UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Cesse No.	©ate Filed
20-RC-246720	8/16/2019

PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The pelition 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 cartified 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. 2s. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) Alaka'ina Foundation Family of Companies d/b/a Kapili See Attachment A 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Rufino Magliba, Program Manager 1600 Kaplolani Boulevard, Suite 530, Honolulu, HI 96814 3c. Tel. No. 3d, Çell No. 3f. E-Mall Address 3a. Fax No. (808) 944-3885 RMagliba@alakaina.com (808) 447-8916 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Government Contractor Non-Medical Counseling for Military and Family Honolulu, HI 5b. Description of Unit Involved 6a. No, of Employees in Unit: Included: All Military and Family Life Counselors (MFLC) on the Island of Oahu, Hawaji 6b. Do a substantial number (30% or more) of the employees in the Excluded: Office clerk employees, professional employees, managerial employees, guards, supervisors and other employees as unit wish to be represented by the defined in the Act Petitioner? Yes 💌 No L Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by this patition and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8s. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address None Sc. Tel No 8d Cell No. Bí. E-Mail Address Be. Fax No. 8g. Affiliation, if any 8h, Date of Recognition or Certification Bi. 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. (Il none, so state) None 10s. 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 Manual Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Dete(s): 11c. Election Time(s): 11d. Election Location(s): TBD 12a. Full Name of Patitioner (Including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge 47 125, Address (street and number, city, state, and ZIP code) 5621 Bowen Court, Commerce City, CO 80022 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 12d. Tel No. 12e. Cell No 12f. Fax No. 12g. E-Mail Address mward@lamaw.org (916) 985-8101 (916) 597-6100 (916) 985-8121 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13e. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Perkway, Sulfa 200, Alameda, CA 94501 13d, Cell No. 13f. E-Mall Address 13e, Fax No. (510) 337-1023 (510) 337-1001 an,iaanuoonoinu@esotiondiin jat.isatuoonoinu@stamilmate I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date Name (Print) David W. M. Fullmoto Attorney August 16, 2019

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

PRIVACY ACT STATEMENT

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

ATTACHMENT A

2b. Hickham Air Force Base Joint Base Pearl Harbor-Hickam 850 Ticonderoga Street JBPHH, HI 96860-5101

> Pearl Harbor Naval Base Joint Base Pearl Harbor-Hickam 850 Ticonderoga Street JBPHH, HI 96860-5101

Kaneohe Marine Corp Base MCBH Kaneohe Bay, Hi 96863

Schofield Barracks 310 Brannon Road, Building 690 Schofield Barracks, HI 96857

Lehua Elementary School 791 Lehua Avenue Pearl City, HI 96782 Phone: (808) 307-3700

Aliamanu Elementary 3265 Salt Lake Boulevard Honolulu, HI 96818 Phone: (808) 307-3700

Mokulele Elementary 250 Aupaka Street Honolulu, HI 96818 Phone: (808) 421-4180

Nimitz Elementary 520 Main Street Honolulu, HI 96818 Phone: (808) 307-4400 Solomon Elementary 2875 Waianae Uka Avenue Wahiawa, HI 96786 Phone: (808) 307-3700

Wheeler Elementary 1 Wheeler Army Airfield Wahiawa, HI 96786 Phone: (808) 305-9500

Moanalua Middle School 1289 Mahiole Street Honolulu, HI 96819 Phone: (808) 305-1289

