		DO NOT WRITE IN THIS SPACE											
ORM NLRB-502 (RC)	UNITED STATES OF AMERICA				2								
(2-18) NATIONAL LABOR RELATIONS						C	ase No			Date Fil			
	r r	NC PETITIC					32-R	.C-25995	05/0	04/2020			
INSTRUCTIONS: Unless e-Filed un employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition m named in the	ust be accom e petition of: (	panied l 1) the p	by bo etitio	oth a showing of interes	st (see	e 6b below) and form (Form NL	d a certificat RB-505); an	e of service sho d (3) Description	owing se n of Rep	ervice on presentation		
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires t	to be certified a	is repres	enta	tive of the employees. Th	ne Pet	itioner alleges	that the foll	owing circumst	ances e			
2a. Name of Employer:					(es) of Establishment(s)				State, ZIP code	):			
Courtyard by Marriott Oa	He	genberger Rd Oal	clano	d CA 9462	1								
<b>3a. Employer Representative</b> - Nan Issa Arsala	ne and Title:		3b. Ad same	Address (if same as 2b - state same): ame									
3c. Tel. No. 510-568-7600	<sup>3d.</sup> Cell No. 510-509	9-8509		3e.	Fax No.		3f. E-Mail A ISSaars	Address ala@rem	ingtonhotel	s.com			
4a Type of Establishment (Factory ) Hotel	l mine wholesa	aler etc)			Principal Product or Sec ospitality	vice		5a. City an UaKlat	d State where ur 10 CA	nit is loca	ated:		
5b. Description of Unit Involved:								6a. Numbe	r of Employees i	n Unit:			
See attached description								51					
Excluded:								of the e	ubstantial numbe mployees in the ented by the Peti	unit wisł	n to be ´		
Check One: X 7a. Request for rec on or about (Date)	no rep	oly (lfr	no reply i	receiv	ved, so state).				leclined recognit				
	, ,	ě	<u> </u>		ntative and desires certifi	cation	under the Act.						
8a. Name of Recognized or Certifie none	eu Dargannig	g Agent (in non	e, so sia	ile)	8b. Address:								
8c. Tel. No.	8d. Cell No.			8e.	Fax No.		8f. E-Mail A	8f. E-Mail Address					
8g Affiliation if any	1		8	3h Da	ate of Recognition or Ce	r Certification 8i Expiration Date of Current or Most Recent Contract if any (Month Day Year)							
9. Is there now a strike or picketing a	t the Employe	er's establishme	ent(s) inv	olved	1? NO If so, a	pproxi	mately how ma	ny employee	s are participating	g?			
(Name of Labor Organization)							. has picketed	the Employ	er since (Month,	Dav. Ye	ar)		
10. Organizations or individuals other individuals known to have a repre- none							recognition as r	epresentative	•		<u> </u>		
10a. Name none	1	0b. Address					10c. Tel. N	0.	10d. Cell No.				
							10e. Fax N	10e. Fax No.		10f. E-Mail Address			
11. Election Details: f the NLRB co	nducts and ele	ection in this m	atter sta	ate yo	our position with respect	to any	such election	11a. Election	,	Mixed	Manual/Mail		
11b Election Date(s) May 18th 2020		1c Election Tir mail	me(s)				11d Election	11d Election Location(s)					
<b>12a. Full Name of Petitioner</b> <i>(inclua</i> Unite Here Local 2850	ling local name	e and number).			12b. Address (s 1025 3rd s	treet a t Oa	and number, city kland CA 9	y, State and 2 94607	IP code):				
12c Full name of national or internat Unite Here International	ional labor org Union	ganization of wh	nich Peti	tione	r is an affiliate or constitu	ient (ii							
<sup>12d.</sup> Tel. No. 510-893-3181	12e. Cell No. 510-219-				F. Fax No. 10-893-5362			I Address unitehere	.org				
<b>13. Representative of the Petitione</b> 13a Name and Title Kim Weber, Attorney for U		-	f all pap	13	o Address (street and nu	ımber	tation proceeding. <sup>.</sup> city State and ZIP code): San Francisco Ca 94105						
13c. Tel. No.	13d. Cell No. 617-780-	-9055		<sup>13e.</sup> Fax No. 415-597-7201			13f. E-Mail Address kweber@msh.law						
I declare that I have read the above	e petition and			are tr	ue to the best of my kr	owled	-						
Name ( <i>Print</i> ) Lian Alan		Signatur /s Lia	e n Alaı	n			Lead Orga	nizer			<sup>Date</sup> 5/4/2020		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board

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.

