FORM NLRB-502 (RC) UNITED STATES OF AMERICA						DO NOT WRITE IN THIS SPACE							
(2-18)	NATIONA	RC PETITIO						Case No. 20	-RC	-2343	55	Date F	Filed 18/2019
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (1	banied b 1) the pe	y bot tition	th a sh n; (2) S	owing of interest tatement of Posi	t (se ition	e 6b below) form (Form	and a NLRI	a certifica 3-505); an	te of service s d (3) Descript	howing : ion of Re	service on epresentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desire	s to be certified a	s represe	entati	ive of th	e employees. The	e Pe	titioner alle	ges th	at the fol	owing circum	stances	
2a. Name of Employer: 2b. Add						Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 350 Socrates Mine Road, Middletown, CA							
3a. Employer Representative - Nar Thad Hill, President & CH		c	зь. Add 717 Т	dress (if same as 2b - state same): Texas Avenue, Suite 1000, Houston, Texas 77002									
<sup>3c. Tel. No.</sup> 713-830-2000	3d. Cell No	<b>D</b> .		Зе.	Fax No	).		3f. E-M calpi			pine.com		
4a. Type of Establishment (Factory, Geothermal Electrical Pla	nine, whole nt	saler, etc.)			Princip ectric	al Product or Serv	/ice				d State where		cated:
5b. Description of Unit Involved: Included: Maintenance Techn., Ope	rator Te	chn Planne	r/Sche	dul	er Se	mior Consol	e C	nerator		6a. Numbe 116	er of Employees	s in Unit	
Excluded: HVAC Group, Engineers,		2		aun	ы, ы <b>.</b>	Childreensor		perator		of the e	ubstantial num employees in th ented by the Pe	e unit wi	or more) sh to be ⊠ Yes  □ No
Check One: X 7a. Request for rec on or about (Date) 7b. Petitioner is cur	•	(If n	o reply re	eceive	ed, so s	state).		15/19		Employer	declined recogn	ition	
8a. Name of Recognized or Certifie		· · ·	<u> </u>		8b. Ad		auor						
8c. Tel. No. 8d. Cell No.				8e. Fax No,			8f. E-M	8f. E-Mail Address					
8g. Affiliation, if any:			8						tion Date of Current or Most contract, if any <i>(Month, Day, Year)</i>				
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)								eer)					
10. Organizations or individuals other individuals known to have a repre None Known								recognition	as rep	resentative			
10a. Name		10b. Address					10c. Te	10c. Tel. No.		10d. Cell No.			
				10e. Fa			x No.		10f. E-Mail Ad	dress			
11. Election Details: If the NLRB con Mail Ballot Postmarked by			atter, stat	e you	ur positi	ion with respect to	o any	such election	on: 11	a. Election		Mixed	Manual/Mail
11b. Election Date(s): 1/31/19		11c. Election Tim $N/A$	ne(s):					11d. El N/A	11d. Election Location(s): N/A				
12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         1621 Market Street, San Francisco, CA 94103         Plumbing and Pipe-fitting Industry, Local 38													
12c. Full name of national or internati United Association of Jou				of tl	he Pl	umbing and				istry			
12d. Tel. No.         12e. Cell No.         1           415-626-2000         4					12f. Fax No. 12g. E-Mail Address								
<b>13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title:</b> Christopher E. Platten					13b. Address (street and number, city,			, city, State					
13c. Tel. No. 408-979-2920	13d. Cell N 408-482	2-7613		408-979-2934			cplat	13f. E-Mail Address cplatten@wmprlaw.com					
I declare that I have read the above Name (Print)	petition a	nd that the stater Signature	2				- 1	dge and bel Title	ief.				Date
Christopher E. Platten		Clu	int	h	- 8	Nath	-	Attorney	/				1/15/19

