

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>20-RC-230860</b>	Date Filed <b>11/9/2018</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> Airgas	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 6801 Florin-Perkins Rd, Sacramento, CA 95828
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<b>3a. Employer Representative - Name and Title</b> Sally Tice, Region Director, Human Resources	<b>3b. Address</b> (If same as 2b - state same) 6790 Florin-Perkins Rd, Suite 300, Sacramento, CA 95828
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<b>3c. Tel. No.</b> 916-379-1000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> sally.tice@airgas.com
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Wholesaler/Distributor	<b>4b. Principal product or service</b> Gases/Chemicals	<b>5a. City and State where unit is located:</b> Sacramento, CA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All part-time and full-time drivers.	<b>6a. No. of Employees in Unit:</b> Approx. 22
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<b>Excluded:</b> All other employees, supervisors, and managers 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"/>
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**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None.	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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)
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than 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>11b. Election Date(s):</b> Wednesdays (11/28/18, 12/5/18)	<b>11c. Election Time(s):</b> 5:00 am - 5:30 am (Before shift starts)	<b>11d. Election Location(s):</b> Employee break room in maintenance area.
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<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local #150	<b>12b. Address (street and number, city, state, and ZIP code)</b> 7120 East Parkway, Sacramento, CA 95823
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Teamsters


<b>12d. Tel No.</b> (916) 392-7070	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (916) 392-7675	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Costa Kerestenzis, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> 520 Capital Mall, Suite 300, Sacramento, CA 95814
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<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> ckerstenzis@beesontayer.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Costa Kerestenzis, Attorney	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 11/9/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

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

DO NOT WRITE IN THIS SPACE

Case No.  
**20-RC 230889**

Date Filed  
**November 13, 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.

2a. Name of Employer <b>Amerigas Maui</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>1644 Mill St. Wailuku, Hi. 96793</b>	
3a. Employer Representative - Name and Title <b>Christopher Serna</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>808-628-5796</b>	3d. Cell No. <b>808-870-7813</b>	3e. Fax No. <b>808-682-3872</b>	3f. E-Mail Address <b>christopher.serna@amerigas.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesale</b>		4b. Principal product or service <b>Petroleum Products</b>	
		5a. City and State where unit is located: <b>Wailuku, Hi.</b>	

5b. Description of Unit Involved <b>Included: Delivery Reps (Driver), Service Tech., Utility, and CRR</b> <b>Excluded: Any and All Managers, Supervisors, and Security Personnel</b>		6a. No. of Employees in Unit: <b>9</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"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>11/8/2018</b> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>No reply</b>	
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **no** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>December 12, 2018</b>	11c. Election Time(s):	11d. Election Location(s):	

12a. Full Name of Petitioner (including local name and number) <b>Hawaii Teamsters and Allied Workers, Local 996</b>	12b. Address (street and number, city, state, and ZIP code) <b>1817 Hart Street, Honolulu, Hi. 96819</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Teamsters**

12d. Tel No. <b>808-847-6633</b>	12e. Cell No. <b>808-728-3677</b>	12f. Fax No. <b>808-847-4575</b>	12g. E-Mail Address <b>loc996@hawaii.rr.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Rodney Hayes, Vice President HTAW</b>		13b. Address (street and number, city, state, and ZIP code) <b>1817 Hart Street, Honolulu, Hi. 96819</b>	
13c. Tel No. <b>808-847-6633</b>	13d. Cell No. <b>808-728-3677</b>	13e. Fax No. <b>808-847-4575</b>	13f. E-Mail Address <b>loc996@hawaii.rr.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.

Name (Print) <b>Rodney Hayes</b>	Signature 	Title <b>Vice President</b>	Date <b>11/8/2018</b>
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WILFUL 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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-231376

Date Filed

11/20/2018

**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.

**2a. Name of Employer:**  
Asplundh Tree Expert Co.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
708 Blair Mill Road, Willow Grove, PA 19090

**3a. Employer Representative - Name and Title:**  
John Dettl,  
Vice President of Labor Relations

**3b. Address (if same as 2b - state same):**  
Same as 2b

**3c. Tel. No.**  
215-284-5816

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
jdettl@asplundh.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Tree Trimming Company

**4b. Principal Product or Service**  
Line Clearance

**5a. City and State where unit is located:**  
Hilo and Kona, Hawaii

**5b. Description of Unit Involved:**

Included:

See attachment

Excluded:

See attachment

**6a. Number of Employees in Unit:**  
14

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

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

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Dec. 3 2018

**11c. Election Time(s):**  
See attachment

**11d. Election Location(s):**  
See attachment

**12a. Full Name of Petitioner (including local name and number):**  
International Brotherhood of Electrical Workers, Local 1260

**12b. Address (street and number, city, State and ZIP code):**  
700 Bishop Street, Suite 1600, Honolulu, HI 96813

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Electrical Workers

**12d. Tel. No.**  
808-941-9445

**12e. Cell No.**

**12f. Fax No.**  
808-946-1260

**12g. E-Mail Address**

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

**13a. Name and Title:**  
Justin Puaoi,  
Organizer

**13b. Address (street and number, city, State and ZIP code):**  
700 Bishop Street, Suite 1600, Honolulu, HI 96813

**13c. Tel. No.**  
808-941-9445

**13d. Cell No.**  
808-260-0295

**13e. Fax No.**  
808-946-1260

**13f. E-Mail Address**  
justin\_puaoi@ibew.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Justin Puaoi

**Signature**

**Title**  
Organizer

**Date**

11/20/18

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

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ATTACHMENT TO RC PETITION

5b.