Form 502 Attachment Section 5b. Description of Unit Involved:

All regular part-time and full-time housekeepers, housepersons, laundry, front desk agents, shuttle drivers, bartenders, cooks, servers, dishwashers, bistro attendants, and engineering/maintenance employees of the Employer at its operations at 350 Hegenberger Rd Oakland CA, but excluding guards, office clericals, managers and statutory supervisors.

						r							
FORM NLRB-502 (RC)	UNITED STATES OF AMERICA								DO NOT WRITE IN THIS SPACE				
(2-18) NATIONAL LABOR RELATIONS BO RC PETITION					BOARD C			No.		Date		ed	
								32-RC	-260301	5/1	2/2020		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition n named in th	nust be accom he petition of: (	panied L 1) the pe	by both a etition; (2	2) St	wing of interest (s atement of Position	n form	below) and (Form NLI	a certificat RB-505); and	e of service sho d (3) Descriptio	owing se n of Rep	rvice on resentation	
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labor	ioner desires	to be certified a	is repres	entative of	of the	employees. The P	etition	ner alleges	that the follo	owing circumst	ances e	lective kist and	
2a. Name of Employer:		- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	2b. Ad	dress(es)	ofE	stablishment(s) invo	olved (	Street and r	umber, City,	State, ZIP code	ə):		
Greenwaste Recovery, Inc	с.			Charles Jose, C									
3a. Employer Representative - Nar	ne and Title:		3b. Ad	dress (if s	same	as 2b - state same,	):				2012	0	
Frank Weigel Co-Executive Officer			Same	e									
3c. Tel. No. 408-938-4902	3d. Cell No. 408-499			3e. Fax		-3108		3f. E-Mail A FWeige		waste.com			
4a. Type of Establishment (Factory, Truck yard and material n						I Product or Service	9		5a. City an San Jose,	d State where u CA	nit is loca	ited:	
5b. Description of Unit Involved:					-				6a. Numbe	r of Employees	in Unit:		
Included: All full-time and regular p	oart-time	drivers and	drive	r helpe	ers.				80				
Excluded: All other employees.				~					of the e	ubstantial number mployees in the inted by the Peti	unit wish	to be	
Check One: X 7a. Request for rec on or about (Date)				ve was ma received,			petitio	on and		leclined recognit			
7b. Petitioner is cu						and the second se	on und	ler the Act.					
8a. Name of Recognized or Certifie None.	ed Bargainin	ig Agent ( <i>il non</i>	e, so sib	<i>(e)</i> 80.	. Add	tress:							
8c. Tel. No.	8d. Cell No.	•		8e. Fax	k No.			8f. E-Mail A	ddress				
8g. Affiliation, if any:			8	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 a	t the Employ	er's establishme	ent(s) inv	olved?	No	If so, appro	oximate	ely how man	y employee:	s are participatin	ng?		
(Name of Labor Organization)					10		. 1	has picketed	the Employe	er since (Month,	Day, Ye	ar)	
10. Organizations or individuals othe individuals known to have a repre-										es and other org	anization	s and	
None.													
10a. Name		10b. Address						10c. Tel. No	o. 10d. Cell No.				
								10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB co	inducts and e	election in this m	atter, sta	ate your p	ositi	on with respect to a	ny suc	h election:	11a. Election		Mixed	Manual/Mail	
11b. Election Date(s): May 29, 2020		11c. Election Ti mail ballot							I. Election Location(s): ail ballot				
12a. Full Name of Petitioner (includ Teamsters Local 350	ding local nam	ne and number)	:			12b. Address (stree 295 89th Stree Daly City, CA	et, S	uite 304	, State and 2	ZIP code):			
12c. Full name of national or internal International Brotherhood			hich Peti	tioner is a	an af	filiate or constituent	t (if nor	ne, so state)	:				
12d. Tel. No. (650) 757-7290	12e. Cell N			12f. Fa		57-7294		12g. E-Mail S.Arran		ocal350.co	m		
13. Representative of the Petitione	er who will a	ccept service o	of all pap				entatio	A State State State	00				
13a. Name and Title: Susan K. Garea, Attorney				483 N	Vint	ss (street and numb h Street, Suite 2		y, State and	ZIP code):				
13c. Tel. No. (510) 625, 9700	13d. Cell N	0.		Oakland, CA 94607 13e. Fax No. (510) 625-8275				13f. E-Mail Address sgarea@beesontayer.com					
(510) 625-9700		d that the stat			·			0 0	beesont	ayer.com			
I declare that I have read the abov Name (Print)	e petition an	Signatur		are true t	to th	e best of my know	Title	and the second se				Date	
Susan K. Garea		e.gnatur	5	-			1.1	torney				05/12/20	
	1942 - 1945 - 19		0	2	-1	T	1	, and the second s					