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

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

1. S.	χ.	·									
FORM NLRB-502 (RC)	UNITE	UNITED STATES OF AMERICA			(			DO NOT W	NOT WRITE IN THIS SPACE		
(2-18) NATIONAL LABOR RELATIONS BO/ RC PETITION						∍ No. 20-RC-234459			Date File 1/22	d 2/2019	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition n named in th 12). The sho	nust be accomp he petition of: ( wing of interes	panied by 1) the pet t should	v both a sh ition; (2) Si only be file	owing of interest (s latement of Position d with the NLRB ar	see 6b n form nd sho	below) and a (Form NLR) uid not be s	a certificate B-505); and erved on ti	e of service sho I (3) Description te employer or a	wing se of Rep any othe	rvice on resentation er party.
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	to be certified a	s represe	ntative of th	e employees. The P	etition	er alleges th	hat the follo	wing circumsta	inces ex	ist and
2a. Name of Employer: Marin General Hospital	``		(1) (2) (2)	250 Bon 2 Bon A	Establishment(s) invo Air Rd., Gree ir Rd., Larkspu	enbra ur, C	e, CA 94	904	State, ZIP code)	:	-
3a. Employer Representative - Nan Jennifer Levinson (Manag and Labor Relations)	ne and Title: ger in Em	ployee	300A	Drakes	e as 2b - state same Landing Road A 94904	): İ, Suit	te 110				
3c. Tel. No. 415-925-7044	3d. Cell No. 415-497	-3263	I	3e. Fax No 415-461				evinson	@maringen		
4a. Type of Establishment (Factory, Hospital	minə, wholes	aler, etc.)		4b. Principa Healthc	al Product or Service are	e			d State where un rae & Lark		
5b. Description of Unit Involved: Included: See Attachment A.								6a. Numbe 27	r of Employees i	n Unit:	
Excluded: See Attachment A	of the employees in the unit wish to be									to be	
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu	-	(if n	no reply re	ceived, so a	state). nd desires certificati	ion und		Employer	leclined recogniti	on	
8a. Name of Recognized or Certific National Union of Health			e, so state	5801	dress: Christie Aven ryville, CA 94	-	Suite 525	5			
8c. Tel. No. (510) 834-2009	8d. Cell No.			8e, Fax No (510) 8	34-2019		8f. E-Mail Ac	dress			
8g. Affiliation, if any: 8h.					ecognition or Certific				urrent or Most (Month, Day, Yea	ar) 09/	30/2018
<ol> <li>Is there now a strike or picketing a (Name of Labor Organization)</li> </ol>	at the Employ	er's establishme	ent(s) invo	lved? No	If so, appro		•	, , -	s are participating er since (Month,		ar)
10. Organizations or individuals othe individuals known to have a repro None.	r than Petitio esentative int	ner and those na terest in any emp	amed in it ployees in	ems 8 and 9 the unit de	9, which have claime scribed in item 5b at	ed reco bove. (I	gnition as re f none, so st	presentative ate)	es and other orga	nization	s and
10a. Name		10b. Address					10c, Tel, No		10d. Cell No.		
							10e. Fax No		10f. E-Mail Add	ress	
11. Election Details: If the NLRB co				e your posit	ion with respect to a			11a. Election	I 🗌 Mail 🗌	] Mixed	Manual/Mail
11b. Election Date(s): February 14, 2019		11c. Election Til 6a-8a and 1	l2p-3p					Air Rd.	Greenbrae	(Magr	nolia Rm)
12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         National Union of Healthcare Workers       5801 Christie Avenue, Suite 525         Emeryville, CA 94608											
12c. Full name of national or international	tional labor o	rganization of w	hich Petiti	oner is an a	ffillate or constituent	t (if non	e, so state):				
12d. Tel. No. (510) 834-2009	12e. Cell N				34-2019		12g. E-Mail ayahya@	)nuhw.o	rg		
13. Representative of the Petitione 13a. Name and Title: Latika Malkani	er who will a	ccept service o	of all pape	13b. Addre 1939 Ha Oakland	ess <i>(street and numb</i> nrrison St., #307 I CA 94612	ber, city	r, State and 2	ZIP code):			
13c, Tel, No. 510-452-5000	13d. Cell N			510-452-5004 lmalka				ani@sl-employmentlaw.com			
I declare that I have read the above Name (Print)	e petition ar	d that the state Signate		re trane to the	I KAN	Title	torney fo	r NUHV	v		Date 01/22/19
Latika Malkani		$\neg \not$	<b>W</b>	WTH		71					

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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

## Attachment A

to RC Petition filed on 1/22/2019 by National Union of Healthcare Workers (NUHW) for *Armour-Globe* election to add residual Nuclear Medicine Technologists, Pharmacy Techs, Medication Reconciliation Techs, and Clinical Systems Pharmacy Techs (Residual Tech) employees to existing unit

## **<u>5b. Description of Unit Involved</u>:**

**Included:** All full-time, part-time and per diem unrepresented (residual) NUCLEAR MEDICINE TECHNOLOGISTS, PHARMACY TECHS, MEDICATION RECONCILIATION TECHS, AND CLINICAL SYSTEMS PHARMACY TECHS employed by the employer at all the locations listed in 2b. Address(es) of Establishment(s) involved.

