UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD Do NOT WRITE IN THIS SPACE

Case No. Date Filed

32-RC-233742 01/08/2019

RC PETITION

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 representalive 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 Nadhi, Inc. D/B/A Gateway Care & Rehabilitation Center 26660 Patrick Avenue, Hayward, CA 94544 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Same Sandeep Dhand, Administrator 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. (510) 782-9913 sdhand@thekkek.com (510) 782-1845 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine. wholesaler, etc.) 4b. Principal product or service Hayward, CA Skilled Nursing Facility Health care 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Full-time and regular part-time Activity Assistants employed by the Employer at its facility in 6b. Do a substantial number (30% Hayward, California. (Armour-Globe election) or more) of the employees in the Excluded: All other employees, managers, guards, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 12/17/2018 and Employer declined recognition on or about Check One: _(Date) (If no reply received, so state). No reply 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 8d Cell No. Be. Fax No. 8c. Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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? , 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 10c. Tel. No. 10d. Cell No. 10b Address 10a. Name 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 Mail Mixed Manual/Mail 11a. Election Type: V Manual any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Employer's facility - conference room January 21, 2019 12pm - 1pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd., Los Angeles, CA 90057 Service Employees International Union, Local 2015 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 12e. Cell No. 12f. Fax No. 12q. E-Mail Address 213-985-1505 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) 13a. Name and Title Manuel A. Boigues, Attorney for Union 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel No. 510-337-1001 510-337-1023 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. Title Date Attorney for Union January 8, 2019 Manuel A. Boigues

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

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

| DO NOT WRITE | IN THIS SPACE |
|--------------|---------------|
| Case No. | Date Filed |
| 32-RC-234537 | 01/23/2019 |

RC PETITION

32-RC-234537

01/23/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 NL RB-505): and (3) Description of Representation Case Procedures (Form NL RB-4812). The showing of interest should only be filed

| of service showing service on the | | | | | | |
|--|-----------------------|--------------------------------|--|---------------------------------------|----------------------|---|
| (Form NLRB-505); and (3) Descript | | | | LRB 4812). The s | showing of inte | rest should only be filed |
| with the NLRB and should <u>not</u> be s | | | | | | |
| PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de requests that the National Labor Relational Company (Note of the National Labor Relational Company) | esires to be certifie | ed as representa | tive of the employees. The | e Petitioner alleges t | that the following | circumstances exist and |
| 2a. Name of Employer | | | ddress(es) of Establishme | | | |
| Kindred Hospital San Francisco B | ay Area | 2800 | Denedict Drive, Sar | n Leandro, CA 9 | 4577 | |
| 3a. Employer Representative – Name and | | | 3b. Address (If same | , | | |
| Varsha Chauhan; Edward Godda | rd - See Attac | hment 3 | See Attachment 3 | 1 | | |
| 3c. Tel. No. | 3d. Cell No. | | 3e. Fax No. | | 3f. E-Mail Addre | |
| None | (510) 357-83 | | <u> </u> | | See Attachm | |
| 4a. Type of Establishment (Factory, mine, v Healthcare Center | vholesaler, etc.) | 4b. Principal pr Healthcare | oduct or service | | , , | nd State where unit is located: Indro, CA |
| 5b. Description of Unit Involved | | | | | | 6a, No, of Employees in Unit: |
| Included: See Attachment 5 | b. | | | | | 5 6b. Do a substantial number (30% |
| Excluded: See Attachment 5b | | | | | | or more) of the employees in the unit wish to be represented by the |
| | | | | | | Petitioner? Yes ✓ No |
| 10/16/20 | 018(Date) (| If no reply receiv | ed, so state). | | | ned recognition on or about |
| | | | Representative and desires 8b. Address | s certification under the | ne Act. | <u></u> |
| 8a. Name of Recognized or Certified Bar None | gaining Agent (ir | none, so state). | . ob. Address | | | |
| 8c. Tel No. | 8d Cell No. | | 8e. Fax No. | | 8f. E-Mail Addre | 998 |
| 8g. Affiliation, if any | | | 8h. Date of Recognition | or Certification | | ate of Current or Most Recent |
| , | | | | | Contract, if any | (Month, Day, Year) |
| 0 1- # | | haranta laraha | 42 No | - day ataly have many | | liainatina? |
| 9. Is there now a strike or picketing at the E | | | | | | |
| | | | cketed the Employer since | | | |
| Organizations or individuals other than known to have a representative interest in a None | | | | | presentatives and | other organizations and individuals |
| 10a. Name | 10b. Add | iress | | 10c, Tel, No. | | 10d. Cell No. |
| | | | | 10e. Fax No. | | 10f, E-Mail Address |
| Election Details: If the NLRB conducts any such election. | an election in this | s matter, state yo | our position with respect to | 11a, Election Typ | | Mail Mixed Manual/Mail |
| 11b. Election Date(s): February 5, 2019 | 11c. El 6a - 8a | ection Time(s): | | 11d. Election Loc 2800 Benedict Di | | , CA 94577, Conference Room 1B |
| 12a. Full Name of Petitioner (including id | | | | | | ity, state, and ZIP code) |
| National Union of Healthcare Workers | | | | 5801 Christie Ave | | Emeryville, CA 94608 |
| 12c. Full name of national or international la | bor organization | of which Petitions | er is an affiliate or constitue | ent (if none, so state) | | |
| 12d. Tel No. | 12e. Cell No. | | 12f. Fax No. | | 12g. E-Mail Add | dress |
| (510) 834-2009 | | | (510) 834-2019 | | | |
| 13. Representative of the Petitioner who | will accept servi | ce of all papers | | | | |
| 13a. Name and Title Latika Malka | | Attorney | 13b. Address (street a Siegel LeWitter Malkani, 1 | | e 307, Oakland, CA 9 | |
| 13c, Tel No. | 13d. Cell No. | <u> </u> | 13e. Fax No. | | 13f, E-Mail Add | |
| (510) 452-5000 I declare that I have read the above petit | on and that the s | statements are t | (510) 452-5004 rue to the best of my kno | wiedge and belief. | I III alkalil@si-eli | nploymentfaw.com |
| | 2 1 1 1 | 11/12/12 | | | Doto | 1 5/.1 |
| Name (Print) | 77 16 1 | 1/10 Vlanu | Title Counsel for NUHW | | Date // | 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.