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FORM NLRB-502 ( (2-18)	(RC)		ED STATES OF				Case No.		N THIS SPACE Date Filed		
RC PETITION							1	RC-260434		5/14	
employer cont the employer	VS: Unless e-Filed u cerned is located. 1 and all other parties ires (Form NLRB 48	The petition s named in	must be accom the petition of: (	panied (1) the p	by both a s etition; (2)	howing of interest Statement of Posit	(see 6b below) a ion form (Form i	and a certificate ( NLRB-505); and (	of service (3) Descrip	legion in whi showing sei otion of Repr	ich t rvice rese
bargaining by	OF THIS PETITION: y Petitioner and Peti at the National Labo	tioner desire	s to be certified a	as repres	sentative of	the employees. The	Petitioner allege	es that the follow	ring circu	mstances ex	
2a. Name of En Model Da				2b. Ac 500	idress(es) o Gould S	f Establishment(s) in Street, Reno, N	ivolved (Street an IV 89502	id number, City, S	tate, ZIP c	ode):	
	epresentative - Nar ee, Plant Mana		2	3b. Ad same		ne as 2b - state san	ne):		<del>ni 100 (100 (100 (100 (100 (100 (100 (100</del>		
3c. Tel. No. 775-788-79	)30	3d. Cell No 510-99		1	3e. Fax N	lo.		allbee@dear	nfoods.	com	
	blishment (Factory,		saler, etc.)			pal Product or Servi		5a. City and S	State when		ed:
*	essing and del	ivery			Dair	y products		Reno, NV			
Included:	of Unit Involved: All full/part-time c employees, plant r							6a. Number o 45			
and	fice, clerical, labo d guards defined i	n the Act	<u>.</u>					represente	oloyees in ed by the F	the unit wish Petitioner? 👔	to be
Jumied	7a. Request for rec on or about (Date) 7b. Petitioner is cur	no	me (if n	io reply i	received, so	state).		and Employer dec	lined reco	gnition	
8a. Name of Red None	cognized or Certifie	ed Bargaini	ng Agent (If non	e, so sta	ite) 8b. A	ddress:					
8c. Tel. No.		8d. Cell No	ł.		8e. Fax N		Loc P Mul			<del></del>	
						0.	er. E-Mai	Il Address			
8g. Affiliation, if a	any:			8		o. Recognition or Certifi	cation 8i. Expire	ation Date of Curre Contract, if any (Mc	ont or Most South, Day,	l Year)	
9. Is there now a	any: strike or picketing at or Organization)	t the Employ	ver's establishme		h. Date of F	lecognition or Certifi	ication 8i. Expira Recent C roximately how m	ation Date of Curre	onth, Day, re participa	Year) ating?	r)
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<ol> <li>9. Is there now a (Name of Labo 10. Organizations individuals kn None</li> <li>10a. Name</li> <li>10a. Name</li> <li>11b. Election Data</li> <li>12b. Election Data</li> <li>12c. Full Name of Internation</li> <li>12d. Tel. No. 775-348-60</li> <li>13c. Tel. No. 775-348-60</li> </ol>	strike or picketing all or Organization) s or individuals other hown to have a repre- alls: If the NLRB cor- te(s): of Petitioner (includi ficurs, Warehousen & Misc Employee em Nevada, Local i finational or internation nal Brotherhood food the of the Petitioner itle: , Business Agen 600 ave read the above	than Petitic sentative in iducts and d ing local nar- nen and He is, Donner 533 onal labor o id of Tea 12e. Cell Ni who will a it 13d. Cell Ni 755-22	ner and those na terest in any emp 10b. Address election in this ma 11c. Election Tim ne and number); lipers, Profession & the Tahoe Ba rganization of wh umsters o. ccept service of 5-5338	nt(s) inv imed in loyees i atter, sta ne(s): Teams nal, Cle sin. Rey ich Petit all pap	ters, rical, ao & line from the unit de ters, rical, ao & liner is an a 12f. Fax N 775-34 ers for pur 13b. Addre 13e. Fax N 775-3	Accognition or Certification of Certification of Certification of Certification of Certification of the social of	cation 8i. Expira Recent C roximately how m , has picket red recognition as above. (If none, so 10c. Tel. 10e. Fax any such election 11d. Elec ret and number, c Drive, Suite 0512 tt (if none, so stat 12g. E-M ber, city, State ar 13f. E-Ma lori(c viedge and belle	ation Date of Curre contract, if any (Mo hany employees at ted the Employers a s representatives a o state) No. 10 No. 10 No. 10 No. 10 i: 11a. Election Ty : 11a. Election Ty : Manual ction Location(s): :: :: : : : : : : : : : :	onth, Day, re participa since (Mon and other o id. Cell No if. E-Mail A ype: X Mail code):	Year) ating? th, Day, Year organizations  (Mixed N	and

