

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-256089

Date Filed

02/10/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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
Tartine Berkeley, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2600 Durant Ave., Berkeley, CA 94704

3a. Employer Representative - Name and Title
Ariel Mahon

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
510-809-4133

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
ariel.mahon@tartinebakery.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
bakery/restaurant

4b. Principal product or service
bakery food and beverage services

5a. City and State where unit is located:
Berkeley, CA

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 18

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **no reply received**



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).
none

8b. Address

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 an 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):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
mid-day window

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

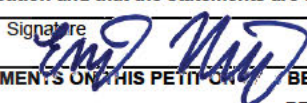
13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.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)
Emily M. Maglio

Signature



Title
attorney

Date
2/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION WILL 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.

Tartine Berkeley**5.b.**

Included: All bakers, porters, dishwashers, cashiers, baristas, and leads

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


32-RC-256264

Date Filed

02/12/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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: Siemens Logistics		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Airport Drive, Oakland, CA 94621	
3a. Employer Representative - Name and Title: Janet Smith, Director of Human Resources		3b. Address (if same as 2b - state same): 2700 Esters Blvd., Suite 200B, DFW Airport, TX 75261	
3c. Tel. No. (972) 947-7106	3d. Cell No.	3e. Fax No.	3f. E-Mail Address janet.smith@siemens-logistics.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Airport		4b. Principal Product or Service Baggage	5a. City and State where unit is located: Oakland, CA
5b. Description of Unit Involved: Included: Baggage, Technicians, A, B and C Excluded: Professionals, Supervisors and Guards as defined by the Act			6a. Number of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> and Employer declined recognition on or about (Date) <u>Today</u> (If no reply received, so state). <input type="checkbox"/> 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.	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? <u>No</u> 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 any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): First possible Wednesday	11c. Election Time(s): 12:30 - 3:00 p.m.	11d. Election Location(s): Oakland Airport	
12a. Full Name of Petitioner (including local name and number): Stationary Engineers, Local 39		12b. Address (street and number, city, State and ZIP code): 1620 N. Market Boulevard, Sacramento, CA 95834	
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, Stationary Engineers, Local 39, AFL/CIO			
12d. Tel. No. (916) 928-0399	12e. Cell No.	12f. Fax No.	12g. E-Mail Address seichenberger@local39.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Gary Provencher, Attorney		13b. Address (street and number, city, State and ZIP code): 431 I Street, Suite 202, Sacramento, CA 95814	
13c. Tel. No. (916) 443-6600	13d. Cell No.	13e. Fax No. (916) 442-0244	13f. E-Mail Address gprovencher@unioncounsel.net
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) Gary P. Provencher	Signature 	Title Attorney	Date 2/12/2020

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 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.

32-RC-256395

Date Filed

02/14/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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:
Pepsi Beverages Company

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
6300 Cameron Blvd., Gilroy, CA 95020

3a. Employer Representative - Name and Title:
Victor Bolanos, General Manager

3b. Address (if same as 2b - state same):
Same.

3c. Tel. No.
(408) 713-2467

3d. Cell No.
(510) 329-0689

3e. Fax No.
(408) 842-6165

3f. E-Mail Address
victor.m.bolanos@pepsico.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
distribution center

4b. Principal Product or Service
food service and distribution

5a. City and State where unit is located:
Gilroy, CA

5b. Description of Unit Involved:
Included: All full-time and regular part-time sales representatives (including large format, small format and relief).

6a. Number of Employees in Unit:
42

Excluded:
All other employees.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition _____ 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)
None.

8b. Address:

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)
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 an election in this matter, state your position with respect to any such election:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 27, 2020

11c. Election Time(s):
5am-6am & 2-3pm

11d. Election Location(s):
Appropriate location at employer's facility

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 853

12b. Address (street and number, city, State and ZIP code):
7750 Pardee Lane, Oakland, CA 94621

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No.
(510) 895-8853

12e. Cell No.

12f. Fax No.
(510) 895-6853

12g. E-Mail Address
rtorres@teamsters853.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Susan K. Garea, Attorney

13b. Address (street and number, city, State and ZIP code):
Beeson, Tayer & Bodine, 483 Ninth Street, Ste. 200, Oakland, CA 94607

13c. Tel. No.
(510) 625-9700

13d. Cell No.

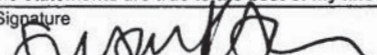
13e. Fax No.
(510) 625-8275

13f. E-Mail Address
sgarea@beesonayer.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)
Susan K. Garea

Signature



Title
Attorney

Date
02/14/20

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

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No

32-RC-257141

Date Filed

02/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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

Wow Rock Center — Teicare

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

2050 Farmont Dr., San Leandro 94578

3a. Employer Representative Name and Title

Jude Hodges, Administrator

3b. Address (if same as 2b state same)

Same

3c. Tel No

510-895-5502

3d. Cell No

3e. Fax No

510-895-7406

3f. E-Mail Address

Jhodges@teicarecorp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Mental Health Facility

4b. Principal product or service

Counseling & Mental Healthcare

5a. City and State where unit is located:

San Leandro, CA

5b. Description of Unit Involved

Included: All full-time, part-time and per diem Registered Nurses.