These employees are petitioning to join the existing NUHW-represented bargaining unit which includes Rad Techs, MRI Techs, CT Techs, Ultrasound Techs, Cardiac Sonographers, Interventional/Cardiac/EP Techs, and Leads in each of these classifications, and request an *Armour-Globe* election. See Attachment B for description of existing NUHW represented unit.

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

## Attachment B

to RC Petition filed on 1/22/2019 by National Union of Healthcare Workers (NUHW) for *Armour-Globe* election to add residual Nuclear Medicine Technologists, Pharmacy Techs, Medication Reconciliation Techs, and Clinical Systems Pharmacy Techs (Residual Tech) employees to existing unit

	STATES GOVERNMENT ABOR RELATIONS BOA		Case No	DO NOT WRITE IN THIS SPACE Case No. Date Filed				
RC		34728		nuary 25, 2019				
INSTRUCTIONS: Unless e-Fi in which the employer conce of service showing service c (Form NLRB-505); and (3) De with the NLRB and should <u>n</u>	erned is located. Th on the employer and escription of Repres	e petition must all other parties entation Case F	be accompanied by b s named in the petitio Procedures (Form NLF	ooth a showing of i n of: (1) the petitic	interest (se on; (2) State	ee 6b below) and a certificat ement of Position form		
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	RC-CERTIFICATION OF tioner desires to be certifi	REPRESENTATI	VE - A substantial number ve of the employees. The F	Petitioner alleges that	the followin	g circumstances exist and		
2a. Name of Employer Dollar Thrifty Automotive Gr 3a. Employer Representative – Na			ddress(es) of Establishment Kapiolani Blvd. #825 3b. Address (If same as	, Honolulu, Hawai		/, State, ZIP code)		
Garrick Higuchi - General M	lanager		Same	·				
3c. Tel. No. 808-952-4287	3d. Cell No.		3e. Fax No. 808-529-6866		3f. E-Mail Add higuchi@f	nertz.com		
4a. Type of Establishment (Factory, Car Rental 5b. Description of Unit Involved	mine, wholesaler, etc.)	4b. Principal pro Renting Cars				and State where unit is located: i, Maui, HI. 6a. No. of Employees in Unit:		
Included: Courtesy Bus Drive Agents - All full-time Excluded:		Representatives,	, Vehicle Service Attenda	ants, Return Agents	, Lead	6b. Do a substantial number (30 or more) of the employees in the		
Any and all m			hmen and securi	· ·	Employer der	unit wish to be represented by t Petitioner? Yes 🗸 No		
7b. Petitic	(Date) oner is currently recognize	(If no reply receive ed as Bargaining Re	ed, so state). Representative and desires of					
8a. Name of Recognized or Certif 8c. Tel No.	fied Bargaining Agent (/	f none, so state).	8b. Address 8e. Fax No.		Bf. E-Mail Add	lress		
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i. Expiration Date of Current or Most R Contract, if any (Month, Day, Year)			
10a. Name	nown to have a representative interest in any employees in the unit described 0a. Name 10b. Address			10c. Tel. No.		10d, Cell No.		
			10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NLRB			ur position with respect to	11a. Election Type:		MailMixed Manual/Ma		
11b. Election Date(s): February 11, 2019 12a. Full Name of Petitioner ( <i>incl</i>	11:00a	ilection Time(s): im - 1:00pm, 5:00p umber)	12b. Address (street and number, o			city, state, and ZIP code)		
Hawali Teamsters and Allied Wor 12c. Full name of national or international Brotherhood of Team	ational labor organization	of which Petitioner	r is an affiliate or constituen	1817 Hart Street Ho t <i>(if none, so state)</i>	nolulu, Hawa	sii 96819		
12d. Tel No. 808-847-6633	12e. Cell No.		12f. Fax No. 808-842-4575	le	12g. E-Mail A pc996@hawa			
13. Representative of the Petition 13a. Rame and Title Ast Fakaosi			13b. Address (street and 1817 Hart Street, Honolulu, I	d number, city, state, a	nd ZIP code)			
13 Del No. 806-847-6633	13d. Cell No. 808-940-3540		13e. Fax No. 808-842-4575	a	13f. E-Mail Ao Isi@hawaiite	fail Address vaiiteamsters.com		
Name (Print)			Title		Date	5 2010		
WILLFUL FALSE ST		PRI	Assistant to the Preside PUNISHED BY FINE AND VACY ACT STATEMENT	IMPRISONMENT (U.S		LE 18, SECTION 1001)		
Soligitation of the information on this I Relations Board (ALRB) in processing 43 (Dec. 13, 2006). The MERB will fu NLRB to decline to invoke its process	g representation and relate irther explain these uses up	d proceedings or litig	gation. The routine uses for t	the information are fully	set forth in the	Federar Redister, 71 Fed. Red. 449 supply the information will cause the RECEIVED		
						JAN 25 20,19 A.M.		
						Per rentis		