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS S	PACE
Case No. 20-RC-246800	Date Filed 8/19/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nkb.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.										
 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: Dignity Community Care	and its sub	eidioru			of Establishment(s) a Way Reddin			umber, City,	State, ZIP code):	
Dignity Community Care Dignity Health Medical Fo		sidialy	2/60	Eurek	a way Kedun	ıg, CA	90001			
3a. Employer Representative - Nam			3b. Addi	ess (if s	eme as 2b - state sa	me):				
Judy S. Coffin, V.P. & As	sociate Ge	neral	185 B	erry S	t., Suite 300,	San Fr	ancisco,	CA 9410	7	
Counsel										
3c. Tel. No. (415) 438-5755	3d, Cell No.			3e. Fax No. 3f. E-Mail A (415) 438-5726 judy.cof			ddress fin@dignityhealth.org			
4a. Type of Establishment (Factory, r Medical Facility	nine, wholesal	er, etc.)		4b. Prin	cipal Product or Ser h Care	vice	JJ		State where unit i	•
5b. Description of Unit Involved: Included: All Surgery Schedulers, Certified Medical Assistants, Cardiovascular Techs, Nuclear Med Techs, Echo/Stress Techs, Medical Assistants, and Medical Office Receptionists.							Jnit:			
Excluded: All other classification	ations, inclu	ding but n				-	domsis.	of the e	bstantial number (nployees in the un	it wish to be
employees and supervisors a Check One: 7a, Request for rec			sentative	was ma	de on (Date) D	this pe	tition and	represe	nted by the Petition eclined recognition	ner? 🗹 Yes 🔲 No
on or about (Date)	_	(lf r	o reply re	ceived, :	so state).		- CITALOIT	z Employer a	control recognition	•
7b. Petitioner is cur 8a. Name of Recognized or Certifie					e and desires certiri Address:	cation un	der the Act.			
None										
8c. Tel. No.	8d. Cell No.			8e. Fax	No.		8f. E-Mail Address			
8g. Affiliation, if any:			81	8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	t the Employer	s establishme	ent(s) invo	lved?	No If so, a	pproxima	tely how man	y employees	are participating?	
(Name of Labor Organization)							has picketed	the Employe	er since (Month, Da	y, Year)
Organizations or individuals other individuals known to have a repre-									s and other organi	zations and
10a. Name	10	b. Address					10c. Tel. No	S	10d, Celi No.	
				<u> </u>			10e. Fax No. 1		10f. E-Mail Address	
11. Election Details: if the NLRB co	nducts and ele	ction in this m	atter, stat	e your p	osition with respect	to any su	ch election:	11a. Election Manua		Vixed Manual/Mail
11b. Election Date(s):		c. Election Ti	me(s):					n Location(s		VIACG IVENIGENIEN
August 29 or September 5	1	1:00 am to) pm			Break R			
12a. Full Name of Petitioner (include Service Employees Intern	ling local name ational I in	and number) ion - Unite	: ed Heal	lthcare	12b. Address (s 1911 F Str					
Workers-West	anonta on	ion, omu	o Hou	moun	15111 54	oc, oa	Ciamonto	, Crt. 55	,,,	
12c. Full name of national or internat			hich Petiti	ioner is a	n affiliate or constit	uent (if no	one, so state)	:	***************************************	
Service Employees Intern		ion					T40 = 14 "			
12d. Tel. No. (916) 326-5850	12e. Cell No. 916-291-	1987		12f. Fax (916)	447-9405		12g. E-Mail mross@	seiu-uhw	org.	
 Representative of the Petitione Name and Title; 	er who will acc	ept service o	of all pape		urposes of the rep dress (street and n					
Bruce A. Harland, Attorney				Wein	berg, Roger & 1 eda, CA 94501				llage Parkway	, Suite 200,
13c. Tel. No. (510) 337-1001	13d. Cell No.			13e. Fa			13f. E-Mail nIrbnotic	Address bh	arland@union ncounsel.net	counsel,net;
I declare that I have read the above	e petition and			re true t	the best of my ki					P
Name (Print) Bruce A. Harland		Signatur	e arce 4	A. F	forland	Tit A	e ttorney			8/19/2019

