

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-233742	Date Filed 01/08/2019

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 Nadhi, Inc. D/B/A Gateway Care & Rehabilitation Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 26660 Patrick Avenue, Hayward, CA 94544
---	---

3a. Employer Representative - Name and Title Sandeep Dhand, Administrator	3b. Address (If same as 2b - state same) Same
---	---

3c. Tel. No. (510) 782-1845	3d. Cell No.	3e. Fax No. (510) 782-9913	3f. E-Mail Address sdhand@thekek.com
---------------------------------------	---------------------	--------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility	4b. Principal product or service Health care	5a. City and State where unit is located: Hayward, CA
--	--	---

5b. Description of Unit Involved Included: Full-time and regular part-time Activity Assistants employed by the Employer at its facility in Hayward, California. (Armour-Globe election) Excluded: All other employees, managers, guards, and supervisors as defined by the Act.	6a. No. of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 12/17/2018 and Employer declined recognition on or about No reply (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.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): January 21, 2019	11c. Election Time(s): 12pm - 1pm	11d. Election Location(s): Employer's facility - conference room
--	---	---	--

12a. Full Name of Petitioner (Including local name and number) Service Employees International Union, Local 2015	12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd., Los Angeles, CA 90057
--	---

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

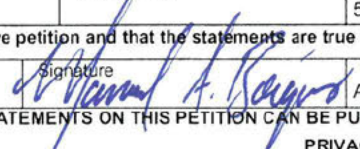
12d. Tel No. 213-985-1505	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
-------------------------------------	----------------------	---------------------	----------------------------

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

13a. Name and Title Manuel A. Boigues, Attorney for Union	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 mboigues@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) Manuel A. Boigues	Signature 	Title Attorney for Union	Date January 8, 2019
--	---	------------------------------------	--------------------------------

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-234537

Date Filed

01/23/2019

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
Kindred Hospital San Francisco Bay Area

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2800 Benedict Drive, San Leandro, CA 94577

3a. Employer Representative - Name and Title
Varsha Chauhan; Edward Goddard - See Attachment 3

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

3c. Tel. No.

None

3d. Cell No.

(510) 357-8300 (Chauhan)

3e. Fax No.

3f. E-Mail Address

See Attachment 3

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

Healthcare Center

4b. Principal product or service

Healthcare

5a. City and State where unit is located:

San Leandro, CA

5b. Description of Unit Involved

Included: See Attachment 5b

Excluded:

See Attachment 5b

6a. No. of Employees in Unit:

5

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) 10/9/2018 and Employer declined recognition on or about 10/16/2018 (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.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 5, 2019

11c. Election Time(s):
6a - 8a

11d. Election Location(s):
2800 Benedict Drive, San Leandro, CA 94577, Conference Room 1B

12a. Full Name of Petitioner (including local name and number)
National Union of Healthcare Workers

12b. Address (street and number, city, state, and ZIP code)
5801 Christie Avenue, Suite 525, Emeryville, CA 94608

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.

(510) 834-2009

12e. Cell No.

12f. Fax No.

(510) 834-2019

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
Latika Malkani, Esq., Attorney

13b. Address (street and number, city, state, and ZIP code)
Siegel LeWitter Malkani, 1939 Harrison Street, Suite 307, Oakland, CA 94612

13c. Tel. No.

(510) 452-5000

13d. Cell No.

13e. Fax No.

(510) 452-5004

13f. E-Mail Address

lmalkani@sl-employmentlaw.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)

Latika Malkani, Esq.

Signature: 

Title

Counsel for NUHW

Date

1/23/19

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 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 3**Employer Representatives:**

Varsha Chauhan, CEO
2800 Benedict Drive, San Leandro, CA 94577
Cell: (510) 357-8300
Varsha.chauhan@kindred.com

Edward Goddard, Senior Vice President of Labor Relations
Kindred Healthcare 680 South Fourth Street, Louisville, KY 40202
edward.goddard@kindred.com

Attachment 5b

Included: All full-time, part-time and per diem Wound Care Clinicians (Residual RNs) employed by the employer at its San Leandro facility.

Excluded: House supervisors, case managers, infection control practitioners, employee health nurses, directors of education, wound care coordinators, employees represented by a labor organization, all other employees, guards, 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.