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE					
RC PETITION					Case No. 20-RC-234995 Date Filed January 30, 2019					
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region										
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate										
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form										
(Form NLRB-505); and (3) Descrip										
with the NLRB and should not be	served on the	emplover or an	v other i	partv.	,	-	-			
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner	desires to be certif	ied as representativ	ve of the e	mployees. The l	Petitioner alleges t	hat the followi	ng circumstances exist and			
requests that the National Labor Rel 2a. Name of Employer	ations Board proc	2b. Ad	dress(es)	of Establishment	(s) involved (Street	and number, ci				
Sutter Health Pacific d/ba/ Kahi Mohala 91-2301 Fort Weaver Road, Ewa Beach, HI. 96706										
3a. Employer Representative – Name and Title     3b. Address (If same as 2b – state same)       Christina Enoka, Administrator     Same       3c. Tel. No.     3d. Cell No.       3e. Fax No.     3f. E-Mail Address										
3c. Tel. No.	-	No.		3f. E-Mail Ad						
(808) 677-2527	(808) 202-3		<u> </u>	677-2570			utterhealth.org			
4a. Type of Establishment (Factory, mine, Hospital	wholesaler, etc.)	4b. Principal pro		INCE		1 1	Beach, Hawaii			
5b. Description of Unit Involved							6a. No. of Employees in Unit:			
Included: Facilities Coordin	ator and M	laintenance	Tech	1			5			
							6b. Do a substantial number (30% or more) of the employees in the			
Excluded: All other employees, including all and/or watchpersons as defined i	executive, administra n the Act, as amende	ative, confidential, cler id.	ical, and ter	mporary employees	, supervisors, nursers,	and guards	unit wish to be represented by the Petitioner? Yes <b>V</b> No			
Check One: 7a. Request for										
	e). The sectification under the Act the Act the section of the section of the Act the section of									
8a. Name of Recognized or Certified Ba			epresenta	tative and desires certification under the Act.						
none	, gannig , igent (	,								
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Ad				
8g. Affiliation, if any		T	8h Date	e of Recognition or Certification 8i. Expiration Date of Current of Most Recen						
og. Amilation, if any 8n			on. Date	Contract, if a			Date of Current of Most Recent			
9. Is there now a strike or picketing at the	Employer's establi	shment(s) involved	? <u>no</u>	If so, approx	imately how many e	mployees are p	participating?			
(Name of labor organization)		, has pick	eted the E	Employer since (A	Month, Day, Year)		All water and a second			
10. Organizations or individuals other than known to have a representative interest in						presentatives a	nd other organizations and individuals			
					- 10 - <del></del> 1 M					
10a. Name	10b. Ad	aress		10c. Tel. No.			10d. Cell No.			
					10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conduct any such election.	ts an election in th	is matter, state you	r position	with respect to	11a. Election Type	e: 🗸 Manual	Mail Mixed Manual/Mail			
11b. Election Date(s):		ection Time(s): n - 4:30pm			11d. Election Location(s):					
February 26, 2019 12a. Full Name of Petitioner (including)					Lower Lounge in Kahi Mohala 12b. Address (street and number, city, state, and ZIP code)					
Hawaii Teamsters and Allied Workers, L					1817 Hart Street,	Honoluiu, HI. 9	96819			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ) International Brotherhood of Teamsters										
12d. Tel No. 12f. Fa 308-847-6633 12e. Cell No. 12f. Fa 808-847-6633 808-84			Fax No. 12g. E-Mail A 142-4575 loc996@haw							
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purpos	es of the repres	entation proceedin	g,				
13a. Name and Title Asi Fakaosi, Assis	tant to the Presid	dent/ Organizer		ldress <i>(street and</i> rt Street, Honolulu, H	l number, city, stale, H. 96819	and ZIP code)				
13c. Tel No. 808-847-6633	13d. Cell No. 808-940-3540		13e. Fa 808-842			13f. E-Mail Address asi@hawaiiteamsters.com				
I declare that I have read the above peti		statements are tru			ledge and belief.					
Name (Print) Asi Fakaosi	Signature Title Date Assistant to the President/ Organizer January 30, 2019						· · ·			
nor alauai	2.700	Lan	Applator	t to the Procide	nt/ Organizar	Innuor (	20.2010			
WILLFUL FALSE STATEM	p. Jug	ETITION CAN BE F				January 3				

Solicitation of the information of the information of the information is to assist 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. 19, 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 decine to invoke its pipegses.

