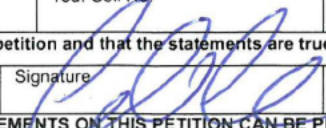


UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226757</b>	Date Filed <b>09/04/2018</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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. <b>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.</b>			
<b>2a. Name of Employer</b> Engility Holding Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Naval Air Station Lemoore, CA 93245	
<b>3a. Employer Representative - Name and Title</b> Jennifer Rubin, Talent Acquisition/Keith Hulbert, Supervisor		<b>3b. Address (If same as 2b - state same)</b> 3750 Centerview Drive, Chantilly, VA 20151/same	
<b>3c. Tel. No.</b> (703) 984-4875/(904) 213-7787	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Jennifer.Rubin@Engility.com/Keith.Hulbert@Engility.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All mechanics and helpers. <b>Excluded:</b> All others.		<b>5a. City and State where unit is located:</b> Lemoore, CA	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>By Petition</u> <b>and Employer declined recognition on or about</b> _____ <b>(Date) (If no reply received, so state).</b>		<b>6a. No. of Employees in Unit:</b> <b>4</b>	
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>		<b>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"/></b>	
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____</b> <b>(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____</b>			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Thursday, September 20, 2018	<b>11c. Election Time(s):</b> 1:00 p.m. - 3:00 p.m.	<b>11d. Election Location(s):</b> NAS Lemoore, Bldg. 3503 B	
<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725		<b>12b. Address (street and number, city, state, and ZIP code)</b> 2749 Sunrise Boulevard, Rancho Cordova, CA 95742	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel No.</b> (916) 635-4710	<b>12e. Cell No.</b> (916) 200-9151	<b>12f. Fax No.</b> (916) 635-0586	<b>12g. E-Mail Address</b> dbrewer@iam725.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Caroline N. Cohen, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrnotices@unioncounsel.net, ccohen@unioncounsel.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Caroline N. Cohen	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 4, 2018

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226830</b>	Date Filed <b>09/05/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Genesis HealthCare D/B/A Willow Creek Healthcare Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 650 West Alluvial Avenue, Clovis, CA 93611	
<b>3a. Employer Representative - Name and Title</b> Vivian Del Toro, Administrator		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> (559) 323-6200	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (559) 323-7737	<b>3f. E-Mail Address</b> vivian.deltoro@genesishcc.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Skilled Nursing Facility		<b>4b. Principal product or service</b> Health care	<b>5a. City and State where unit is located:</b> Clovis, CA

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 71
<b>Included:</b> Full-time and regular part-time Certified Nursing Assistants (CNAs), Restorative Nursing Assistants (RNAs), Activities Assistants, Medical Records Assistants, and Social Services Assistants employed by the Employer at its facility in Clovis, CA. <b>Excluded:</b> All other employees, including Administrator, Assistant Administrator, Director of Nursing, Director of Staff Development, Assistant Staff Development, Registered Nurses, Licensed Vocational Nurses, Activities Director, Medical Records Director, Social Services Director, MDS employees, Admissions employees, HR/Payroll employees, Marketing employees, Business Office employees, Receptionists, Maintenance/Housekeeping employees, Laundry employees, Dietary employees, managers, guards, and supervisors as defined by the Act.		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 9/5/2018 and Employer declined recognition on or about No reply (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> September 19, 2018	<b>11c. Election Time(s):</b> 6:30am-7:30am and 2:30pm-3:30pm	<b>11d. Election Location(s):</b> The Library in the Employer's facility
--	---	--	---

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

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

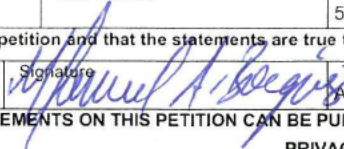
<b>12d. Tel No.</b> 213-985-1505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
-------------------------------------	----------------------	---------------------	----------------------------

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

<b>13a. Name and Title</b> Manuel A. Boigues, Attorney for Union	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
---	---

<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> 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.

