FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 20-RC-228448

Date Filed 10/1/2018

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.

Case Procedures (Form NLRB 481	2). The showing	g of interest sho	uld only be file	d with the NLRB and s	hould not be s	served on th	ne employer or any other party.	
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Laboratory	oner desires to b	e certified as repr rd proceed unde	resentative of the r its proper aut	e employees. The Petiti thority pursuant to Sec	ioner alleges to ction 9 of the N	hat the follo	owing circumstances exist and por Relations Act.	
2a. Name of Employer:				stablishment(s) involve		umber, City,	State, ZIP code):	
Accent Care, Inc.		259	90 Goodwa	odwater Avenue, Suite 100				
	Redding, CA 96002							
3a. Employer Representative - Nam	ne and Title:	3b. /	Address (if same	e as 2b - state same):				
Executive Director Kerri I	Brest-Landr	y sar	ne					
3c. Tel. No.	3d. Cell No.	-						
530-223-3696	530-209-34		530-223		kerribres		@accentcare.com	
4a. Type of Establishment (Factory, r	mine, wholesaler,	etc.)		al Product or Service			d State where unit is located:	
Health care			Home h	ealthcare service	S		and Corning, California	
5b. Description of Unit Involved:							r of Employees in Unit:	
Included:	. CC 1		ad to the Eu	anlassada Daddin	and	44		
All field staff and office s	tair employe	ees designati	ed to the Er	nployer's Reddin	g and	6h Do a si	ubstantial number (30% or more)	
Excluded:	a dafinad in	the Ast	CC	orning Califo	tions.	of the e	mployees in the unit wish to be	
All guards and supervisor			ativo was made	on /Date)	and		ented by the Petitioner? X Yes No declined recognition	
Check One: 7a. Request for reconnection on or about (Date)			ly received, so s		and	Linbioyei		
				nd desires certification u	under the Act.			
8a. Name of Recognized or Certifie	ed Bargaining A	gent (If none, so	state) 8b. Ad	dress:				
None								
8c. Tel. No.	8d. Cell No.		8e. Fax No		8f. E-Mail A	ddress		
8g. Affiliation, if any:			8h. Date of Re	ecognition or Certificatio	lion 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employer's	establishment(s)	involved? No	If so, approxin	nately how man	y employees	s are participating?	
(Name of Labor Organization)			110		, has picketed	the Employe	er since (Month, Day, Year)	
10. Organizations or individuals othe	r than Petitioner	and those named	in items 8 and 9	9, which have claimed re				
individuals known to have a repre	esentative interes	st in any employe	es in the unit de	scribed in item 5b above	e. (If none, so s	tate)		
10a. Name	10b	. Address			10c. Tel. No	D.	10d. Cell No.	
					10e. Fax No	0.	10f. E-Mail Address	
11. Election Details: If the NLRB co	inducts and elect	ion in this matter,	state your posit	tion with respect to any	such election:	11a. Election	n Type:	
						x Manua	al Mail Mixed Manual/Mail	
11b. Election Date(s):	11c	. Election Time(s)):		The second secon	on Location(s		
October 23 and 24, 2018	8:3	30 to 9:30 a.:	m. each day	У	Confere	nce roon	n at each location	
12a. Full Name of Petitioner (include	ding local name a	and number):		12b. Address (street a	All the second second second	, State and I	ZIP code):	
Teamsters Local 137				3540 South Mai	rket Street			
				Redding, CA	06001			
12c. Full name of national or internal	tional labor organ	nization of which f	Petitioner is an a	affiliate or constituent (if	none, so state)	:		
International Brotherhood	d of Teamste	ers						
12d. Tel. No.	12e. Cell No.		12f. Fax N	0.	12g. E-Mail	Address		
530-243-0232			530-24	3-3115	dave@t	eamsters	137.com	
13. Representative of the Petitione	er who will acce	pt service of all						
John Provost Attorney				ess (street and number, Tayer & Bodine,			ite 300 Sacramento, CA 95814	
13c. Tel. No.	13d. Cell No.		13e. Fax N	No.	13f. E-Mail	Address		
916-325-2100	916-718-4	841	916-32				ntayer.com	
I declare that I have read the above						.,	· · · · · · · · · · · · · · · · · · ·	
Name (Print)		Signature	10, 1		Title		Date	
John Provost		1 CM	my	fry /	Attorney		10/1/2018	

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
	Date Filed					
20-RC-228482	10/2/2018					