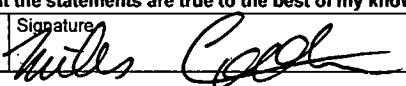
32-RC-234698

Date Filed

01/25/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nrlb.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: Diamond Pet Food Processors		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 942 South Stockton Street Ripon, CA 95366	
3a. Employer Representative - Name and Title: Mark Ferguson District Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 209-824-4640	3d. Cell No.	3e. Fax No. 209-824-4641	3f. E-Mail Address mferguson@diamondpet.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing		4b. Principal Product or Service Pet Food	5a. City and State where unit is located: Ripon, CA
5b. Description of Unit Involved: Included: All full and part time production employees and maintenance employees. Excluded: All temporary employees, guards, and supervisors as defined by the Act.			6a. Number of Employees in Unit: 100 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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (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) 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? <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) 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 2-12-2019 and 2-14-2019		11c. Election Time(s): 5:00 pm to 6:30 pm both days 2:25pm	11d. Election Location(s): Outside in parking lot X
12a. Full Name of Petitioner (including local name and number): Association of Western Pulp and Paper Workers		12b. Address (street and number, city, State and ZIP code): PO Box 4566 Portland, OR 97208-4566	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Brotherhood of Carpenters and Joiners			
12d. Tel. No. 503-228-7486	12e. Cell No. 503-709-6132	12f. Fax No. 503-228-7484	12g. E-Mail Address mcook@awppw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Miles Cook Organizing Director		13b. Address (street and number, city, State and ZIP code): PO Box 4566 - 1430 SW Clay St Portland, OR 97208-4566	
13c. Tel. No. 503-228-7486	13d. Cell No. 503-709-6132	13e. Fax No. 503-228-7484	13f. E-Mail Address mcook@awppw.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) Miles Cook		Signature 	Title Organizing Director Date 1-24-19

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 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.

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 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 assert that 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.

2a. Name of Employer Sensient Natural Ingredients LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 151 South Walnut RD, Turlock CA, 95380	
3a. Employer Representative - Name and Title Alexis Terrence		3b. Address (If same as 2b - state same) Same as above	
3c. Tel. No. (209) 656-5228	3d. Fax No. (209) 6346235	3e. Cell No. (209) 202-0853	3f. E-Mail Address Alexis.Terrence@Sensient.Com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Packing Plant		4b. Principal product or service Spices	

<p>4a. Description of Unit involved</p> <p>Included: All full-time production and warehouse employees employed by the employer at its Turlock, California facility.</p> <p>Excluded: employees employed by an employment agency, Lab employees, Truck drivers, Supervisory leads, office, Clerical employees, guards, Plant Clericals, Supervisors and Professional employees, as defined in the ACT.</p>	<p>5b. City and State where unit is located:</p> <p>Turlock, California</p>
---	---

6. No. of Employees in Unit 100 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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent <u>International Brotherhood of Teamsters, Graphic Communications Conference, Local 388a</u>		8b. Affiliation, if any	
8c. Address <u>6111 Southfront Road, Livermore, CA 94551</u>		8d. Tel. No. <u>(925) 960-1295</u>	8e. Cell No. <u>85 800-333-4388</u>
		8f. Fax No. <u>(925) 960-1295</u>	8g. E-Mail Address
		(b) (6) (b) (7)(C)	(b) (6) (b) (7)(C)

9. Date of Recognition or Certification August 3, 2015	10. Expiration Date of Current or Most Recent License 03-13-2019
---	---

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name)		a labor organization, of
(Insert Address)		since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	

14. Full Name of Petitioner	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
-----------------------------	---------------------	---------------------	---------------------

14a. Address (Street and number, city, state, ZIP code)		14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
14d. E-Mail Address		14e. E-Mail Address	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	

14f. Affiliation, if _____

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

15a. Name (b) (6), (b) (7)(C) <i>an Individual</i>		15b. Title	
15c. Address (street and number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. <i>Same as above</i>	15g. E-Mail Address <i>Same as above</i>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
(b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 01-07-19

NOTICE OF INFORMATION

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
RD PETITION

Case No.

32-RD-234263

Date Filed

01/17/2019

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 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 assert that 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.