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
^{Case No.} 20-RC-247099	Date Filed August 23, 2019					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) URS Federal Services/AECOM Marine Corps Base Hawaii, Kaneohe Bay, HI 96863 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 11832 Rock Landing Drive, Suite 306, Newport News, VA 23606-4278 Lester Jordan, Director of Human Resources 3c, Tel. No. 3d. Cell No. 3e. Fax No 3f. E-Mail Address 757-383-6223 301-526-0093 Lester.jordan@urs.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Government Conractor Aircraft Service and Repair Kaneohe Bay, HI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and permanent part time production and maintenance employees including Aircraft Workers and 6b. Do a substantial number (30% Aircraft Mechanics or more) of the employees in the Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act. unit wish to be represented by the Petitloner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 8/23/2019 and Employer declined recognition on or about Check One: ______(Date) (If no reply received, so state). No Reply
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certifled Bargaining Agent (If none, so state). 8b. Address None 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. _ If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 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 11a. Election Type: 🗸 Manual Mail I Mixed Manual/Mail any such election. 11b. Election Date(s): 11c, Election Time(s): 11d. Election Location(s): 11:00AM - 11:30AM and 3:00PM - 3:30PM 9/6/2019 Bidg 6814 Mokapu Rd, MCBH Ka he Bay, Hi 98863 Hangar 268 and 363 - Work Hangar #3, 1st Floor 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, Local Lodge 1998 2428 Rose Street Honolulu, Hawaii 96819-2439 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 12e, Cell No. 12g, E-Mall Address Organizer@lamaw1998.org 808 845-1024 808-232-1209 808 842-0905 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Jason Hardwick, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd., Suite 130, Folsom, CA 95630 13e. Fax No. 13f. E-Mail Address 13d, Cell No. 13c. Tel No. 916-936-6013 916-985-8121 jhardwick@lamaw.org 916-985-8101 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. w Date Grand Lodge Representative Jason Hardwick 8/23/2019 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is 20 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 fact Reg. 7494243 (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 R C PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
20-RC-247168	8/26/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.goy</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									
in which the employer concerned (is located. The	e petition must	be accompanied by a	ooth a showing o	t interest (sei	e 60 pelow) 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 DUDGOCE OF THIS DETITION: BC-CE	OTIFICATION OF	REPRESENTATI	VE . A substantial number	of employees wish to	be represented	for purposes of collective			
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 Lebor Relations Board proceed under its proper authority pursuant to Section 9 of the National Lebor Relations Act.									
2a. Name of Employer see attachment 2b. Address(ee) of Establishment(s) Involved (Street and number, city, State, ZiP code) Mercy Medical Plaza 3941 J Street #250, Sacramento, CA 95819									
see attachment									
3s. Employer Representative - Name an Judy Coffin, VP and Asso	ciate Genera	ol Counsel	185 Berry St.	, Suite 300,		císco, CA 94107			
3c. Tel. Na. (415) 438-5755	3d. Cell No.		36, Fax No. (415) 438-572	26	3f. E-Mell Addr judy.coffi	n@dignityhealth.org			
4a. Type of Establishment (Factory, mine, HOSpi		4b. Principal pro	Medical Sen	vices		and State where unit is located: ramento, CA			
Sb. Description of Unit involved						6a. No. of Employees in Unit:			
Included: All Medical Office rec	eptionists, S	Surgery Sched	dulers, Medical Ass	sistants, and M	edical	6b. Do a substantial number (30%			
Excluded: Assistant Leads All other classifications, in	eludion but ant l	imited to guerde	managers and suber	vicere se		ar more) of the employees in the			
defined by the Act.		illinga fot 86istas	s, managara, and adjer	, , , , , , , , , , , , , , , , , , ,		unit wish to be represented by the Petitioner? Yes No No			
Check One: 7a. Request for r		gaining Represents (If no reply receive		By Petition and	d Employer deci	ined recognition on or about			
7b. Petitioner la c			epresentative and desires	cadification under the	Art.	1			
8a. Name of Recognized or Certified Bar	geining Agent (f	none, so state).	8b, Address	GO (Friedrich) Grade and	7100	,			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	e6\$			
8g. Affiliation, if any	8h. Date of Recognition o	r 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 E	mployer's establis	hment(s) involved	? No If so, approx	imately how many en	nployees are par	ticipating?			
(Name of labor organization)		, has plot	seted the Employer strice (Month, Osy, Year)					
10. Organizations or individuals other than known to have a representative interest in NONE	Petitioner and tho any employees in	se named in items the unit described	8 and 9, which have claim in Item 5b above. (If none	ed recognition as rep , so state)	resentatives and	other organizations and individuals			
10a. Name	10b. Add	drese		10c. Tel, No.		10d, Cell No.			
•				<u></u>	····				
				10e. Fax No.		10f. E-Mail Address			
 Election Details: If the NLRB conduct any such election. 			ir position with respect to	11a. Election Type		Mail Mixed Manual/Mail			
September 11th, 2019	1 11:	lection Time(s): 00 a.m 1	1:3 <u>0 a.m.</u>		cramento, CA	95819 - White Rose Conf. Rm.			
12a. Full Name of Petitioner (Including I SEIU, United Healthcare	Workers -	west		126. Address (street	et and number, o et, Sacra	mento, CA 95811			
Service Employees International I	ational Un	ion, United	Healthcare Wo	rkers - West					
12d, Tel No. (916) 291-1987	12e. Cell No.		12f. Fex No.			seiu-uhw.org			
13. Representative of the Petitioner who 13a. Name and This Bruce A. Ha	•		or purposes of the repres	-	•	·			
13c, Tel No. 510-337-1001	13d. Cell No.		13a, Fax No. 510-337-1023		13f. E-Mall Add bharland@u	dress nirbnotices@unioncounsel			
I doclare that I have read the above petit	on and that the	statements are tru	le to the best of my know	vledge and bellef.					
Name (Print) Bruce A. Harland Signature Limit Title Attorney Date 8/26/2019						6/2019			