		KC PETITIO					20-K	U-22040	14	1(0/2/2018
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition named in t 12). The sho	must be accomp he petition of: (1 owing of interest	anied by i) the per t should	y both a sh tition; (2) S only be file	nowing of interest (s statement of Positio ed with the NLRB ar	see 6b on form nd sho	below) and (Form NLR uld not be s	a certificate (B-505); and served on th	e of service sho I (3) Descriptio ne employer or	owing se n of Rep any oth	rvice on resentation er party.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires	to be certified as	s represe	ntative of t	he employees. The P	etition	er alleges t	hat the follo	wing circumst	ances e	lective kist and
Marin General Hospital (1) 25					Establishment(s) inve n Air Rd., Gree Air Rd., Larksp	nbra	e, CA 94	904	State, ZIP code	p):	
3a. Employer Representative - Nan See Attachment	ne and Title:			ress (if san ttachme	ne as 2b - state same ent	9):					
3c. Tel. No. See Attachment	3d. Cell No See Att	achment		3e. Fax No See At	achment		3f. E-Mail Ad See Atta				
4a. Type of Establishment <i>(Factory, I</i> Hospital	nine, whole	saler, etc.)		4b. Princip Health	oal Product or Service care	е		Greenb	d State where u rae & Lar	kspur.	
5b. Description of Unit Involved: Included: See Attachment								12	r of Employees		
Excluded: See Attachment								of the e represe	ibstantial number mployees in the nted by the Peti	unit wish tioner?	to be
Check One: 7a. Request for reconnection or about (Date) 7b. Petitioner is cur	rently recog	(If n nized as Bargain	o reply re ing Repr	eceived, so esentative	state). and desires certificati	ion und		Employer o	leclined recogni	uon	
8a. Name of Recognized or Certific National Union of Health			e, so stat	580	ddress: 1 Christie Aver eryville, CA 94	•	Suite 525	5			
8c, Tel. No. (510) 834-2009	8d. Cell No),		8e, Fax N (510)	834 -20 19	.]	8f. E-Mail A	ddress			
8g. Affiliation, if any:			81	n. Date of F	tecognition or Certific	cation	ion 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
Is there now a strike or picketing a (Name of Labor Organization)	t the Emplo	yer's establishme	nt(s) invo	lved? No	If so, appro		•		s are participatir er since (Month,		ar)
Organizations or individuals other individuals known to have a repression.									es and other org	anization	s and
10a. Name		10b. Address					10c. Tel. No).	10d. Cell No.		
							10e. Fax No	о.	10f. E-Mail Add	iress	
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, stat	e your pos	ition with respect to a	any suc	h election:	11a. Election		Mixed	Manual/Mail
11b. Election Date(s): Tuesday, October 30, 201	8	11c. Election Tir 11:30 am to		pm			11d. Electio 250 Bon	n Location(s Air Rd.): Greenbrae	(Magi	nolia Rm)
12a. Full Name of Petitioner (include National Union of Health	iing local na care Wo	me and number): rkers			12b. Address (street 5801 Christie Emeryville, C	e Ave	nue, Sui	, State and 2 te 525	ZIP code):		
12c. Full name of national or internal	ional labor	organization of wh	nich Petit	ioner is an	affiliate or constituen	t (if nor	ne, so state):	:			
12d, Tel. No. (510) 834-2009	12e. Cell N				834-2019		12g. E-Mail				
13. Representative of the Petitione 13a. Name and Title: Latika Malkani	er who will a	accept service o	f all pap	13b. Addr	poses of the repres ess (street and numb arrison St. #307	ber, city	, State and	ZIP code):			
13c. Tel. No. 510-452-5000	13d. Cell N				2-5004				ploymentla	w.con	1
I declare that I have read the abov	e petition a			re true to/1	he best of my know						I Data
Name (Print) Latika Malkani		Signatur	n+414	61/11	ON Kan.	Title A f	torney fo	r NI IHV	V		Date 10/2/2018
Lauka Maikalli		$ \sim$	AUU	<u>~ / / / / / / / / / / / / / / / / / / /</u>	www		torney it	71 11 O11 V	·		10/2/2018

Attachment 3a-3f, 5b

to RC Petition filed on 10/2/2018 by National Union of Healthcare Workers (NUHW) for *Armour-Globe* election to add residual Cardiac Sonographer and Lead Cardiac Sonographer employees to existing unit

Attachment 3a-3f: Employer Representatives

Lee Domanico (Chief Executive Officer) 100B Drake's Landing Rd. #250 Greenbrae, CA 94904

Work: 415-464-2090 Fax 415-464-2094

Email: lee.domanico@maringeneral.org

Jennifer Levinson (Manager, Employee and Labor Relations)

300A Drakes Landing Road, Suite 110

Greenbrae, CA 94904 Work: 415-925-7044 Mobile: 415-497-3263

Fax: 415-461-4407

Email: jennifer.levinson@maringeneral.org

Mark Hyde (Manager, Employee and Labor Relations)

300A Drakes Landing Road, Suite 110

Greenbrae, CA 94904 Work: 415-925-7046 Mobile: 415-342-4420 Fax: 415-461-4407

Email: mark.hyde@maringeneral.org

Attachment 5b, Description of unit involved:

Included: All full-time, part-time and per diem unrepresented (residual) CARDIAC SONOGRAPHERS AND LEAD CARDIAC SONOGRAPHERS employed by the employer at all the locations listed in Attachment 2b.

These employees are petitioning to join the existing NUHW-represented unit of radiology techs, and request an *Armour-Globe* election.