FORM NLRB-502 (RC) (2-18)

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 us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48) | he petition must named in the p 12). The showin | t be accompa etition of: (1) g of interest | anied by the peti should o | both a sh tion; (2) S only be file | owing of interest (s tatement of Position of with the NLRB an | see 6b b on form nd shou | elow) and a (Form NLR) ald not be s | a certificat B-505); and erved on ti | e of service showing so d (3) Description of Rep he employer or any oth | ervice on presentation er party. |
|--|---|--|----------------------------------|--|---|--------------------------------|---|--|---|--|
| PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo | ioner desires to b | oe certified as | represer | tative of th | e employees. The P | etitione | er alleges th | hat the follo | owing circumstances e | |
| 2a. Name of Employer: | | | 2b. Addr | ess(es) of l | Establishment(s) invo | olved (S | treet and nu | ımber, City, | State, ZIP code): | |
| Diamond Pet Food Prod | cessors | | 942 S | outh S | tockton Stree | et Rip | on, CA | 95366 | | |
| 3a. Employer Representative - Nan | ne and Title: | | 3b. Addr | ess (if sam | e as 2b - state same, |)): | | | | |
| Mark Ferguson District | Manager | | Same | ! | | | | | | |
| 3c. Tel. No. | 3d. Cell No. | <u>L</u> | | 3e. Fax No | · · · · · · · · · · · · · · · · · · · | 3 | f. E-Mail Ad | dress | • | |
| 209-824-4640 | | |]. | 209-82 | 4-4641 | r | nfergus | on@dia | amondpet.com | |
| 4a. Type of Establishment (Factory, I | mine, wholesaler | ; etc.) | | 4b. Princip | al Product or Service | e | | 5a. City an | d State where unit is loca | ited: |
| Food Processing | | | - 1 | Pet Fo | od | | | Ripon, C | A | |
| 5b. Description of Unit Involved: | | | | • | | | I | 6a. Numbe | r of Employees in Unit: | |
| Included: | | | | | | | | 100 | | |
| All full and part time pro | duction en | nployees | and r | nainter | nance employ | yees. | | | | |
| Excluded: | | | | | | | 3 | | ibstantial number (30% omployees in the unit wish | |
| All temporary employee | | | | | | e Act. | | | nted by the Petitioner? | |
| Check One: 7a. Request for reconn or about (Date) | ognition as Barg | | | was made zeived, so : | | | and | Employer d | leclined recognition | |
| ☐ 7b. Petitioner is cur | rently recognize | | | | | ion unde | r the Act. | | | |
| 8a. Name of Recognized or Certifie | | | | | | | | | | |
| None | | | | | | | | | | |
| 8c. Tel. No. | 8d. Cell No. | | | Be. Fax No | | 8 | f. E-Mail Ad | Idress | | |
| 8g. Affiliation, if any: | | | 8h. | Date of R | ecognition or Certifica | | | | rrent or Most (Month, Day, Year) | - |
| 9. Is there now a strike or picketing a | t the Employer's | establishmen | t(s) invol | ved? No |) If so, appro | oximatel | y how many | employees | s are participating? | |
| (Name of Labor Organization) | | | | | | . ha | s picketed t | he Employe | er since (Month, Day, Ye | ar) |
| 10. Organizations or individuals other | r than Petitioner | and those nar | med in ite | ms 8 and | which have claime | | · | | | |
| individuals known to have a repre | | | | | | | | | o and other organization | o and |
| None | | | | | | _ | | | | |
| 10a. Name | 10b | . Address | | | | 1 | 0c. Tel. No. | | 10d. Cell No. | |
| | | | | | | 1 | 0e. Fax No. | | 10f. E-Mail Address | |
| | | | | | | | | | | |
| 11. Election Details: If the NLRB co | nducts and electi | ion in this ma | tter, state | your posit | ion with respect to ar | iny such | h | 1a. Election Manua | <u> </u> | Manual/Mail |
| 11b. Election Date(s): | | . Election Tim | e(s): | | | | 1d. Election | | | |
| 2-12-2019 and 2-14-20 | 19 5:0 | 00 pm to | 6:30 į | om bot | h days 2;25pr | | | | ing lot 🗶 μເຂ | |
| 12a. Full Name of Petitioner (include | - | - | | | 12b. Address (stree | | | | | 柔 |
| Association of Western | • | • | | | PO Box 4566 | | - | OR 9720 | | RB RB |
| 12c. Full name of national or internat United Brotherhood of (| | | | ner is an a | ffiliate or constituent | t <i>(if none</i> | e, so state): | | 25 AN | |
| 12d. Tel. No. | 12e. Cell No. | | | 12f. Fax N | | | 2g. E-Mail | | v ora | 70 |
| 503-228-7486 | 503-709-6 | | | | 8-7484 | | ncook@ | | v.org | ZC |
| 13. Representative of the Petitione | r who will acce | pt service of | | | | | | | b ö | ယ္ |
| 13a. Name and Title: Miles Cook Organizing Di | rector | | | | ess (street and number 1430 S | | | | OR 97208-4566 | N' |
| 13c. Tel. No. | 13d. Cell No. | | | 13e. Fax N | lo. | 1 | 3f. E-Mail A | Address | | |
| 503-228-7486 | 503-709-6 | 3132 | | 503-22 | 8-7484 | r | mcook@ | gawppv | v.org | |
| I declare that I have read the above | e petition and th | hat the staten | nents an | true to th | e best of my knowl | ledge a | | | | |
| Name (Print) | | Signature | 2 | | \sim l | Title | | | | Date |
| Miles Look | | (Mit) | | 11 | Men - | Org | anizing | Directo | or | 1-24-19 |

FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION Case No.