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		DO NOT WRITE IN THIS SPACE									
NATIONAL LABOR RELATIONS BOARDCase No.Date FiledRC PETITION32-RC-26045305/15/2020											
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , 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.											
<ol> <li>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.</li> </ol>											
2a. Name of Employer2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)Tracy Toyota2895 North Naglee Rd, Tracy, CA 95304											
3a. Employer Representative     Name and Title     3b. Address (If same as 2b)     state same)       Jae Lee, General Manager     Same as above											
<sup>3с. теl. №.</sup> 209-834-1111	3d. Cell No.		830-506			acytoyota.com					
4a. Type of Establishment (Factory, mine, w Automotive Dealership	(holesaler, etc.) 4b. Principal Auto Sa	ales &	Auto Mair	ntenance	5a. City	and State where unit is located: $y,  CA$					
5b. Description of Unit Involved Included: All full-time and re	gular-part time ser	vice tecl	nnicians a	nd lube tech	IS.	6a. No. of Employees in Unit: 15					
Excluded: All others						6b. Do a substantial number (30% or more) of the employees in he unit wish to be represented by the Petitioner? Yes V No					
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) May 15, 2020 and Employer declined recogni ion on or about May 15, 2020 (Date) (If no reply received, so state).											
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under he Act.         8a. Name of Recognized or Certified Bargaining Agent (If none, so state).       8b. Address											
8c. Tel No.	8d Cell No.	8e. Fax	No.		8f. E-Mail Add	ress					
8g. Affiliation, if any		8h. Date	of Recognition or	Certification		Date of Current or Most Recent y (Month, Day, Year)					
9. Is there now a strike or picke ing at the Er						rticipating?					
(Name of labor organization)											
10. Organizations or individuals other than F known to have a representative interest in a					oresentatives and	d other organizations and individuals					
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.					
				10e. Fax No.		10f. E-Mail Address					
11. Election Details: If the NLRB conducts any such election.			with respect to	10000000000000000000000000000000000000	Mail Mixed Manual/Mail						
11b. Election Date(s): Mail ballot going out May 22, 2	2020 11c. Election Time(s):	1	11d. Election Location(s):								
12a. Full Name of Petitioner (including loo Machinists & Mechanics Lodge No. 2182, Internation	al Association of Machinists and Aero			967 Venture	Court, Sac	city, state, and ZIP code) cramento, CA 95825					
12c. Full name of national or international lai International Association of Mac	chinists and Aerospace	e Workers	, AFL-CIO								
12d. Tel No. (916) 929-1040	(925) 550-0586		( <u>No.</u> ) 16) 929-37			b) (7)(C)					
13. Representative of the Petitioner who we are and Title Caren P. Se		20 000 000	1915 - 007-009 - <sup>507</sup> -00 - 1	entation proceedin I number, city, state,	REAL 2010/00/00 10:00	8.175254.08.0001 8252 80 - 5.1752.000000000000000000000000000000000000					
13c. Tel No	13d. Cell No.	13e, Fa	IX NO.	enfeld, 1001 Marina	13f, E-Mail Ad						
510-337-1001 I declare that I have read the above petition	on and that the statements are		37-1023 Dest of my know	ledge and belief.	nirbnotice	s@unioncounsel.net					
Name (Print) Sig	nature	Title	-	unnan an 🗢 dae sharara dharara nangalada 19	Date						
Caren P. Sencer	NTS ON THIS PETITION CAN B	Attorn		IMPRISONMENT (II	May 15,						