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

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 20-RC-228993	Date Filed 10/11/2018					

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 representa ive 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) 14295 Park Meadow Dr VA Chantilly 20151-2220 Chenaga Corpora ion DBA Chenaga Security International California 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3000 C St Ste 301 AK Anchorage 99503-3975 Peggy O'Keefe 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (907) 277-5706 pokeefe@chenagacorp.com (907) 952-1144 (703) 822-8868 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Security Shasta Lake, CA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 28 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 10/30/18 Shasta Dam 16349 Shasta Dam Blvd, Shasta Lake, CA 96019 6:30 to 7:30 am and 2:30 to 3:30 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Steve Maritas
Law Enforcement Officers Security Unions LEOSU, LEOS-PBA 1155 F St NW Ste 1050 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12g. E-Mail Address LEOSUNIONS@GMAIL.COM 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 595-3510 (516) 499-2681 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address 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) Signature Title Date Organizing Director Steve Maritas 10/11/2018 00:25:14 Steve Maritas

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					
	20-RC-228993	10/11/2018					

Employees Included

All regular part-time and regular full-time armed security officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer at its location noted in 11d

Employees Excluded

All other employees, office clerical employees, professional employees and supervisors as defined by the Act.

Case No. 20-RC-229571 DO NOT WRITE IN THIS SPACE Date Filed October 18, 2018

RC 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 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