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

PRIVACY ACT STATEMENT

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

Attachment to RC Petition Dignity Community Care and its subsidiary Dignity Health Medical Foundation Mercy Medical Group

2a. Name of Employer: Dignity Community Care and its subsidiary Dignity Health Medical Foundation Mercy Medical Group

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS	SPACE
Case No.	20-RC-247386	Date Filed 08/28/2019

										1 00/	20/2010
INSTRUCTIONS: Unless e-Filed un employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 48	he petition must l named in the pet	be accompai tition of: (1) t	nied by b the petition	oth a sh on; (2) S	owing of interest (s tatement of Position	ee 6b b n form	elow) and (Form NLR	a certificat B-505); an	e of service d (3) Descrip	showing otion of R	service on epresentation
PURPOSE OF THIS PETITION: It bargaining by Petitioner and Petit requests that the National Laboration	ioner desires to be	certified as r	epresenta	tive of th	e employees. The Po	etitione	er alleges t	hat the foll	owing circui	mstances	
2a. Name of Employer: Kaiser Foundation Hospit Foundation Health Plan, I					Establishment(s) invo ist of establish					ode):	
3a. Employer Representative - Nar Kristie Chorny, Regional and Labor Relations					e as 2b - state same) a Street, Suite 2		Honolul	ı, Hawa	i`i 96817		
3c. Tel. No. 808-432-4901	3d. Cell No. 808-348-762			. Fax No 08-432	2-4960		f. E-Mail Ac cristie.ch		cp.org		
4a. Type of Establishment <i>(Factory, I</i> Healthcare Provider, Hosp					al Product or Service l/Healthcare Se				d State wher Cities in		cated: ite of Hawai`i
	•	•			he State of Hawai` e Kaiser Oahu Hon			6a. Numbe 14	r of Employe	es in Unit:	
All others	the Island of O'a				0/0	10/201		of the e	ubstantial num mployees in ented by the f	the unit wind the control of the con	ish to be ′
Check One: 7a. Request for reconstruction on or about (Date) 7b. Petitioner is cui	37 70 1 70 1					28/2019			leclined reco	gnition	
8a. Name of Recognized or Certific Hawaii Nurses' Associatio	d Bargaining Age	ent (If none, s	so state)	8b. Ad					lulu, Hav	vaii 968	319
8c. Tel. No. 808-531 - 1628	8d. Cell No. 808-389-055	59		Fax No 08-52	1-2760		f. E-Mail Ad lross@h		rg		
8g. Affiliation, if any: OPEIU			8h. Date of Recognition or Certification Recent Counknown			i. Expiration Recent Cont	tion Date of Current or Most ontract, if any (Month, Day, Year) 11/30/2019			1/30/2019	
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's es	stablishment(s) involve	d? No	If so, approx				s are participa	·	(aarl
Organizations or individuals other individuals known to have a repressione						d recog	nition as re	oresentative			
10a. Name	10b. A	Address				1	0c. Tel. No.		10d. Cell No).	
						1	0e. Fax No		10f. E-Mail	Address	
11. Election Details: If the NLRB co There are multiple hospita	nducts and election als and clinics	in this matte on three	er, state ye differe	our posit	ion with respect to an	ny such		1a. Election		Mixe	ed Manual/Mail
11b. Election Date(s): See Attached Sheet		lection Time(Attached					1d. Election See Atta				z
12a. Full Name of Petitioner (includ Hawai`i Nurses and Healt	hcare Profess	sionals			12b. Address (street 91-1037 Hiluh	hilu S	treet Ka			5707 S	LRB S
12c. Full name of national or internati None	ional labor organiza	ation of which	Petitione	er is an a	ffiliate or constituent	(if none	, so state):		Ē	28	8. P.
12d. Tel. No. 808-664-6364	12e. Cell No. same			f. Fax N		i	2g. E-Mail / nfo@hn	hp.org		3	EGI EGI
13. Representative of the Petitione 13a. Name and Title: Kalani A. Morse, Esq.	r who will accept	service of al	142	h Addre	esses of the represe ess (street and numbe nop street Suite 1	ar aite	State and 7	ID code):	96813	2: 27	DN 37
13c. Tel. No. 808-526-0892	13d. Cell No. 808-792-121		80		3-4399	k	_		vaii.com		
I declare that I have read the above Name (Print)	petition and that	the stateme	ints are t	rue to th	e best of my knowle	edge a	nd belief.				Date
Kalani A. Morse, Esq.		Jignatule /		/-			orney				08/28/20

