

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RD-244266	Date Filed 07/02/2019

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 Matheson Mail Transportation, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9785 Goethe Road, Suite 100, Sacramento, CA 95827
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3a. Employer Representative - Name and Title Josh Matheson, Manager	3b. Address (if same as 2b - state same) Same as above
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3c. Tel. No. 510.893.5404	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jmatheson@mathesoninc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Terminal	4b. Principal product or service Transportation and material handling	5a. City and State where unit is located: Oakland, CA
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5b. Description of Unit Involved Included: All full-time and regular part-time drivers employed by the Employer at or from its Alameda County facility located at 2500 Poplar Street, Oakland, CA 94607 Excluded: confidential employees, office clerical employees, guards, and supervisors defined in the Act	6a. No. of Employees in Unit: 13 6b. 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 [X] No []
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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 Teamsters Local 70	8b. Address 400 Roland Way, Oakland CA 94621
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8c. Tel No. 510.569.9317	8d. Cell No. 510.430.3548	8e. Fax No.	8f. E-Mail Address dchiovare@teamsterslocal70.org
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8g. Affiliation, if any	8h. Date of Recognition or Certification prior to April 2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 3/31/ 2019
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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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s):
11b. Election Date(s): July 25, 2019	11c. Election Time(s):

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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
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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
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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 (b) (6), (b) (7)(C)	Date 7/2/19
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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.

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
32-RC-244416Date Filed
07/05/2019

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: Grand Sierra Resort and Casino		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2500 E 2nd St, Reno, NV 89595	
3a. Employer Representative - Name and Title: Shannon Keel, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 775-789-2000	3d. Cell No.	3e. Fax No. 775.789.2004	3f. E-Mail Address shannon.keel@grandsierraresort.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino		4b. Principal Product or Service	5a. City and State where unit is located: Reno, NV
5b. Description of Unit Involved: Included: Valet Excluded: Excluding all other workers			6a. Number of Employees in Unit: 34 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? 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. 10e. Fax No.
			10d. Cell 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): August 9th-10th, 2019		11c. Election Time(s): 2pm-4pm; 6pm-8pm; 10pm-12am	11d. Election Location(s): GSR Board Room
12a. Full Name of Petitioner (including local name and number): Christopher Rosell, Teamsters Local 856		12b. Address (street and number, city, State and ZIP code): 453 San Mateo Avenue, San Bruno, CA 94066	
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 Local 856			
12d. Tel. No. 202-528-3775	12e. Cell No. 202-528-3775	12f. Fax No. 650-635-1632	12g. E-Mail Address crorell@ibt856.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Christopher Rosell, Director of Organizing		13b. Address (street and number, city, State and ZIP code): 453 San Mateo Avenue, San Bruno, CA 94066	
13c. Tel. No. 202-528-3775	13d. Cell No. 202-528-3775	13e. Fax No. 650-635-1632	13f. E-Mail Address crorell@ibt856.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) Christopher Rosell		Signature Christopher Rosell	Title Director of Organizing Date 07/05/19

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

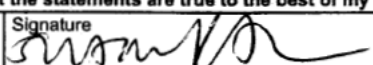
32-RC-244474

Date Filed

07/08/2019

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: Performance Food Group, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5480 Monterey Road, Gilroy, CA 95020	
3a. Employer Representative - Name and Title: Brian Keate, Vice President		3b. Address (if same as 2b - state same): 5480 Monterey Road, Gilroy, CA 95020	
3c. Tel. No. (831) 291-1683	3d. Cell No.	3e. Fax No.	3f. E-Mail Address brian.keate@pfgc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Distribution Center		4b. Principal Product or Service Food Service and Distribution	
5b. Description of Unit Involved: Included: All full-time and regular part-time drivers and hostlers. Excluded: All other employees.		5a. City and State where unit is located: Gilroy, CA 6a. Number of Employees in Unit: 40 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) _____ by petition 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 an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): July 16, 2019		11c. Election Time(s): 1pm-5pm	
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 rsmith@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 07/08/19	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

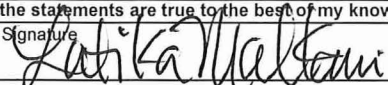
32-RC-244745

Date Filed

07/11/2019

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: 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: Family Paths, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1727 Martin Luther King Jr. Way, Suite 109, Oakland, CA 94612 22320 Foothill Blvd., Suite 400, Hayward, CA 94541	
3a. Employer Representative - Name and Title: Barbra Silver, Executive Director Zainna Reed, Human Resources Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (510) 893-9230, Ext. 22	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bsilver@familypaths.org; zreed@familypaths.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Center		4b. Principal Product or Service Mental health & supportive svcs.	5a. City and State where unit is located: Oakland & Hayward, CA
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A			6a. Number of Employees in Unit: 36
			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) National Union of Healthcare Workers		8b. Address: 5801 Christie Avenue, Suite 525 Emeryville, CA 94608	
8c. Tel. No. (510) 834-2009	8d. Cell No.	8e. Fax No. (510) 834-2019	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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): July 31, 2019	11c. Election Time(s): NA	11d. Election Location(s): NA	
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 rdraper@nuhw.org
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.		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	Signature 	Title Counsel for NUHW	Date 07/11/19