A COURSES WHEN CHE THE THE TENTO THE TENTO	one board proc			OCCUBIT S OF the Hador				
2a. Name of Employer			ddress(es) of Establishment(s) involved (Street and number, city, State, ZIP code)					
Advance Management Inc.		198 A	Adrian Sanchez St., Suite #3, Barrigada, Guam 96913-4456					
3a. Employer Representative – Name and	Title		3b. Address (If same as			00040 4450		
<u> </u>			198 Adrian Sanche		<u> </u>	·		
3c. Tel. No.	3d, Cell:No.			1 '	E-Mail Addres			
671-649-6488	<u> </u>		671-646-3739	ma		amiguam.com		
4a. Type of Establishment (Factory, mine, и		4b, Principal pro-			1	d State where unit is loca	ited:	
Janitorial and Maintenance service	IS	Janitorial and	Maintenance service	es	Barrigada			
5b. Description of Unit Involved					t	a. No. of Employees in I	Jnit:	
^{Included:} Janitors, Houseke	eners. Ho	urly only fo	r Military facilitie	es Guam	3			
		any 41,113 to	· · · · · · · · · · · · · · · · · · ·	,		 Do a substantial num or more) of the employee 		
Excluded: Supervisors, Mana	dere profe	ecional an	ninoering			unit wish to be represente		
Supervisors, iviaria	gers, profe	solutial, cui	ameening			Petitioner? Yes V	o 🔚 📗	
Check One: 7a. Request for re	cognition as Barg	aining Representa	tive was made on (Date) _	and Er	mployer declin	ed recognition on or abo	ut 🛪	
<u> </u>		(If no reply receive				and the second s	Ci.	
7b. Petitioner is co	irrently recognize	d as Bargaining R	epresentative and desires	certification under the Ac	t	28	SE TO 1	
8a, Name of Recognized or Certified Bar	paining Agent (II	none, so state).	8b. Address			Services Activities	() (CERT)	
None						<u> </u>	## E	
8c. Tel No.	8d Cell No.		8e, Fax No.	8f.	E-Mail Addre		風雨	
A control of	L						<u> </u>	
8g. Affiliation, if any			8h. Date of Recognition of	Certification 8i.	Expiration Da	te of Current or Most Re (Monto Day, Year)	:e	
				00	minact, it arry	De la	die.	
9. Is there now a strike or picketing at the E	mniovarie aetablie	hment(e) involved	2 If so approx	imately how many emplo	weer are parti		C	
					yees are part	Cipating:	- circul	
(Name of labor organization)			teted the Employer since (· · · · · · · · · · · · · · · · · · ·			
10. Organizations or individuals other than					entatives and o	other organizations and i	ndividuals	
known to have a representative interest in a None	ny employees in	the unit described	in item 55 above. (If none,	so state)				
10a: Name	10b. Ad	drace		10c, Tel, No.	~ т	10d. Cell No.		
Tod. Hallie	100.74	41623		100, 101, 140.		100. 000 110.		
None				10e, Fax No.		10f, E-Mail Address		
INOTIC								
11. Election Details: If the NLRB conducts	an election in th	is matter, state you	r position with respect to	11a, Election Type:	Manual 🗸	Mail Mixed Manu	ual/Mail	
any such election.	1 44 - 5	Cantina Time (CV)			(-):			
Asap	11b. Election Date(s): 11c. Election Time(s):							
	Δnv	• •		11d. Election Location				
12a. Full Name of Petitioner (including local name and number)				Mail in ballots to eligib	le voters	ly state and 7IP code)		
lbew 1260	Any cal name and n			Mail in ballots to eligib	le voters nd number, cii	ly, state, and ZIP code) i Hawaii 96813		
lbew 1260	ical name and n	umber)	is an affiliate or constituer	Mail in ballots to eligib 12b, Address (street a 700 Bishop St. Sulte 1	le voters nd number, cii			
	cal name and no	umber)	is an affiliate or constituer	Mail in ballots to eligib 12b, Address (street a 700 Bishop St. Sulte 1	le voters nd number, cii			
Ibew 1260 12c, Full name of national or international is	cal name and no	umber)	is an affiliate or constituer	Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Sulte 1 at (if none, so state)	le voters nd number, cii	i Hawali 96813		
lbew 1260 12c, Full name of national or international is international Brotherhood of Electrical Wo	cal name and no abor organization rkers	umber)		Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Suite 1 at (if none, so state)	le voters nd number, cli 1600 Honolulu	i Hawali 96813		
lbew 1260 12c, Full name of national or international is international Brotherhood of Electrical Wolland, Tel No.	abor organization rkers 12e, Cell No. 671-777-6264	umber) of which Petitioner	12f. Fax No. 808-946-1260	Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Suite 1 at (if none, so state)	le voters nd number, cit 1600 Honolulu 2g. E-Mail Add	i Hawali 96813		
lbew 1260 12c, Full name of national or international is international Brotherhood of Electrical Wolling Tel. No. 808-941-9445 13. Representative of the Petitioner who	abor organization rkers 12e. Cell No. 671-777-6264 will accept serv	umber) of which Pelitioner ice of all papers f	12f. Fax No. 808-946-1260 or purposes of the repres	Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Suite 1 at (if none, so state)	Ìe voters nd number, cii 1600 Honolulu 2g. E-Mail Add guana@ibew	i Hawali 96813		
lbew 1260 12c, Full name of national or international is international Brotherhood of Electrical Wolliam Tel. No. 808-941-9445	abor organization rkers 12e. Cell No. 671-777-6264 will accept serv	umber) of which Pelitioner ice of all papers f	12f. Fax No. 808-946-1260 or purposes of the repres	Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Suite 1 at (If none, so state) 12 kla sentation proceeding. d number, city, state, and	Ìe voters nd number, cii 1600 Honolulu 2g. E-Mail Add guana@ibew	i Hawali 96813		
Ibew 1260 12c, Full name of national or international is international Brotherhood of Electrical Woll 12d, Tel No. 808-941-9445 13. Representative of the Petitioner who 13a. Name and Title Kenneth Laguana ibe 13c. Tel No.	abor organization rkers 12e, Cell No. 671-777-6264 will accept serv	umber) of which Pelitioner ice of all papers f	12f. Fax No. 808-946-1260 or purposes of the repres	Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Sulte 1 tt (if none, so state) 12 kla sentation proceeding. d number, city, state, and IA guam 96932	le voters nd number, cii 600 Honolulu 2g. E-Mail Add guana@ibew nd ZIP code) 3f. E-Mail Addi	Hawaii 96813 ress r1260.org		
Ibew 1260 12c, Full name of national or international is international Brotherhood of Electrical Woll 12d, Tel No. 808-941-9445 13. Representative of the Petitioner who 13a. Name and Title Kenneth Laguana ib 13c. Tel No. 671-472-4028	toor organization rkers 12e, Cell No. 671-777-6264 will accept serv ew 1260 Asst. Bu 13d. Cell No. 671-777-6264	umber) of which Petitioner ice of all papers f usiness Manager	12f. Fax No. 808-946-1260 or purposes of the repres 13b. Address (street an PO. BOX 326428 hAGATN 13e. Fax No.	Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Sulte 1 t (If none, so state) 12 kla sentation proceeding. d number, city, state, and tA guam 96932	le voters nd number, ci 600 Honolulu 2g. E-Mail Add guana@ibew d ZIP code)	Hawaii 96813 ress r1260.org		
Ibew 1260 12c, Full name of national or international is international Brotherhood of Electrical Woll 12d, Tel No. 808-941-9445 13. Representative of the Petitioner who 13a. Name and Title Kenneth Laguana ibe 13c. Tel No.	toor organization rkers 12e, Cell No. 671-777-6264 will accept serv ew 1260 Asst. Bu 13d. Cell No. 671-777-6264	umber) of which Petitioner ice of all papers f usiness Manager	12f. Fax No. 808-946-1260 or purposes of the repres 13b. Address (street an PO. BOX 326428 hAGATN 13e. Fax No.	Mail in ballots to eligib 12b. Address (street a 700 Bishop St. Sulte 1 t (If none, so state) 12 kla sentation proceeding. d number, city, state, and tA guam 96932	le voters nd number, cii 600 Honolulu 2g. E-Mail Add guana@ibew nd ZIP code) 3f. E-Mail Addi	Hawaii 96813 ress r1260.org		
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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.