2a. Name of Employer PRAXAIR		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1930 LOVERIDGE RD PITTSBURG, CA 94565	
3a. Employer Representative - Name and Title ANTHONY DAVIS PLANT MGR		3b. Address (If same as 2b - state name) 1930 LOVERIDGE RD PITTSBURG, CA 94565	
3c. Tel. No. 925 252 2911	3d. Fax No.	3e. Cell No. 925 252 3064	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) WAREHOUSE		4b. Principal product or service PRODUCTION & DISTRIBUTION OF GASES	
5a. Description of Unit Involved Included: DRIVERS & PLANT WORKERS & LAB PERSONNEL Excluded: SECRETARIES			5b. City and State where unit is located: PITTSBURG, CA

6. No. of Employees in Unit: **70** 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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent UNITED STEELWORKERS INT'L UNION LOCAL 5		8b. Affiliation, if any	
8c. Address P.O. BOX 349 MARTINEZ, CA 94553-0034		8d. Tel. No. 925 228 3100	8e. Cell No.
		8f. Fax No. 925 313 0707	8g. E-Mail Address

9. Date of Recognition or Certification: **07/2017** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **NONE**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of _____ since (Month, Day, Year)

(Insert Address)

12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s): **FEB 6, 2019** 13c. Election Time(s): **5:00AM-8:00AM & 1:00PM-4PM** 13d. Election Location(s): **CONFERENCE ROOM 1930 LOVERIDGE RD PITTSBURG, CA 94565**

14. Full Name of Petitioner (b) (6), (b) (7)(C)		14b. Tel. No.		14c. Fax No.	
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14d. Cell No. (b) (6), (b) (7)(C)		14e. E-Mail Address (b) (6), (b) (7)(C)	

14f. Affiliation, if any	
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	
15d. Tel. No.	15e. Fax No.
15f. Cell No.	15g. E-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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title PETITIONER	Date Filed 1/16/2019
--	---	----------------------------	--------------------------------

WILLFUL FALSE STATEMENTS OF

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVATE ACT STATEMENT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RD-234817	Date Filed 1/25/2019

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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that 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.

2a. Name of Employer Franzia Winery	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 17000 E. Highway 120, Ripon, CA 95366
---	---

3a. Employer Representative - Name and Title Lisa James, HR Director	3b. Address (If same as 2b - state same) SAME AS ABOVE
--	--

3c. Tel. No.	3d. Cell No. 707.501.8362	3e. Fax No. 209.599.5116	3f. E-Mail Address lisa.james@thewinegroup.com
---------------------	-------------------------------------	------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Winery	4b. Principal product or service Wine	5a. City and State where unit is located: Ripon, CA
--	---	---

5b. Description of Unit Involved
Included: See attached.

Excluded: Exempt, salaried non-exempt positions, temporary employees employed with an agency, and members of other bona fide recognized collective bargaining units as covered by collective bargaining agreements with the Employer, managers, office clerical employees, guards, and supervisors as defined in the Act.

Check One: ☐ **7a.** 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 currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent UFCW - Wine Distillery & Allied Workers Union Local 186D	8b. Address 329 Downey Avenue, Modesto, CA 95354
---	--

8c. Tel No. 209.524.4245	8d. Cell No.	8e. Fax No. 209.524.7066	8f. E-Mail Address Luis@ufcwlocal186d.com
------------------------------------	---------------------	------------------------------------	---

8g. Affiliation, if any UFCW International	8h. Date of Recognition or Certification prior to 4/1/17	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 3/31/19
--	---	---

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 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	11d. Election Location(s): Employer's premises The Cabana, 17000 E. Highway 120, Ripon, CA 95366
--	--

11b. Election Date(s): 2/22/18	11c. Election Time(s): varying times
--	--

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
--	---

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

12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	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 (b) (6), (b) (7)(C)	13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE
---	---

13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE
--------------------------------------	---------------------------------------	--------------------------------------	---

I declare that I have read the above petition and (b) (6), (b) (7)(C) to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 1-25-19
--	---	-------------------------------------	------------------------

WILLFUL FALSE STATEMENTS

PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

AGENCY 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.

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

5a Inclusions

All full-time and regular part-time Technical Operators I, Technical Operators II, Technical Operators III Technical Operators IV, Technical Operators V, Utility Techs, Process Operators A, Process Operators B, Rackers and Blenders, Rackers and Blenders I, Rackers and Blenders II, GWWs, Warehouse Workers I, Warehouse Workers II, Warehouse Workers III, Warehouse Utility Techs, Cellar and Shipping Working Foremen, and Shipping Sub-foremen, employed by the Employer at its facility located at 17000 E. Highway 120, Ripon, CA