Included: All full-time and regular part-time employees performing line clearance, tree trimming and routine maintenance cutting work reporting to the general foreperson supervising the employees on the Island of Hawaii, including working crew forepersons, trimmer, trimmer trainees and groundpersons.

Excluded: General forepersons, office clerks, clerical employees, professional employees, guards and supervisors as defined by the Act, and all other employees.

11c. and 11d.

7:00 a.m. to 8:30 a.m. at Harold H. Higgashihara Park in Kailua-Kona, Hawaii

and

5:00 p.m. to 6:30 p.m. at Wailoa River State Park in Hilo, Hawaii

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

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-231466

Date Filed

11/21/2018

**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.

2a. Name of Employer  
DHMF Mercy Imaging Center Folsom

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
1635 Creekside Dr. Ste. 100, Folsom, CA 95630; 1269 Hawks Flight Ct., El Dorado Hills, CA 95762

3a. Employer Representative - Name and Title  
Judy S. Coffin, V.P. & Associate General Counsel

3b. Address (If same as 2b - state same)  
185 Berry Street, Suite 300 San Francisco, CA 94107

3c. Tel. No.  
(415) 438-5755

3d. Cell No.

3e. Fax No.  
(415) 438-5726

3f. E-Mail Address  
judy.coffin@dignityhealth.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Medical Facility

4b. Principal product or service  
Health Care

5a. City and State where unit is located:  
Folsom, CA

**5b. Description of Unit Involved**

Included: Radiology techs, MRI/CT Techs, Mammography techs, Medical office receptionist, Patient care representative, Ultrasound techs

Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.

6a. No. of Employees in Unit:  
10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) by this 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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
Dec. 11, 2018

11c. Election Time(s):  
10-11 am

11d. Election Location(s):  
Break Room - 1635 Creekside Dr. Ste. 100, Folsom, CA

12a. Full Name of Petitioner (including local name and number)  
Service Employees International Union, United Healthcare Workers-West

12b. Address (street and number, city, state, and ZIP code)  
560 Thomas L. Berkley Way, Oakland, CA 94612

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, United Healthcare Workers-West

12d. Tel No.  
(510) 251-1250

12e. Cell No.

12f. Fax No.  
(510) 763-2680

12g. E-Mail Address

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

13a. Name and Title  
Xochitl A. Lopez

13b. Address (street and number, city, state, and ZIP code)  
1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.  
(510) 337-1001

13d. Cell No.

13e. Fax No.  
(510) 337-1023

13f. E-Mail Address  
xlopez@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.

Name (Print)  
Xochitl A. Lopez

Signature

Title  
Attorney

Date  
November 21, 2018

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

**PRIVACY ACT STATEMENT**

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



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>20-RC-231699</b>	Date Filed <b>11/26/2018</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> Sagar, Inc. D/B/A La Mariposa Care & Rehabilitation Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1244 Travis Boulevard, Fairfield, CA 94533	
<b>3a. Employer Representative - Name and Title</b> David De Guzman, Administrator		<b>3b. Address (if same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> (707) 422-7750	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (707) 455-6025	<b>3f. E-Mail Address</b> ddeguzman@thekkek.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> Fairfield, CA

**5b. Description of Unit Involved**  
**Included:** Full-time and regular part-time Licensed Nurses, including Licensed Vocational Nurses and Registered Nurses employed by the Employer at its facility in Fairfield, CA.  
**Excluded:** All other employees, including Administrator; Director of Nursing; Assistant Director of Nursing; Director of Staff Development; Directors; MDS nurses; Non-Floor and Non-Med Pass nurses; managers; guards; and supervisors as defined by the Act.

<b>6a. No. of Employees in Unit:</b> 17
<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) 11/26/2018 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>11b. Election Date(s):</b> December 5, 2018	<b>11c. Election Time(s):</b> 6am-8am and 2pm-4pm	<b>11d. Election Location(s):</b> Employer's facility - conference room or dining room
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**12a. Full Name of Petitioner (including local name and number)**  
Service Employees International Union, Local 2015

**12b. Address (street and number, city, state, and ZIP code)**  
2910 Beverly Blvd., Los Angeles, CA 90057

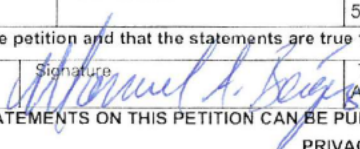
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

<b>12d. Tel No.</b> 213-985-1505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**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> November 26, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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