Fax: (415) 356-5156

Page 3 of 8 10/23/2018 2:18 PM

FORM NLRB-502 (RC) UNITED STATES OF AMERICA
(2-16) NATIONAL LABOR RELATIONS BOARD

| DO NOT WRITE IN THIS SPACE | Case No. | Date Filed | 10/23/2018 |

	RC	PETITION	Į				20-R	C-2298	314	10/	/23/2018
INSTRUCTIONS: Unless e-Filed i employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition must s named in the pu	be accompa stition of: (1)	nied by the peti	both a s tion; (2)	howing of interest (Statement of Position	(see 8b b ion form	elow) and (Form NLF	a certificat B-505); an	e of service sho d (3) Description	wing so of Rep	ervice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner and Petitioner Laboratery	lioner desires to br	a certified as i d proceed ui	represen nder its	tative of t	the employees. The interest to	Petitione o Section	er alleges t n 9 of the N	hat the foll lational La	owing circumsta bor Relations Ac	inces e :t _:	
2a. Name of Employer: Dignity Health - Mercy S Center	an Juan Med	ical	2b. Addre 6501 (ess(es) of Coyle A	f Establishment(s) in Ave., Carmicha	volved (S ael, CA	treet and n A 95608	umber, City	. State, ZIP code));	
3a. Employer Representative - Na Will Owens, Director of			3b. Addre Same	ess (if san	ne as 25 - state sem	ie):					
3c. Tel. No. (844) 236-5068	3d. Cell No.		1	3e. Fax N	la.		f E-Mai Ac	odress ns@dig	nity.org		
4a. Type of Establishment (Factory, Hospital	mine, wholesaler,	etc.)			pal Production Services	ce			d State where un chael, Calif		
5b. Description of Unit Involved: Included: Plant Operations Division Excluded: Supervisors Check One: [x] 7a. Request for re-						*****************		16 6b Doas of the e represe	or of Employees in ubstantial number imployees in the i inted by the Petiti	r (30% c uait wisi oner? [n to be
Check One: 7a, Request for reon or about (Date) 7b, Petitioner is ou 8a. Name of Recognized or Certifi 8c. Tel. No.	none rrently recognized	(If no as Bargaining	reply rec g Repres so state)	elved, so sentative	state). and desires certificat ddress:		***********		reclined recognition		NAME OF THE PROPERTY OF THE PR
Sg. Affiliation, if any:			ah.	Date of F	Recognition or Certific				irrent or Most (Month, Day, Yee	ır)	
9. is there now a strike or picketing a (Name of Labor Organization) 10. Organizations or individuals othe individuals known to have a repri	r than Petitioner a	nd those nam	ned in ite	ms 8 and	9, which have claim	, ha	is picketed nition as re	the Employ	s are participating er since (Month, L es and other orga	Day, Ye.	
10a. Name	10b.	Address		Laminus processor property Lan		1	Oc. Tel. No	••••••••••••••••••••••••••••••••••••••	10d. Cell No.		
	,					1	0e. Fax No		10f. E-Mail Addn	ess	
11. Election Details: If the NLRB oc				your pos	ition with respect to a			Manua	l [] Mail 🗵	Mixed	Manual/Mail
11b. Election Date(s): As soon as possible		Election Time)(8):			ŀ	-lospital		nce Room	ha bela a a la maio de cari a	
12a. Full Name of Petitioner Gachic International Union of Op Engineers, Local 39			itionar	У	12b. Address (stre 1620 North N					34	
12c. Full name of national or internal International Union of Op					affiliate or constituen	rt (if none	, so state):				
12d, Tel. No. (916) 928-0399	12e. Cell No.		(· -	28-1216	ĵ.	-407	ocal39.c	org		
13. Representative of the Petitions 13a. Name and Title: Gary Provencher, Attorney	er who will accept	i service of a	1	3b. Addr	poses of the represess (street and numl ireet, Suite 202,	ber, city,	State and 2	(IP code):			
13c, Tel. No. (916) 443-6600	13d, Cell No.		(, ,	42-0244	g			ioncounsel.	net	
I declare that I have read the abov Name <i>(Print)</i> Gary P. Provencher	e petition and tha	Signature	ents are	true to t	he best of my know	Title	nd belief. Ornev	- Promove		***************************************	Date 10-22-18