<b>Name (Print)</b> Manuel A. Boigues	<b>Signature</b> 	<b>Title</b> Attorney for Union	<b>Date</b> September 5, 2018
--	---	------------------------------------	----------------------------------

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226896</b>	Date Filed <b>9/6/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Volvo Cars of Walnut Creek	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2791 No. Main Street, Walnut Creek, CA 94597
---	--

<b>3a. Employer Representative - Name and Title</b> Casey Turner, General Mgr/Gaylen Lichtchenstein, attorney	<b>3b. Address</b> (If same as 2b - state same) same
--	---

<b>3c. Tel. No.</b> 866-826-6635	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cturner@volvocarswc.com/glichtchenstein@littler.com
-------------------------------------	---------------------	--------------------	--

<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Automobile Dealership	<b>4b. Principal product or service</b> Automobile Sales and Service	<b>5a. City and State where unit is located:</b> Walnut Creek, CA
---	---	--

<b>5b. Description of Unit Involved</b> <b>Included:</b> All Technicians, Parts Department Employees, Detailers and Lot Department Employees <b>Excluded:</b> All others	<b>6a. No. of Employees in Unit.</b> 19 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	---------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
--------------------------------	---	--

**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11b. Election Date(s):</b> Tuesday, October 2, 2018	<b>11c. Election Time(s):</b> 12:00 p.m. - 1:00 p.m.	<b>11d. Election Location(s):</b> Employer's Break Room
---	---	--

<b>12a. Full Name of Petitioner</b> (including local name and number) Machinists Automotive Trades District Lodge No. 190, Machinists Local 1173	<b>12b. Address</b> (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)  
International Association of Machinists and Aerospace Workers, AFL-CIO

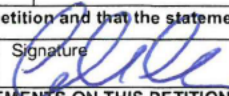
<b>12d. Tel No.</b> 925-687-6421	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 925-685-4116	<b>12g. E-Mail Address</b> solder1546@sbcglobal.net
-------------------------------------	----------------------	-------------------------------------	--

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

<b>13a. Name and Title</b> Caroline N. Cohen, Attorney	<b>13b. Address</b> (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
---	---

<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net, ccohen@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.

<b>Name (Print)</b> Caroline N. Cohen	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 6, 2018
--	---	--------------------------	----------------------------------

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226926</b>	Date Filed <b>09/07/2018</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> AECOM (URS Federal Services Inc.)		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Lemoore Naval Air Station, 180 (Delta) Reeves Blvd., Lemoore, CA 93246	
<b>3a. Employer Representative - Name and Title</b> Lester Jordan, Director, Labor Relations		<b>3b. Address (If same as 2b - state same)</b> 11832 Rock Landing Dr., Ste. 306, Newport News, VA 33606-4278	
<b>3c. Tel. No.</b> 770-362-0978	<b>3d. Cell No.</b> (301) 526-0093	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> lester.jordan@aecom.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Mechanic I, Mechanic II, Mechanic III, Supply Technicians, Tools and Parts Attendants, Technical Order Librarians, and Aircraft Logs and Record Technicians <b>Excluded:</b> All others.		<b>5a. City and State where unit is located:</b> Lemoore, CA	
		<b>6a. No. of Employees in Unit:</b> 120+	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ 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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> Thursday, September 27, 2018	<b>11c. Election Time(s):</b> 9:00 a.m. - 11:00 p.m.	<b>11d. Election Location(s):</b> Employee Break Room
---	---	--

**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, District Lodge 725

**12b. Address (street and number, city, state, and ZIP code)**  
2749 Sunrise Boulevard, Rancho Cordova, CA 95742


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> (916) 635-4710	<b>12e. Cell No.</b> 916-705-0257	<b>12f. Fax No.</b> 916-635-0586	<b>12g. E-Mail Address</b> oiese@iam725.org
---------------------------------------	--------------------------------------	-------------------------------------	--

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

<b>13a. Name and Title</b> David W. M. Fujimoto, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrnotices@unioncounsel.net, dfujimoto@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.**

<b>Name (Print)</b> David W. M. Fujimoto, Attorney	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 7, 2018
---	---	--------------------------	----------------------------------