N .RB SUB-REGION 37 ECEIVED FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE					
RC PETITION					Case No. 20-RC-234995 Date Filed January 30, 2019					
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region										
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate										
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form										
(Form NLRB-505); and (3) Descrip										
with the NLRB and should not be	served on the	emplover or an	v other i	partv.	,	-	-			
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner	desires to be certif	ied as representativ	ve of the e	mployees. The l	Petitioner alleges t	hat the followi	ng circumstances exist and			
requests that the National Labor Rel 2a. Name of Employer	ations Board proc	2b. Ad	dress(es)	of Establishment	(s) involved (Street	and number, ci				
Sutter Health Pacific d/ba/ Kahi Mohala 91-2301 Fort Weaver Road, Ewa Beach, HI. 96706										
3a. Employer Representative – Name and Title     3b. Address (If same as 2b – state same)       Christina Enoka, Administrator     Same       3c. Tel. No.     3d. Cell No.       3e. Fax No.     3f. E-Mail Address										
3c. Tel. No.	-	No.		3f. E-Mail Ad						
(808) 677-2527	(808) 202-3		<u> </u>	677-2570			utterhealth.org			
4a. Type of Establishment (Factory, mine, Hospital	wholesaler, etc.)	4b. Principal pro		INCE		1 1	Beach, Hawaii			
5b. Description of Unit Involved							6a. No. of Employees in Unit:			
Included: Facilities Coordin	ator and M	laintenance	Tech	1			5			
							6b. Do a substantial number (30% or more) of the employees in the			
Excluded: All other employees, including all and/or watchpersons as defined i	executive, administra n the Act, as amende	ative, confidential, cler id.	ical, and ter	mporary employees	, supervisors, nursers,	and guards	unit wish to be represented by the Petitioner? Yes <b>V</b> No			
Check One: 7a. Request for										
	e). The sectification under the Act the Act the section of the section of the Act the section of									
8a. Name of Recognized or Certified Ba			epresenta	tative and desires certification under the Act.						
none	, gannig , igent (	,								
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Ad				
8g. Affiliation, if any		T	8h Date	e of Recognition or Certification 8i. Expiration Date of Current of Most Recen						
og. Amilation, if any 8n			on. Date	Contract, if a			Date of Current of Most Recent			
9. Is there now a strike or picketing at the	Employer's establi	shment(s) involved	? <u>no</u>	If so, approx	imately how many e	mployees are p	participating?			
(Name of labor organization)		, has pick	eted the E	Employer since (A	Month, Day, Year)		All water and a second			
10. Organizations or individuals other than known to have a representative interest in						presentatives a	nd other organizations and individuals			
					- 10 - <del></del> 1 M					
10a. Name	10b. Ad	aress		10c. Tel. No.			10d. Cell No.			
					10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conduct any such election.	ts an election in th	is matter, state you	r position	with respect to	11a. Election Type	e: 🗸 Manual	Mail Mixed Manual/Mail			
11b. Election Date(s):		ection Time(s): n - 4:30pm			11d. Election Location(s):					
February 26, 2019 12a. Full Name of Petitioner (including)					Lower Lounge in Kahi Mohala 12b. Address (street and number, city, state, and ZIP code)					
Hawaii Teamsters and Allied Workers, L					1817 Hart Street,	Honoluiu, HI. 9	96819			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ) International Brotherhood of Teamsters										
12d. Tel No. 12f. Fa 308-847-6633 12e. Cell No. 12f. Fa 808-847-6633 808-84			Fax No. 12g. E-Mail A 142-4575 loc996@haw							
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purpos	es of the repres	entation proceedin	g,				
13a. Name and Title Asi Fakaosi, Assis	tant to the Presid	dent/ Organizer		ldress <i>(street and</i> rt Street, Honolulu, H	l number, city, stale, H. 96819	and ZIP code)				
13c. Tel No. 808-847-6633	13d. Cell No. 808-940-3540		13e. Fa 808-842			13f. E-Mail Address asi@hawaiiteamsters.com				
I declare that I have read the above peti		statements are tru			ledge and belief.					
Name (Print) Asi Fakaosi	Signature Title Date Assistant to the President/ Organizer January 30, 2019						· · ·			
nor alauai	2.700	Lan	Applator	t to the Procide	nt/ Organizar	Innuor (	20.2010			
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Solicitation of the information of the information of the information is to assist 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. 19, 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 decine to invoke its pipegses.

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