20-RC-230305

DO NOT WRITE IN THIS SPACE 10/29/2018

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) Descript						erest should only be med	
with the NLRB and should not be s	RTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner d requests that the National Labor Relation	esires to be certifi	ed as representative	e of the employees. The	Petitioner alleges that	at the following	circumstances exist and	
2a. Name of Employer		2b, Ad	dress(es) of Establishmen	t(s) involved (Street a	nd number, city,	State, ZIP code)	
Dignity Health Medical Foundation, d/b/	a/ Mercy Medic	al Group 8220	Wymark Dr, Elk Gro	ve, Ca., 95757			
3a. Employer Representative – Name and	Title		3b. Address (If same as		0 05050		
AyChoy Saechao			3400 Data Drive, R	Rancho Cordova,			
3c, Tel. No.	3d. Cell No.	204	3e, Fax No. (916) 858-7062		3f. E-Mail Address ac.saechao@dignityhealth.org		
(530) 515-9094 (530) 515-9094 (916) 858-7062 at A. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service						and State where unit is located:	
Health Care Provider	vilolesaler, etc.)	Health Care S			Elk Gro		
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: (See attachment /	۹)					2 6b. Do a substantial number (30%	
Excluded:						or more) of the employees in the unit wish to be represented by the	
(See attachment A	.)			x		Petitioner? Yes V No	
Check One: / 7a. Request for re	ecognition as Barç	jaining Representa	tive was made on (Date) {	3/31/18and	d Employer decl	ined recognition on or about	
9/10/18		(If no reply receive		22 1/11/2			
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Bar		none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No. 8f. E-Mail Ad				
8g. Affiliation, if any			8h. Date of Recognition or Certification 8i. Expiration Date of Current or I Contract, if any (Month, Day, Yea			Date of Current or Most Recent ((Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	dimately how many em	nployees are pa	rticipating?	
(Name of labor organization)							
Organizations or individuals other than known to have a representative interest in a	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 repr , so state)	resentatives and	other organizations and individuals	
10a, Name	10b. Ad	dress	10c, Tel. No.			10d. Cell No.	
*							
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	s an election in th	s matter, state you	r position with respect to	10e. Fax No.	✓ Manual	10f. E-Mail Address Mail Mixed Manual/Mail	
11. Election Details: If the NLRB conducts any such election.			r position with respect to	10e. Fax No. 11a. Election Type:		<u> </u>	
any such election. 11b. Election Date(s):	11c, E	is matter, state you ection Time(s):	r position with respect to	10e. Fax No. 11a. Election Type: 11d. Election Location	ion(s):	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s): 11/15/18	11c, E 10am	ection Time(s):	r position with respect to	10e. Fax No. 11a. Election Type: 11d. Election Locati 8220 Wymark Dr., I 12b. Address (stree	ion(s): Elk Grove, Ca., et and number, c	Mail Mixed Manual/Mail 95757 city, state, and ZIP code)	
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any such election. 11b. Election Date(s): 11/15/18 12a. Full Name of Petitioner (including localifornia Nurses Association-National Nurses Association-National Nurses Association-National Nurses Association-National Nurses Association-National Nurses Association-National Nurses N	11c. E 10am ocal name and murses United abor organization 12e. Cell No. will accept service, Labor Re 13d. Cell No. (916) 398-0244	ection Time(s): umber) of which Petitioner ice of all papers for presentative	is an affiliate or constituer 12f. Fax No. (916) 446-6319 or purposes of the representation of the represent	10e. Fax No. 11a. Election Type: 11d. Election Locati 8220 Wymark Dr., I 12b. Address (stree 770 L Street, #1480 It (if none, so state) sentation proceeding d number, city, state, and nento Ca., 95814	ion(s): Elk Grove, Ca et and number, c D, Sacramento, 12g. E-Mail Ad L and ZIP code)	Mail Mixed Manual/Mail 95757 city, state, and ZIP code) Ca., 95814 Idress	
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any such election. 11b. Election Date(s): 11/15/18 12a. Full Name of Petitioner (including localifornia Nurses Association-National Nurses Association-National Nurses Association-National Nurses Association-National Nurses Association-National Nurses Association-National Nurses N	11c. E 10am ocal name and murses United abor organization 12e. Cell No. will accept service, Labor Re 13d. Cell No. (916) 398-0244	ection Time(s): umber) of which Petitioner ice of all papers for presentative	is an affiliate or constituer 12f. Fax No. (916) 446-6319 or purposes of the representation of the represent	10e. Fax No. 11a. Election Type: 11d. Election Locati 8220 Wymark Dr., I 12b. Address (stree 770 L Street, #1480 It (if none, so state) sentation proceeding d number, city, state, and nento Ca., 95814	ion(s): Elk Grove, Ca et and number, of, Sacramento, 12g. E-Mail Ad I. and ZIP code)	Mail Mixed Manual/Mail 95757 city, state, and ZIP code) Ca., 95814 Idress dress alnurses.org	

PRIVACY ACT STATEMENT

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

Attachment A

RC Petition Dignity Health, d/b/a Dignity Health Medical Foundation

by California Nurses Association (CNA)

5. Description of the Unit Involved

Existing Unit:

Included:

All full-time and regular part-time direct care registered nurses and non-manager registered nurses employed by the Employer at its facilities located at 406 ½ Sunrise Avenue, Roseville, CA; 6555 Coyle Avenue, Carmichael, CA; 4400 Duckhorn Drive, Suite 100, Sacramento, CA; 3000 Q Street (formerly 3160 Folsom Blvd.), Sacramento, CA; 8120 Timberlake Way, Sacramento, CA.

Excluded:

All other employees, managers, guards and supervisors as defined by the Act.

Voting Group:

Included:

All Registered Nurses employed by the Employer as Primary Care Liaisons at 8220 Wymark Dr, Elk Grove, CA 95757.

Excluded:

All other employees, managers, guards and supervisors as defined by the Act.

Resulting Unit:

Included:

All full-time and regular part-time direct care registered nurses and non-manager registered nurses employed by the Employer at its facilities located at 406 ½ Sunrise Avenue, Roseville, CA; 6555 Coyle Avenue, Carmichael, CA; 4400 Duckhorn Drive, Suite 100, Sacramento, CA; 3000 Q Street (formerly 3160 Folsom Blvd.), Sacramento, CA; 8120 Timberlake Way, Sacramento, CA; and all Registered Nurses employed by the Employer as Primary Care Liaisons at 8220 Wymark Dr. Elk Grove, CA.