32-RD-233657

DO NOT WRITE IN THIS SPACE

Date Filed 01/07/2019

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

| Burn | | | | lavana nagad that the | adified or approach. |
|--|--|--|--|----------------------------|-------------------------|
| PURPOSE OF THIS PETITION: RD recognized bargaining representative Labor Relations Board proceed un | e is no longer their representate der its proper authority pure | live. The Petitioner alleges that suant to Section 9 of the Natio | nal Labor Relations Act. | es exist and requests i | nat the National |
| 2a. Name of Employer | | 2b. Address(es) of Establishmen | nt(s) involved (Street and num | nber, city, state, ZIP cod | e) |
| 1 | T. 1. 111 | 151 South w | | | 95380 |
| sensient Natural | Ingredients Long | 3b. Address (If same as 2b - sta | beliefo i Lemi | TIOUR LITT | 100 |
| 3a. Employer Representative - Name a | and ritte | | The second secon | | |
| Flexis Terrence | | 3e. Cell No. | 3f. E-Mail Address | | |
| 1000 111 10000 | an inc. | | | ence & Sens | I C. |
| | 09)6346235 (| 209)202-0853 | | | sient, com |
| 4a. Type of Establishment (Factory, min | e, wholesaler, etc.) | | 4b. Principal product or se | rvice | |
| tacking Plan | + | | Spices | | |
| 5a. Description of Unit involved | | 1 5-14- | | 5b. City and | State where unit |
| Included: All Full-time | production a | nd warehouse | employees emp | oved is locate | u. |
| by the employer at | its Turlock, 1 | California facili | 4. | 11 | . 1.11.0 |
| Excluded: employer at Excluded: employers, employers, supply Suporvisory leads, o Plant Clericals, Super | and bu an emple | was tagency. La | hemplorees, Tru | extrius lurloc | ik, California |
| Suporvisory leads, o | Ecica Clevital es | loovers garts. | o chery - / // | 1 - | |
| | visors and Prote | ssional employees of | is defined in th | e ACT, | |
| 6. No. of Employees in Unit | 7. Do a substantial number | (30% or more) of the employees | s in the unit no longer wish to | be represented by the c | ertified or currently |
| 100 | recognized bargaining re | epresentative? Yes N | | d and | - |
| 8a. Name of Recognized or Certified Ba | rgaining Agent Intern | ntional Brotherho | of or op williamon, | ii aily | |
| Teamsters, Graphic | Communication | ons Conference, L | occ1388h | All de all land | |
| 8c. Address | | 8d. Tel. No | 9a Call No | | |
| | | (925)9 | 60-1295 _ 81 | 00-333-4 | 388 |
| 6111 Southfront a | and I iveryunary | CA 9455/81. Fax No. | - 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Market San | |
| Will Souther tokes to | Dad, Livermore, | (b) (6), | (b) (7)(C (b) (6), (| (b) (7)(C) | |
| Date of Recognition or Certification | | 10. Expiration Date of Current of | \ / \ /\ / | | |
| 1 1 | | 03-13-20 | The Control of the Co | | |
| August 3, 2015 | | | | | |