Hospital and Clinics

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3288 Moanalua Rd.	Honolulu	НІ	96819
1010 Pensacola St	Honolulu	н	96814
45-602 Kamehameha Hwy	Kanehoe	НІ	96744
2828 Paa St	Honolulu	HI	96819
87-2116 Farrington Hwy	Waianae	НІ	96792
94-1480 Moaniani St.	Waipahu	HI	96797

<u>Maui</u>

910 Wainee St	Lahaina	н	96761
80 Mahalani St	Wailuku	HI	96793
55 Maui Lani Pkwy	Wailuku	н	96793

<u>Hawaii</u>

1292 Waianuinui Ave.	Hilo	HI	96720
74-517 Honokohau St	Kailua-Kona	HI	96740

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HONOLULU, HAWAII

Home Health RNs

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11b	Tuesday	
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	2230-0045	
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	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm	
11c	0700-0900	
	1100-1400	
	1630-1800	
11d	1010 Pensacola St Honolulu HI	96814
	Any conference or breakroom available.	
11c	0730-0800	
1	87-2116 Farrington Hwy Waianae HI	96792
	Any conference or breakroom available.	
11b	Wednesday	
	9/18/2019	
11c	0530-0900	
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	2230-0045	
11d	3288 Moanalua Rd. Honolulu HI	96819
	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm	
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	Any conference or breakroom available.	
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11d	94-1480 Moaniani St. Waipahu HI	96797
	Any conference or breakroom available.	
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11d	45-602 Kamehameha Hwy Kanehoe HI	96744
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1018 AUG 28 PM 2: 27 HONOLULU, HAWAII

NLRB SUB-REGION 3

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	20-RC-247390	Date Filed 08/28/2019			