Excluded:

All other employees, managers, guards and supervisors as defined by the Act.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
20-RC-230308	10/31/2018

INSTRUCTIONS: Unless e-Filed us	ing the Agency's w	ebsite, www.it	in gov/ . s	ubmit an original of thi	is Petition to a	n NLRB off	ce in the Region in whic	th the
employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 481	e petition must be named in the petiti 2). The showing of	accompanied b on of: (1) the pe Interest should	y both a sho tition; (2) St only be filed	wing of interest (see 6 atement of Position for i with the NLRB and si	m (Form NLR nould not be s	B-505); and erved on th	(3) Description of Representation of Representat	party.
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitio requests that the National Labor	year desiros to be ce	rified as represe roceed under it	estative of the sproper aut	employees. The Patitic hority pursuant to Sec	oner alleges t tion 9 of the h	nat the folio lational Lab	or Relations Act.	ective st and
2a. Name of Employer:		2b Add	ress(es) of E	stablishment(s) involved	(Street and n	umber, City,	State, ZIP code)	
Pine Creek Care Center		11	39 Cirby V	Vay, Roseville, CA	95661			
3a. Employer Representative - Nam	e and Title:	3b. Add	iress (if same	as 2b - state same).		-		
Ryan McCormack		Sa	ime					
3c. Tel. No. (916) 782-7007	3d Cell No.	_	3e. Fax No (916	3) 782-1007	3f. E-Meil Ar rmccor	mack@pli		
4a. Type of Establishment (Factory, of Skilled nursing facility for Ion	nine, wholesaler, etc g-term care and	short-term rehab	4b. Principa Nursin	al Product or Service g care		Rosevil		ed:
5b. Description of Unit Involved: Included: All full-time, Regular Nursing Assistants, Restorati	part-time, On-c	all and Per di stants, Activi	ti e s Assist	ants, Dietary emplo	oyees,	Appro		
employed by the Employer at Registered Nurses, employees, Housekeeping er	nployees, mana	igers, guards	and supe	rvisors as defined i	n the Act.	of the e represe	bstantial number (30% or imployees in the unit wish inted by the Petitioner?	ac be
Check One: 7a. Request for reconnect on or about (Date)	ognition as Bargaini	ng Représentativ (If no reply)	re was made received, so t	on (Dale)	and	t Employer d	actined recognition	
8a. Name of Recognized or Certific	d Bargaining Ager	t (if none, so sta	(e) 8b. Ad					
None		. , , , , , , , , , , , , , , , , , , ,						
8c Tel No.	8d. Cell No.			8e. Fax No. 8f. E-Mail Address				
8g. Affiliation, if any		1	8h Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a	it the Employer's est	ablishment(s) inv	olved? No) If so, approxim	-		s are participating?	
(Name of Labor Organization)							er since (Month. Day. Yes	
Organizations or individuals other individuals known to have a repre-	r than Petitioner and esentative interest in	those named in any employees	items 8 and In the unit de	 which have claimed neachbed in item 5b above 	ecognition as n e. (If none, so t	epresentativi state)	es and other organization:	s and
10a Name	10b. A	ddress		4. · · · · · · · · · · · · · · · · · · ·	10c Tel. N	0.	10d Cell No.	
					10e. Fax N	0 .	101 E-Mail Address	
11. Election Details: If the NLRB co	inducts and election	in this matter, st	ate your posi	tion with respect to any s	such election:	11a. Electio		Manuai/Mail
11b. Election Date(s): November 12, 13, 14	11c. E 6:00	ection Time(s): - 7:00 a.m.; 2	2:00 - 3:00	•	Confe		om at Worksite	
12a. Full Name of Patitioner (Inclus Teamsters Local 150	ding local name and	number)		12b Address (street a 7120 East Parkw				
12c. Full name of national or internal International Brotherhood	tional labor organize of Teamsters	ition of which Pe	titioner is an	affiliate or constituent (if	none, so slate):		
12d. Tel. No. (916) 392-7070	12e. Cell No.		1	92-7675	12g. E-Ma			
Representative of the Petition Name and Title. Costa Kerestenzis	er who will accept	service of all pa	13b Addr	ess (street and number,	city. State and	(ZIP code):	te 300, Sacramento	, CA 95814
13c. Tel. No (916) 325-2100	13d. Cell No		1 ' '	25-2120		estenzis@	beesontayer.com	
I declare that I have read the above	ve petition and that		are true to 1					
Name (Print) Costa Kerestenzis		Signature	to k	200	Title Attori	ney		Date 10/31/18

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
20-RD-228714	October 5,	2018				