| 11a. Is there now a strike or picketing at | the Employer's establishmen | nt(s) involved? Yes No | 11b. If so, approximately h | now many employees ar | e participating? |
| 11c. The Employer has been picketed b | y or on behalf of (Insert Nam | ne) | | | a labor organization, o |
| (Insert Address) | | | | since (Month, Day, Ye | ar) |
| 12. Organizations or individuals other th | one named in Home 9 and 11 | e which have claimed recognition | n as representatives and other | ALCOHOLD STREET, ASS. | |
| and individuals known to have a rep | | | | | |
| 12a, Name | 12b. Address | | 12c. Tel. No. | 12d. Fax No. | |
| | | | | | S 80 |
| | | | 12e. Cell No. | 12f. E-Mail Addre | Se Don |
| | | | 120. 001110. | TZ. C-mail Addre | 00 75 |
| THE RESERVE OF THE PARTY OF THE | | | | - | 210 |
| Election Details: If the NLRB cond matter, state your position with respect | ucts an election in this | | 13a. Election Type: M | anual [Mail [| Mixed Manual/Mail |
| 13b. Election Date(s) | 13c. Election Tim | ne(s) | 13d. Election Location(s) | | 0 00 |
| Total Date(s) | 100. Elocion III | | Total Elication Ecodation(a) | | P ON |
| (b) (6), (b) | (7)(C) | | | (2) | - |
| 14. Full Name of Petitioner (b) (6), (b) | (b) (6), (b) |) (/)(C) | | | |
| | | | | | = |
| 14a. Address (Street and number, city, | state, ZIP code) | Control of the Contro | 14b. Tel. No. | 14c. Fax No. | THE LANGE |
| A STATE OF THE PARTY OF THE PAR | | | | | |
| (b) (6), (b) (7)(C) | (b) (6), (b) | (7)(C) (b) (6), (b) (7)(C) | 1111 00000 | 14e E-Mail Addre | 220 |
| (b) (6), (b) (7 | ()(C) | (b) (b), (b) (1)(c) | (b) (6), (b) (7)(| C) (b) (6), (b) | (7)(C) |
| 14f. Affiliation, if a | - | | | (10) (10) | (.)(-) |
| Maria Maria Maria | | | THE REAL PROPERTY. | | |
| 15. Representative of the Petitioner v | vho will accept service of all | papers for purposes of the re | | | |
| (b) (6), (b) (7)(C) | | | 15b.Title | | |
| (5) (5), (5) (1)(5) | an Individ | 1.101 | | | |
| SC. MUDICIO IDINOCI AND MUNICIPI DAY | state, ZIP code) | aou i | 15d. Tel. No. | 15e. Fax No. | |
| | AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I | (7)(0)(1)(1)(1)(1) | 1.000.100.100 | 70017007103 | |
| (b) (6), (b) (7)(C) | (b) (6), (b) | (7)(C) (b) (6), (b) $(7)(C)$ | 15L C-II N | | STORY OF THE PARTY OF |
| | | | 15f. Cell No. | 15g. E-Mail Addre | ess |
| | | | Jame as above | e Jame | as above |
| I declare that I have read the above p | etition and that the stateme | nts are true to the best of my | | | |
| (b) (6), (b) (7)(C) | (b) (6), (b) (7)(C) | (o), (b) (7)(C) | Title (b) (6), (b) (7)(| (0) | Date Filed |
| (5) (5), (5) (1)(5) | | | (b) (b), (b) (1)(C | | 01-07-19 |
| WILLFUL PALSE STATE | MEN | VEINE | AND IMPRISONMENT (U.S. | CODE TITLE 40 OF CO | 01-01-11 |
| THE STATE | | PINE | THE INFRISONMENT (U.S. | CODE, TITLE 18, SEC | ION 1001) |