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

**PRIVACY ACT STATEMENT**

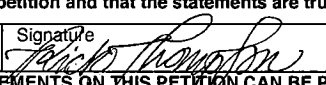
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226952</b>	Date Filed <b>09/07/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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. <b>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.</b>			
<b>2a. Name of Employer</b> Pacific Gas & Electric Co.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 77 Beale St, San Francisco, CA 94105	
<b>3a. Employer Representative - Name and Title</b> Stacy Campos, Lead Counsel		<b>3b. Address</b> (If same as 2b - state same) 77 Beale St, San Francisco, CA 94105	
<b>3c. Tel. No.</b> 415-973-5357	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> SACH@pge.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Utility		<b>4b. Principal product or service</b> Electric and gas utility service	
<b>4c. City and State where unit is located:</b> Various in Northern California		<b>5a. City and State where unit is located:</b> Various in Northern California	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time Field Safety Specialists and Senior Field Safety Specialists employed by the Employer in its Corporate Safety Operations department. <b>Excluded:</b> Safety Specialists and Senior Safety Specialists in the following departments: Contact Center Operations, Public Safety & Awareness, Project Execution - Contracts, Credit Policy & Operations, Electrical Distribution Emergency Preparedness Public Partnerships, Safety Leadership Support, ISS Support, and Decon Project. Employees already represented by a labor organization; all other employees, office clerical employees, security guards and officers, and Supervisors as defined in the Act.			<b>6a. No. of Employees in Unit:</b> 30 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) <u>09/07/2018</u> and Employer declined recognition on or about <u>no reply</u> (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None.		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>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.</b> (If none, so state) None.			
<b>10a. Name</b> None.	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Ballots out 10/01/2018; Vote count 10/16/2018	<b>11c. Election Time(s):</b> 10:00am vote count	<b>11d. Election Location(s):</b> Vote count at Region 32 office in Oakland, CA	
<b>12a. Full Name of Petitioner (including local name and number)</b> International Brotherhood of Electrical Workers, Local Union No. 1245		<b>12b. Address (street and number, city, state, and ZIP code)</b> 30 Orange Tree Circle, Vacaville, CA 95687	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Brotherhood of Electrical Workers, AFL-CIO			
<b>12d. Tel No.</b> 707-452-2700	<b>12e. Cell No.</b> 916-439-9937	<b>12f. Fax No.</b> 707-452-2701	<b>12g. E-Mail Address</b> rct8@ibew1245.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Rick Thompson, Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 30 Orange Tree Circle, Vacaville, CA 95687	
<b>13c. Tel No.</b> 916-439-9937	<b>13d. Cell No.</b> 916-439-9937	<b>13e. Fax No.</b> 707-452-2701	<b>13f. E-Mail Address</b> rct8@ibew1245.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Rick Thompson	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 09/07/2018

**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.

OAKLAND, CA.  
2018 SEP -7 PM 1:35  
NLRB REGION 32



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-227309</b>	Date Filed <b>09/13/2018</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Volvo Cars of Walnut Creek		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2791 No. Main Street, Walnut Creek, CA 94597	
<b>3a. Employer Representative - Name and Title</b> Casey Turner, General Mgr/Gaylen Lichtchenstein, attorney		<b>3b. Address (If same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> 866-826-6635	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cturner@volvocarswc.com/glichtchenstein@littler.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Automobile Dealership		<b>4b. Principal product or service</b> Automobile Sales and Service	<b>5a. City and State where unit is located:</b> Walnut Creek, CA
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Technicians, Parts Department Employees, Detailers and Lot Department Employees <b>Excluded:</b> All others			<b>6a. No. of Employees in Unit:</b> 19 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Thursday, October 11, 2018	<b>11c. Election Time(s):</b> 12:00 p.m. - 1:00 p.m.	<b>11d. Election Location(s):</b> Employer's Break Room	
<b>12a. Full Name of Petitioner (Including local name and number)</b> See Attachment A		<b>12b. Address (street and number, city, state, and ZIP code)</b> See Attachment A	

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

<b>12d. Tel No.</b> See Attachment A	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> See Attachment A	<b>12g. E-Mail Address</b> See Attachment A
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> David W.M. Fujimoto, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net, dfujimoto@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.**

<b>Name (Print)</b> David W.M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 12, 2018
--	---	--------------------------	-----------------------------------

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



**ATTACHMENT A TO JOINT RC PETITION****Volvo Cars of Walnut Creek****12a. Full Name of Petitioner** Automotive Machinists Lodge No. 1173**12b. Address** 1900 Bates Avenue, Suite H Concord, CA 94520-1239**12c. Full name National or International labor organization of which petitioner is affiliate**

Machinists Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.	12e. Cell	12f. Fax No.:	12g. E-Mail Address
(925) 687-6421	(510)409-5849	((925) 685-4116	solder1546@sbcglobal.net