								001	20/2010
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be named in the petit	accompanied b ion of: (1) the pe	y both a sh tition; (2) S	owing of interest (se tatement of Position	e 6b below) and form (Form NL)	l a certificat RB-505); an	e of service s d (3) Descript	howing se ion of Rep	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be c	ertified as represe	entative of th	ne employees. The Pe	titioner alleges	that the foll	owing circum	stances e	
2a. Name of Employer: Kaiser Foundation Hospit Foundation Health Plan, I				Establishment(s) invol list of establishm				de):	
<u> </u>			66	0h					
3a. Employer Representative - Nan Kristie Chorny, Regional and Labor Relations	Director Empl			ne as 2b - state same): a Street, Suite 2		u, Hawa	i`i 96817		
3c. Tel. No. 808-432-4901	3d. Cell No. 808-348-7623		3e. Fax No 808-432	2-4960	3f. E-Mail A kristie.c	horny@l			
4a. Type of Establishment (Factory, r Healthcare Provider, Hosp	mine, wholesaler, etc oitals, Medical	Clinics		al Product or Service I/Healthcare Se	rvices	5a. City an Multiple	d State where e Cities in	unit is loca the State	ated: e of Hawai`i
•	=		_	red respiratory ther	-	6a. Numbe	r of Employee	s in Unit:	——————————————————————————————————————
State of Hawaii factors Excluded: at it's Hawaii factors		king as respirat	ory therapi	ists employed by Er	nployer in the	of the e	ubstantial num employees in the ented by the Pe	ne unit wis <u>l</u>	<u>h</u> to be ′
on or about (Date)	ognition as Bargaini No Reply Reciev	red (If no reply re	eceived, so		KS Detirn		declined recog	nition	
8a. Name of Recognized or Certifie Hawaii Nurses' Association	ed Bargaining Agen	t (If none, so stat	e) 8b. Ac	Idress: 5 Koapaka Stree		7, Hono	lulu, Haw	aii 9681	19
8c. Tel. No. 808-531-1628	8d. Cell No. 808-389-0559)	8e. Fax No 808-52		8f. E-Mail A dross@h	ddress ninurse.o	rg		
8g. Affiliation, if any: OPEIU			n. Date of R nknown	ecognition or Certificat			urrent or Most (Month, Day, \	(ear) 11.	/30/2019
Is there now a strike or picketing at (Name of Labor Organization)	t the Employer's esta	ablishment(s) invo	lved? No	If so, approx	imately how man				ar)
10. Organizations or individuals other individuals known to have a repre							es and other or	rganization	s and
10a. Name	10b. Ad	dress	<u>-</u>		10c. Tel. No).	10d. Cell No.		
					10e. Fax No	D	10f. E-Mail A	ddress	
11. Election Details: If the NLRB con There are multiple hospita	nducts and election in a large state of the large s	in this matter, stat on three diff	e your posit erent isla	tion with respect to any ands			l Mail	Mixed	Manual/Mail
11b. Election Date(s): See Attached Sheet		ection Time(s): Attached She	et			n Location(s iched Sh) 을	NI R
12a. Full Name of Petitioner (included Hawai'i Nurses and Healt				12b. Address (street 91-1037 Hiluh			ZIP code): 🔑		RECE B SUB-
12c. Full name of national or internati None	ional labor organizat	ion of which Petiti	oner is an a	L Iffiliate or constituent (i	f none, so state).	:	C	= ~	REC
12d. Tel. No. 808-664-6364	12e. Cell No. same		12f. Fax N	0.	12g. E-Mail info@hr		7.	>	9 9
13. Representative of the Petitione 13a. Name and Title: Kalani A. Morse, Esq.	r who will accept s	ervice of all pape	13b. Addre	poses of the represer less (street and number nop street Suite 1	r, city, State and	ZIP code):	96813	23	37
13c, Tel. No. 808-526-0892	13d. Cell No. 808-792-1213		13e. Fax N 808-53.	3-4399	1	Address admlhav	vaii.com		
I declare that I have read the above		-	re-true to th	ne best of my knowle					D-4-
Name (Print) Kalani A. Morse, Esq.		Signature	a		Title Attorney				Date 08/28/20

Hospital and Clinics

HI 96797

RECEIVED NLRB SUB-REGION 37

2b.