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 32-RD-234263 Date Filed 01/17/201**9**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 filled with the NLRB and should not be served on the employer or any other party.

| Case Procedures (Form NLRB 4812). The showing of interest | should only be filed with the | NLRB and sho | ould <u>not</u> be served o | on the employer or | rany other party. |
|---|--|--|--|---|--|
| PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REM recognized bargaining representative is no longer their represent Labor Relations Board proceed under its proper authority put | ative. The Petitioner alleges th | at the followin | ng circumstances ex | | |
| 2a. Name of Employer | 2b. Address(es) of Establishm | | | | |
| PRAXAIR | 1930 LOVERID | E RD | PITTSB | urg.CA 9 | 74565 |
| 3a. Employer Representative - Name and Title | 3b. Address (If same as 2b - s | ate name) | | | • |
| ANTHONY DAVIS PLANT MGR | 1930 LOVERIDGE | RD P | ITTSBURG | , CA 9450 | 65 |
| 3c. Tel. No. 9(25 252 29 1) | 3e. Cell No. 925 25 2 3064 | 3f. E-Mail | Address | | |
| | 125 25 2 300 1 | - 10.01 | | | |
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| included: DRIVERS & PLANT WORK | 505 1100 0 | F060.41 | F/ | is located | State where unit |
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| | r (30% or more) of the employe | | o longer wish to be re | epresented by the co | ertified or currently |
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| UNITED STEELWARKERS INT'L UN | IMI LOCAL S | | | · . | 5 7 |
| Po Addmes | 8d. Tel. N |). | Se. Cell No. | 77 | Acres Property |
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| | | 0707 | | j. | <u> </u> |
| 9. Date of Recognition or Certification 07 / 2017 | 10. Expiration Date of Current | or Most Recen | t Contract, if any (Mo | onth, Day, Year) | 1 25 |
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| 11a. Is there now a strike or picketing at the Employer's establishme | nt(s) involved? L Yes K | 11b. If so, | approximately how r | | |
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| | ne) | | | | á-labor organization, of |
| (Insert Address) | | | | ce (Month, Day, Yea | - |
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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

| | DO NOT WRITE IN THIS SPACE |
|------------|----------------------------|
| Case No. | Date Filed |
| 32-RD-2348 | 1/25/2019 |

PETITION 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: 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Franzia Winery 17000 E. Highway 120, Ripon, CA 95366 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Lisa James, HR Director SAME AS ABOVE 3d. Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 707.501.8362 209.599.5116 lisa.james@thewinegroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Winery Ripon, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Exempt, salaried non-exempt positions, temporary employees employed with an agency, and members of unit no longer wish to be other bona fide recognized collective bargaining units as covered by collective bargaining agreements with the represented by the certified or currently recognized bargaining Employer, managers, office clerical employees, guards, and supervisors as defined in the Act. representative? Yes [x] No 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 329 Downey Avenue, Modesto, CA 95354 8c Tel No 8d Cell No. Be. Fax No. Bl. E-Mail Address 209.524.4245 209.524.7066 Luis@ufcwJocal186D.com 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current of Most Recent Contract, if any (Monty, Day, Year) 3/31/19 UFCW International prior to 4/1/17 Lulla S If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No OF has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) n' S 10a. Name 10b. Address 10c. Tel. No. 10d. Cett 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: X Manual _ Mail __ Mixed Manual/Mail any such election. 11d. Election Location(s): Employer's premises 11b. Election Date(s): 11c. Election Time(s): varying times The Cabana, 17000 E. Highway 120, Ripon, CA 95366 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 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 constituent (If none, so state) N/A 12d. Tel No. 12f. Fax No. 12g. E-Mail Address 12e. Cell No. (b) (6), (b) (7)(C) 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) 13a. Name and Title SAME AS ABOVE 13f F-Mail Address SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE I declare that I have read the above petition at (b) (6), (b) (7)(C) to the best of my knowledge and belief. Signatu Name (Print) Date (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS

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

ACY 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.

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 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