**12a. Full Name of Petitioner** Teamsters Union Local No. 315**12b. Address** 2727 Alhambra Avenue Martinez, CA 94553**12c. Full name National or International labor organization of which petitioner is affiliate**

International Brotherhood of Teamsters

12d. Tel No.	12e. Cell	12f. Fax No.:	12g. E-Mail Address
(925) 228-2246	(707) 333-8006	(925) 228-1612	dgarcia@teamsters315.com



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

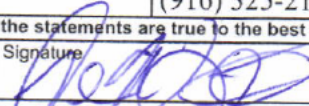
32-RC-227354

Date Filed

09/14/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Specialty Sales, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4672 East Drummond Ave., Fresno, CA 93725	
<b>3a. Employer Representative - Name and Title:</b> Don Alsup, President		<b>3b. Address (if same as 2b - state same):</b>	
<b>3c. Tel. No.</b> 559-281-0003	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> don@specialtysalesllc.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Factory		<b>4b. Principal Product or Service</b> Chemicals	
<b>5a. City and State where unit is located:</b> Fresno, CA		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All employees employed by Employer at 4672 East Drummond Ave. <b>Excluded:</b> All managers, supervisors, and guards as defined by the Act.	
<b>6a. Number of Employees in Unit:</b> 11		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None.		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: _____			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 9/27/2018		<b>11c. Election Time(s):</b> 5:00 pm - 6:30 pm	
<b>11d. Election Location(s):</b> Employer's facility			
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 431		<b>12b. Address (street and number, city, State and ZIP code):</b> 1140 W. Olive Ave., Fresno, CA 93728	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> (559) 486-5410	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> teamsters431@sbcglobal.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Peter McEntee		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 Capitol Mall, Suite 300, Sacramento, CA 95814	
<b>13c. Tel. No.</b> (916) 325-2100	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (916) 325-2120	<b>13f. E-Mail Address</b> pmcentee@beesontayer.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Peter McEntee		<b>Signature</b> 	<b>Title</b> Attorney
			<b>Date</b> 09/14/18

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  
RD PETITION

Case No.

32-RD-226843

Date Filed

09/05/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Invigorate Post-Acute of Chowchilla		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 1010 Ventura Ave., Chowchilla, CA 93610	
<b>3a. Employer Representative - Name and Title</b> Sal Estrada, Administrator		<b>3b. Address (If same as 2b - state name)</b> 1010 Ventura Ave., Chowchilla, CA 93610	
<b>3c. Tel. No.</b> (559) 665-4826	<b>3d. Fax No.</b>	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Post-Acute Care Medical Facility		<b>4b. Principal product or service</b> Healthcare Services	
<b>5a. Description of Unit Involved</b> <b>Included:</b> CNAs, RNAs, Nursing Assistants, Unit secretaries, dietary & activity aides, cooks, maintenance employees <b>Excluded:</b> RNs, confidential employees, professional employees, guards, and supervisors			<b>5b. City and State where unit is located:</b> Chowchilla, CA

<b>6. No. of Employees in Unit</b> 65	<b>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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> Service Employees International Union, Local 2015		<b>8b. Affiliation, if any</b> SEIU	
<b>8c. Address</b> 681 W. Capitol Ave. Suite 100 West Sacramento, CA 95605		<b>8d. Tel. No.</b> (855) 810-2015	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b>
<b>9. Date of Recognition or Certification</b> Unknown		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

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

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

<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>13b. Election Date(s)</b> September 7, 2018	<b>13c. Election Time(s)</b> 5 to 7 AM and 1 to 4:30 PM	<b>13d. Election Location(s)</b> 1010 Ventura Rd., Chowchilla, CA

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

<b>14f. Affiliation, if any</b>		
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>		
<b>15a. Name</b>	<b>15b. Title</b>	
<b>15c. Address (Street and number, city, state, ZIP code)</b>	<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
	<b>15f. Cell No.</b>	<b>15g. E-Mail Address</b>

<b>I declare that I have read the above petition and that the (b) (6), (b) (7)(C) true to the best of my knowledge and belief.</b>		
<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Title</b> An Individual	<b>Date Filed</b> 8-23-18

WILLFUL FALSE STATEMENTS

PUNISHABLE 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.