<u>Oahu</u>

3288 Moanalua Rd. Honolulu HI 96819
1010 Pensacola St Honolulu HI 96814
45-602 Kamehameha Hwy Kanehoe HI 96744
2828 Paa St Honolulu HI 96819
87-2116 Farrington Hwy Waianae HI 96792

Waipahu

<u>Maui</u>

94-1480 Moaniani St.

910 Wainee St Lahaina HI 96761 80 Mahalani St Wailuku HI 96793 55 Maui Lani Pkwy Wailuku HI 96793

<u>Hawaii</u>

1292 Waianuinui Ave.
 74-517 Honokohau St
 Kailua-Kona HI 96740

2019 AUG 28 PM 2: 24

HONOLULU, HAWAII

Respiratory Therapist

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2019 AUG 28 PM 2: 24
HONOLULU, HAWAII

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	20-RC-247371	Date Filed			
	ZU-NU-Z4/3/1	08/28/2019			

			-			4	20-110-2	7/0/	, UO/2	28/2019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must named in the pe	be accompa tition of: (1)	nied by the peti	both a sh tion; (2) S	owing of interest (se tatement of Position	e 6b below) a form (Form N	nd a certificat ILRB-505); an	te of service sho d (3) Description	owing se n of Rep	rvice on resentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Labo	oner desires to be	certified as	represen	tative of th	e employees. The Pe	titioner allege	s that the foll	owing circumst	ances ex	
^{2a. Name of Employer:} Kaiser Foundation Hospit Foundation Health Plan, I					Establishment(s) invol ist of establishr				·):	
3a. Employer Representative - Nan Kristie Chorny, Regional and Labor Relations					e as 2b - state same): a Street, Suite 2		ulu, Hawa	i`i 96817		
3c. Tel. No. 808-432-4901	3d. Cell No. 808-348-76.	23		3e. Fax No 808-432	2-4960		I Address .chorny@l	cp.org		
4a. Type of Establishment <i>(Factory, r</i> Healthcare Provider, Hosp					al Product or Service 1/Healthcare Se	rvices	Multiple	d State where un e Cities in th	e State	
5b. Description of Unit Involved: Included: All registered nu State of Hawai`i				•	nurses in the and employed by		883	er of Employees i		
Excluded: Employer at Em						10010	of the e	ubstantial numbe employees in the ented by the Peti	unit wish tioner?	to be
Check One: 7a. Request for reconnection on or about (Date) 7b. Petitioner is cui	N D 1 D '	1						declined recognit	ion	
Ba. Name of Recognized or Certific Hawaii Nurses' Associatio	d Bargaining Ag	ent (If none,		8b. Ad				lulu, Hawai	i 9681	9
8c. Tel. No. 808-531-1628	8d. Cell No. 808-389-05	59		Be. Fax No 808-524			Address Thinurse.o	rg		
8g. Affiliation, if any: OPEIU				Date of Roknown	ecognition or Certificat	tion 8i. Expira Recent C	ition Date of Co contract, if any	urrent or Most (Month, Day, Ye	ar) 11/	/30/2019.
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's e	stablishment	t(s) involv	ved? No	If so, approx	-		s are participatin er since (Month,		ar)
Organizations or individuals othe individuals known to have a repressione						recognition as	representative			
10a. Name	10b.	Address				10c. Tel.	No.	10d. Cell No.		
						10e. Fax	No.	10f. E-Mail-Add	ress 7	Ę
11. Election Details: If the NLRB co There are multiple hospita	nducts and elections. Is and clinic	n in this mat s on three	ter, state e diffe	your posit rent isla	ion with respect to any ands	y such election	: 11a. Electio		M Sed	Manuál Mail
11b. Election Date(s): See Attached Sheet		Election Time Attached		t			tion Location(s		28	B-R
12a. Full Name of Petitioner (includ Hawai`i Nurses and Healt					12b. Address (street 91-1037 Hiluh			ZIP code): Iawai`i 967()7 字 :>	EGION
12c. Full name of national or internat None	ional labor organiz	ation of whic	ch Petitio	ner is an a	ffiliate or constituent (if none, so sta	te):		25	37
12d. Tel. No. 808-664-6364	12e. Cell No. same			12f. Fax No	0.		ail Address hnhp.org			
13. Representative of the Petitione 13a. Name and Title: Kalani A. Morse, Esq.	r who will accept	service of a	1	13b. Addre	poses of the represer ess (street and number nop street Suite 1	r, city, State ar	nd ZIP code):	96813		
13c. Tel. No. 808-526-0892	13d. Cell No. 808-792-12			13e. Fax N 808-532	3-4399	kmors	ail Address e@dmlhav	vaii.com		
I declare that I have read the above Name (Print)	petition and tha	t the statem Signature	nents are	true to th	ne best of my knowle	dge and belie	ef.			Date
Kalani A. Morse, Esq.						Attorney				08/28/20