Excluded:

All other classifications including but not limited to guards, managers, confidential employees and supervisors as defined by the Act

6a. No. of Employees in Unit

9

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) by the petitioner 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

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)
Unknown

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 an 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)

3/11/2020

11c. Election Time(s)

6a 8a 11a 1p 6p 8p

11d. Election Location(s)

Employer's facility

12a. Full Name of Petitioner (including local name and number)

Service Employees International Union, United Healthcare Workers-West

12b. Address (street and number, city, state, and ZIP code)

560 Thomas L. Berkley Way, Oakland, CA 94612

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

12d. Tel No

(510) 251-1250

12e. Cell No

12f. Fax No

(510) 763-2680

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

William T. Hanley

13b. Address (street and number, city, state, and ZIP code)

1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No

(510) 337-1001

13d. Cell No

13e. Fax No

(510) 337-1023

13f. E-Mail Address

whanley@unioncounsel.net;

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

nlrbnotices@unioncounsel.net

Name (Print)

William T. Hanley

Signature



Title

Attorney

Date

February 28, 2020

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
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No. 32-RM-255914	Date Filed 02/06/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner Nevada Gold Mines, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1655 Mountain City Highway, Elko, Nevada 89801
--	--

3a. Employer/Petitioner Representative – Name and Title Anthony Hall, Esq., Simons Hall Johnston PC	3b. Address (if same as 2b – state same) 6490 S. McCarran Blvd. Ste. F-46, Reno, Nevada 89509
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3c. Tel. No. (775) 785-0088	3d. Cell No. N/A	3e. Fax No. (775) 785-0087	3f. E-Mail Address AHall@SHJNevada.com and JSmith@SHJNevada.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mine	4b. Principal product or service Gold
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5a. Description of Unit Involved Included: See included Job Classifications on attached list marked as Attachment A. All employees outside of the Carlin, Nevada area; all Carlin, Nevada confidential, office/clerical, guards, and Excluded: supervisory employees, as defined in the Act; and those job classifications not included in Attachment A.	5b. City and State where unit is located: Carlin, Nevada 6. No. of Employees in Unit: Approx. 2,900 when substantial and representative complement reached
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Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. ☒ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) Numerous dates including 11/15/19

7b. ☒ The Employer/Petitioner has a good faith uncertainty about majority support for a claimed representative.

8a. Recognized or Certified Bargaining Agent - Name N/A	8b. Affiliation, if any N/A
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8c. Address N/A	8d. Tel. No. N/A	8e. Cell No. N/A
	8f. Fax No. N/A	8g. E-Mail Address N/A

9. Date of Recognition or Certification N/A	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
---	---

11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A
(Name of labor organization) N/A has picketed the Employer since (Month, Day, Year) N/A

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name and affiliation if any Operating Engineers Local Union #3	12b. Address 1620 South Loop Road, Alameda, CA 94502	12c. Tel. No. (510) 748-7400	12d. Cell No.
		12e. Fax No. (510) 748-7436	12f. E-Mail Address gliao@oe3.org


13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13b. Election Date(s): One week in May 2020	13c. Election Time(s): 8:00 a.m. - 10:00 p.m.	13d. Election Location(s): Nevada Gold Mines
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14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Anthony L. Hall, Esq., Simons Hall Johnston PC	14b. Address (street and number, city, state, and ZIP code) 6490 S. McCarran Blvd. Ste. F-46, Reno, Nevada 89509
14c. Tel. No. (775) 785-0088	14d. Cell No. N/A
14e. Fax No. (775) 785-0087	14f. E-Mail Address AHall@SHJNevada.com and JSmith@SHJNevada.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) Anthony L. Hall, Esq.	Signature 	Title Attorney	Date February 6, 2020
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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 A**Included Unit Job Classifications**

All full-time and regular part-time employees in the following classifications: Advanced Helper, Assay Lab Technician, Assay Lab Technician I, Assay Laboratory Technician, Autoclave Maintenance Technician, Autoclave Operator, Blast Technician, Carbon Handling Technician, Crane Operator, Crusher Loader Operator, Custodian, Dewatering, Technician, Dispatcher, Driller, E & I Technician, Electrician, Equipment Operator, Equipment Tech 4, Gas Mechanic, Haul Truck Operator, Inexperienced Underground Miner, Instrument Technician, Laboratory Maintenance E&I Technician, Lube Technician, Machinist, Maintenance Helper, Mechanic, Mechanic II, Metallurgical Technician, Mill Maintenance Technician, Mill Operator, Mine Maintenance Advanced, Helper, Mine Maintenance Helper, Mine Maintenance Technician, Mine Maintenance Mechanic, Mine Maintenance Technician, Mine Production Operator, Miner, Mobile Maintenance, Technician, NDT Technician, OP Mobile Maintenance Technician, Open Pit Dispatcher, Open Pit Electrician, Open Pit Haul Truck Driver, Open Pit Haul Truck Operations, Open Pit Haul Truck Operator, Open Pit Mobile Maintenance Technician, Operator, Powderman, Process Control Specialist, Process Control Technician, Process Maintenance Advanced Helper, Process Maintenance Helper, Process Maintenance Mechanic, Process Operations Technician, Process Operator, Radio Technician, RCM Technician, Refinery Technician, Reliability Technician, Roaster E&I Technician, Roaster Electrical & Instrumentation Technician, Roaster Operator, Technician, Technician - Analytical Lab Field Trainer, Tire Technician, Trainer, Truck Driver, UG Advanced Helper, UG E&I Technician, UG Fixed Maintenance Technician, UG Maintenance Mechanic, UG Mechanic, UG Mine Specialist, UG Mine Technician, UG Miner, UG Mobile Maintenance, UG Mobile Maintenance Technician, UG Operator, Underground Blaster, Underground Dispatch, Underground Fixed Maintenance Technician, Underground Fixed Maintenance Technician Miner, Underground Miner, Underground Miner (Backfill), Underground Miner (Blasting), Underground Miner (Paste), Underground Miner (Backfill), Underground Mobile Maintenance Technician, Welder employed by the Employer in or around Carlin, Nevada located at: 6 Miles North of Carlin Carlin, Nevada 89822.