PRIVACY ACT STATEMENT

Solici ation of he informa ion on this form is au horized by he National Labor Relations Act (NLRA) 29 U S C § 151 *et seq*. The principal use of the information is to assist he National Labor Relations Board (NLRB) in processing representa ion 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 fur her explain these uses upon request Disclosure of this information to he NLRB is voluntary however failure to supply the information will cause he NLRB to decline to invoke is processes

							DO NOT WRITE IN THIS SPA						
FORM NLRB-502 (RC) (2-18)	UN TED STATES OF AMER CA NAT ONAL LABOR RELAT ONS BO							e No.	Donorn		Date Fi	led	
(2.10)	N						20000			1.000			
			-		-260603	and the second second second second second	1	5/19/2020					
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 481	he petition named in t	must be accomp the petition of: (	panied b 1) the pe	y bo titio	oth a sh n; (2) S	nowing of interest ( Statement of Positi	(see 6k on for	b below) and m (Form NL	d a certificat RB-505); and	e of service sho d (3) Description	owing s n of Re	ervice on presentation	
1 PURPOSE OF THIS PETITION F bargaining by Petitioner and Petiti requests that the National Labo	ioner desire	s to be certified a	s repres	entat	tive of th	he employees The	Petitio	ner alleges	that the folle	owing circumst	ances e		
2a. Name of Employer:						Establishment(s) in				State, ZIP code	):		
Windsor Oakridge Healthcare Center, L.P.2919 Fruitvale Avenue, Oakland, CA 94602DBA Windsor Healthcare Center of Oakland2919 Fruitvale Avenue, Oakland, CA 94602													
3a. Employer Representative - Nan Maria Thompson Adminis		Owners Lee			s (if sam	ne as 2b - state sam	ie):						
Samson, Lawrence Feigen, Donny Feldman													
<sup>3c</sup> Tel No (510) 261-8564	3d Cell No N/A		1	3e	Fax No	D		3f E-Mail A adminis		hcoakland.	com		
4a. Type of Establishment (Factory, I Skilled Nursing Facility	mine, whole	saler, etc )			Principealth	oal Product or Servic Care	ce		5a City an Oakland,	d State where un CA	nit is loc	ated	
5b. Description of Unit Involved:									6a Numbe	r of Employees i	in Unit		
Included: Regular full and part-time	IVNs	RNs & Tre	atment	t N	ilircec	(Armour-Glo	he el	ection)	15				
Excluded:	L V 145,	10105, 60 HG	aumen	114	uises	(Annou-Olo		cetton)	6h Do a si	ubstantial numbe	or (30%	or more)	
All other employees, MDS	S-PPS-T	ILE Nurses.	, cleric	als	man	agers guards &	& sup	pervisors	of the e	mployees in the nted by the Peti	unit wis	h to be	
Check One x 7a Request for rec	ognition as	Bargaining Repre				0 0	his pe			leclined recognit			
on or about (Date) 7b Petitioner is cur			no reply r				tion un	der the Act					
8a. Name of Recognized or Certifie	-		• •		8b Ac		uon un	der the Act					
NONE				1012									
8c Tel No	8d Cell No	)		8e	Fax No	D		8f E-Mail A	Address	SS			
8g. Affiliation, if any:	5		8					a 8i. Expiration Date of Current or Most Recent Contract, if any <i>(Month, Day, Year)</i>					
9 s there now a strike or picketing a	t the Employ	yer's establishme	ent(s) invo	olved	?N	) fso app	roxima	tely how man	ny employees	s are participatin	g?		
(Name of Labor Organization)						-0		has picketed	the Employe	er since (Month,	Day, Ye	ar)	
10 Organizations or individuals other individuals known to have a representation NONE										es and other orga	anizatio	ns and	
10a Name		10b Address						10c Tel N	0	10d Cell No	10d Cell No		
								10e Fax No		10f E-Mail Address			
11. Election Details: If the NLRB co	nducts and	election in this m	atter, sta	te yo	our posi	tion with respect to a	any su	ch election:	11a Election		Mixed	Manual/Mail	
11b. Election Date(s): 05/22/2020		11c. Election Tir $N/A$	me(s):					11d. Election Location(s): N/A					
12a. Full Name of Petitioner (includ SERVICE EMPLOYEES				ON	,	12b Address (stre 2910 BEVER					900	57	
LOCAL 2015													
12c. Full name of national or internati SERVICE EMPLOYEES						affiliate or constituer	nt <i>(if no</i>	ne, so state)					
12d Tel No 213-985-0400	12e Cell N	lo		12	f Fax N	lo		12g E-Mai	Address				
13. Representative of the Petitione	r who will a	ccept service o	f all pap										
13a. Name and Title: Manuel A. Boigiues, Attorne	ey for Un	ion				ess (street and num arina Village Pa				neda, CA 945	501		
13c Tel No 510-337-1001	13d Cell N	0		13e Fax No 510-337-1023				13f E-Mail Address mboigues@unioncounsel.net					
I declare that I have read the above	e petition a			re tr	ue to th	he best of my know							
Name (Print) Manuel A. Boigues		Signature	dulle	l	Å.	Bagus	Title	e ttorney fo	or Union			Date 05/19/20	
						v							