Hospital and Clinics

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3288 Moanalua Rd.	Honolulu	Hi	96819
1010 Pensacola St	Honolulu	ні	96814
45-602 Kamehameha Hwy	Kanehoe	н	96744
2828 Paa St	Honolulu	НІ	96819
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94-1480 Moaniani St.	Waipahu	ні	96797

<u>Maui</u>

910 Wainee St	Lahaina	HI	96761
80 Mahalani St	Wailuku	HI	96793
55 Maui Lani Pkwy	Wailuku	н	96793

<u>Hawaii</u>

1292 Waianuinui Ave.	Hilo H	II 96720
74-517 Honokohau St	Kailua-Kona H	96740

NLRB SUB-REGION 37

MONOLULU, HAWAI

Hospital & Clinic

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NLRB SUB-REGION 37
2019 AUG 28 PM 2: 25

HONOLULU, HAWAII

Hospital & Clinic

11b	Wednesday	,,, <u></u> , , , , , , , , , , , , , , , ,		
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11d	55 Maui Lani Pkwy	Wailuku	HI	96793	
	Any conference or breakroom available.				

Name (Print)

Christopher R Coxson

Signature

Christopher R. Coxson

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

PETITION RM

DO NOT WRITE IN THIS SPACE		
Case No. 20-RM-247385	Date Filed 8/29/2019	

Date

08/28/2019 20:13:24

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3223 N Elston Ave. Airgas USA, LLC Chicago 60618-3a. Employer/Petitioner Representative - Name and Tille 3b. Address (If same as 2b – state same) 3223 N Elston Ave. Christopher R Coxson II Chicago 60618-3e. Fax No. 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (215) 284-5698 christopher.coxson@airgas.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Chemical Manufacturing specialty gases 5a. Description of Unit Involved 5b. City and State where unit is located: Included: See Attached Page 2 for additional details Santa Rosa, CA 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 3 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative 8a. Recognized or Certified Bargaining Agent - Name Michael Yates 8b. Affiliation, if any Teamsters Local UNion 665 International Brotherhood of Tear 8d. Tel. No 8e. Cell No. (415) 828-3669 1371 Neotomas Avenue 8g. E-Mail Address 8f. Fax No. CA Santa Rosa 95405myates@teamsters665.org 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/03/2003 07/31/2019 11. Is there now a strike or picke ing 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) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Pe itioner or demanded 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 and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: Manual Mail Mixed Manual/Mail any such election. 13c. Election Time(s): 13d. Election Location(s): 13b. Election Date(s): September 12, 2019 2:00 p m. to 3:00 p.m. meeting room -- warehouse 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 14a. Name and Title Christopher R Coxson 3223 N FIstonAve Airgas, Inc. IL Chicago 60618-14c. Tel No 14f. E-Mail Address 14d. Cell No. 14e. Fax No. christopher.coxson@airgas.com (215) 284-5698 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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 DO NOT WRITE IN THIS SPACE Case Date Filed

Employees Included

All Driver Class A employees working out of Santa Ros mploya, CA facility

Employees Excluded

All other employees, office employees, security guards and supervisors