www.hostessbrands.com, company closed. See attached list that states the 16 locations across Michigan that will be closed affecting 330 total workers. Also attached is an email from Jones Day that may be able to provide additional information. Company did file a WARN notice with the SOM back in May 2012. Contacts provided and phone number come from the WARN, certification 81,029 might provide some required information.

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.
  - Hostess locations in MI1.doc
  - email regarding hostess1.doc

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 locations.

	Official 1	Official 2
a) Name	Christopher Knipp	Martha Ross
b) Title	<b>Redacted</b>	_____
c) Phone - Work		_____
d) Phone - Alternate		_____
e) Fax		_____
f) E-mail		_____
		_____



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**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	/s/ Patty Vanaman		
b) Name (Print)	Patty Vanaman		
c) Date of Petition	November 19, 2012		

The Petition Form will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the U.S. Department of Labor.

The Petition Form date will be recorded as the date that the petition is transmitted electronically via website to OTAA.