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.* he principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation he routine uses for the information are fully set forth in the Federal Register 71 Fed Reg 74942 43 (Dec 13 2006) he 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

500M NI DD (00 (DO)	UNITE	UNITED STATES OF AMERICA							DO NOT W	WRITE IN THIS SPACE				
FORM NLRB-502 (RC) (2-18)	NATIONAL LABOR RELATIONS BO							No.	Date Filed			ed		
RC PETITION								32-RC-260		91 05		29/2020		
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nttb.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: Cardinal Logistics Manag	Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11 Preston Avenue vermore, CA 94551													
						Address (if same as 2b - state same):								
3c. Tel. No.	3d. Cell No. (209) 66	5-6903		3e.	Fax No.			3f. E-Mail A ahayes	ddress cardlog.	com				
4a. Type of Establishment (Factory, r Warehouse and Truck Yar		aler, etc.)		100000		I Product or Service stallation	e		5a. City an Livermor	d State where u e, CA	nit is loca	ted:		
5b. Description of Unit Involved:									6a. Numbe	r of Employees	in Unit:			
All full time and regula	r part time	drivers emplo	yed by	Caro	dinal Lo	gistics at or out o	of 661	1	7					
Excluded: All other employees.	rmore, CA.								of the e	bstantial numb mployees in the nted by the Pet	unit wish	to be		
Check One: X 7a. Request for rec on or about (Date) 7b. Petitioner is cur		(If n	o reply r	eceiv	ved, so s	tate).	petiti		d Employer d	eclined recogni	tion			
8a. Name of Recognized or Certifie					8b. Add	and the second se	aon an							
None														
8c. Tel. No.	8d. Cell No.			8e.	Fax No.			8f. E-Mail A	ddress					
8g. Affiliation, if any:			8	h. Da	ate of Re	cognition or Certific	cation			Irrent or Most (Month, Day, Ye	ear)			
9. Is there now a strike or picketing a	t the Employ	er's establishme	ent(s) inv	olved	? <u>No</u>	If so, appr	oximat	tely how man	ny employees	s are participatin	ng?			
(Name of Labor Organization)										er since (Month,				
10. Organizations or individuals other individuals known to have a represent None.										es and other org	anization	s and		
10a. Name		10b. Address						10c. Tel. No	o. 10d. Cell No.					
							10e. Fax No.		10f. E-Mail Address					
11. Election Details: If the NLRB co				ite yo	our positi	on with respect to a	any suc		🗌 Manua	I 🗶 Mail [	Mixed	Manual/Mail		
11b. Election Date(s): June 5, 2020		11c. Election Til Mail Ballot						11d. Election Location(s): Mail Ballot						
12a. Full Name of Petitioner (includ Teamsters Local 853			· · · · · · · · · · · · · · · · · · ·			12b. Address (stree 7750 Pardee Oakland, CA	Lane	number, city	unita de Lient	ZIP code):				
12c. Full name of national or internat International Brotherhood		-	hich Peti	tione	r is an a				•					
12d. Tel. No. (510) 895-8853	12e. Cell N			1.	f. Fax No			12g. E-Mai						
13. Representative of the Petitione	r who will a	ccent service o	fall par			95-6853	entati			ers853.org				
13a. Name and Title: Susan K. Garea, Attorney				131 Be	b. Addre eeson,	ss (street and numb Tayer & Bodin th Street, Suite	ber, cit ne	y, State and	ZIP code):	7				
13c. Tel. No. (510) 625-9700	13d. Cell N			(5		25-8275			beesont	ayer.com				
I declare that I have read the above Name (Print)	e petition ar	d that the state Signatur		are tr	rue to th	e best of my know	Titl					Date		
Susan K. Garea		Gignatur	0	×	50	-		torney				05/29/20		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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