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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Attachment A

to RC Petition filed by National Union of Healthcare Workers (NUHW)

5b. Description of Unit Involved:

Included: All full-time, regular part-time and per diem professional employees employed by the employer at or from 1727 Martin Luther King Jr. Way, Suite 109, Oakland, CA, and 22320 Foothill Blvd., Suite 400, Hayward, CA, in the following job classifications:

Clinical Operations Coordinator, Clinical Operations Specialist, After Hours Hotline Counselor, After Hours Counselor, After Hours Counselor/Parent Child Yoga Instructor, Parent Support Counselor, Parent Education Instructor, Program Coordinator, Caregiver Yoga Instructor/FIT Treatment Specialist, CalWORKS Treatment Specialist/After-Hours Counselor, FIT Treatment Specialist, Treatment Specialist, CalWORKS Treatment Specialist, Clinical Training Coordinator

Excluded: All other employees, confidential employees, employees represented by other labor organizations, guards and supervisors as defined by the National Labor Relations Act.

FORM NLRB-502 (RD)
(5-16)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No. 32-RD-245624

Date Filed 7/29/2019

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 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-503); 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 Americold Logistics		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2050 Lapham Dr. Modesto, CA 95354	
3a. Employer Representative - Name and Title Brian Benson		3b. Address (if same as 2b - state name) 2050 Lapham Dr. Modesto, CA 95354	
3c. Tel. No. (209) 549-3135	3d. Fax No.	3e. Cell No. (209) 248-9982	3f. E-Mail Address Brian.Benson@americold.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cold Storage Logistical Warehouse		4b. Principal product or service supply chain solutions	
5a. Description of Unit Involved Included: Chief Engineer, Assistant Chief Engineer, Watch/Maintenance Utility Engineer Excluded: All other Employees			5b. City and State where unit is located: Modesto, CA
6. No. of Employees in Unit 9		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent International Union of Operating Engineers Local 39		8b. Affiliation, if any AFL-CIO	
8c. Address 337 Valencia Street San Francisco, CA 94103		8d. Tel. No. (415) 415-1135	8e. Cell No.
8f. Fax No.		8g. E-Mail Address Sacramento@local39.org	
9. Date of Recognition or Certification Prior to when the last contract started		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9-30-2019	
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) 9-30-19	13c. Election Time(s) 3:00pm	13d. Election Location(s) Modesto, Americold CA	
14. Full Name of Petitioner (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
(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 (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
15b. Cell No. (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
I declare that I have read the above petition and that (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 Filed 7-29-19

FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT

SECTION 1001)

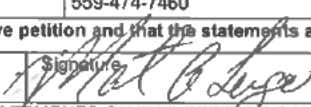
PRIVACY ACT STATEMENT

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. 74042-43 (Dec. 13, 2006). The NLRB will never release this information to the public or to any other entity. This information will remain confidential and will not be used for any other purpose.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-244677	Date Filed 7/11/2019

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 Azteca Milling		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 23865 Ave. 18, Madera, CA 93638	
3a. Employer Representative - Name and Title Rosa Flores, Human Resources Director		3b. Address (If same as 2b - state same) 1159 Cottonwood Lane, Irving TX 75038	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Rosa_Flores@missionfoods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food processor		4b. Principal product or service Masa/cornmeal	
5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A		5a. City and State where unit is located: Madera, CA	
		6a. No. of Employees in Unit: 13	
		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>7/11/2019</u> and Employer declined recognition on or about (Date) (If no reply received, so state). By this petition <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 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): August 1, 2019		11c. Election Time(s): 6:30-8 a.m.	
11d. Election Location(s): Employer's facility			
12a. Full Name of Petitioner (including local name and number) United Food and Commercial Workers 8 - Golden State		12b. Address (street and number, city, state, and ZIP code) 2200 Professional Drive, Roseville, CA 95661	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union			
12d. Tel No. 916-786-0588	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mlugo@ufcw8.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Martin Lugo		13b. Address (street and number, city, state, and ZIP code) Same as above	
13c. Tel No.	13d. Cell No. 559-474-7460	13e. Fax No.	13f. E-Mail Address mlugo@ufcw8.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) Martin Lugo	Signature 	Title Organizer	Date 6/25/19

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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Attachment A

Included: All full-time and regular part-time production, maintenance, and shuttle driver employees at the Employer's two facilities for receiving, cleaning, and grading corn at 23865 Avenue 18, Madera, California and 20100 Fairmead Boulevard, Madera, California.

Excluded: All managers, supervisors, and guards as defined by the National Labor Relations Act.