RD PETITION

20-RD-228714

October 5, 2018

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 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Charter Communications, LLC 200 Akamainui St Hl Miiilani 96789-3999 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Communications Services Cable/Internet/Phone Mililani, HI 5b. Description of Unit Involved 6a, No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the certified or currently recognized bargaining representative? 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 8b. Address IBEW Local 1186 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) JO. CYD <u>m</u> 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) knewr 10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals have a representative interest in any employees in the unit described in item 5b above. (If none, so state) mm ഒ 19d Cell No. 10a. Name 10b. Address 10c. Tel. No. 0 ∞ 10e. Fax No. 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 Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): ASAP Unsure Unsure 12a. Full Name of Petitioner Nicol Dangaran Sales Coordinator 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)(b) (6), (b), (7)(C 12c, Full name of (b) (6), (b) (7)(C) 12d. Tel No 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 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) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 10/4/2018 21:08:40

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

Employees Included Business Class Sales Coordinators

Employees Excluded All other employees

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					
20-RD-228714	October 5, 2018					

HONOLULU, HAWAII

				DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RD) (2-18)	UNITED STATES OF AMEI NATIONAL LABOR RELATIONS		Ca	se No.	to the same of the same of	Territoria	Date Filed		
RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/l, submit an original and the state of									
employer concerned is loca the employer and all other p	iled using the Agency's website, ted. The petition must be accompa arties named in the petition of:(1) ti RB 4812). The showing of interest s	nied by both a showing of in ne petition; (2) Statement of	terest (se Position i	e 7 below) a form (Form N	nd a certificate (LRB-505); and	of service s (3) Descript	howing service ion of Represe	on ntation	
recognized bargaining repres	DN: RD-DECERTIFICATION (REMO sentative is no longer their representations deed under its proper authority pure	ive. The Petitioner alleges th	at the fol	lowing circui	mstances exist				
NICE MUTU	AL WATER CO.	2b. Address(es) of Establishm	Les	hose	and the last the same of the same	C	The second second	164	
3a. Employer Representative DAUを テレレナ	z MANAGEA	3b. Address (II same as 2b - s P.O. Box 3e. Cell No.	57	ຍ ໙		al 9	1546	4	
3c Tel No. 707-274-1149) NI	3) E-Mail Address NICE MUMNIGO MCh5 I. COM 4b. Principal product or service							
4a. Type of Establishment (Fact	ory; mine, wholesaler, etc.)		40. P	uucibai biodi	ici or service				
So Description of Linit Involved		Manual State of the Control of the C					nd State where	unit	
Included: Watea TaeAtment and Dis				raobution			is located: Wice CA.		
Excluded:	PERATORS.					95	464	•	
8. No. of Employees in Unit	7. Do a substantial number recognized bargaining re	(30% or more) of the employe presentative? X Yes		ınit no langer	wish to be repre	sented by the	e certified or cur	rently	
8a. Name of Recognized or Cer		્	CA		iliation, if any		·)		
DISTRICT 1	it 3	3 SALVADOR FLORES							
60225 Str	15-24	-2487 707 -292-9653							
STE 100 A	the committee of the first of the second	5-3511 SPLODES@OE3, ORG							
9, Date of Recognition or Certifi	cation	10. Expiration Date of Current		Recent Contra	ct, if any (Month	n, Day, Year)	Andrew Control of the		
11a. Is there now a strike or pic	keting at the Employer's establishmen	t(s) involved? Yes	lo 11b.	If so, approxi	mately how mar	ny employees	are participating	9?	
11c. The Employer has been pi	keted by or on behalf of (Insert Nam	e)					a labor orga	nization, of	
(Insert Address)	man	. dog.o		en engane en gegen ja e	since (Month, Day,	Year)		
12. Organizations or individuals and individuals known to ha	other those named in items 8 and 110 ve a representative interest in any em	, which have claimed recogni- ployees in the unit described i	ion as rep n item 5 a	resentatives a	and other organ e, so state)	izations			
12a, Name 12b, Address				Tel. No.	15	d Fax No.			
			12e.	Cell No.	, 1:	2f. E-Mail Add	iress	, , ⁽¹⁰ , 5	
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				Election Type	e: Manual	Mail	Mixed Manu	al/Mail	
3b, Election Date(s) 13c. Election Time(s)				13d, Election Location(s)					
14. Full Name of Petitioner	(b) (6), (b) (7)(C)								

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) 14d, Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14f. Amhation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title 15a. Name 15d. Tel. No. 15e. Fax No. 15c. Address (Street and number, city, state, ZIP code) 15f. Cell No. 15g. E-Mail Address 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (700) (b) (6), (b) (7)(C) (b) (6), (b) (7) Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

14b. Tel. No.

14c Fax No.

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. Rep. 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.

UL PARSESTATIONENTS

BY FINE AND

RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
20-RD-229133	10/10/2018			

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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14295A Clay East Rd
CA Herald 95638-2a. Name of Employer Ethos Energy Group Services, LLC 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 2800 North Loop west Brian Pursch HR Director, O&M Services TX Houston 77092-3f. E-Mail Address 3d. Cell No. 3c Tel No 3e. Fax No. (281) 813-3512 (713) 812-2417 brian.pursch@ethosenergygroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Electric Utilities** Operations & Maintenance Herald, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? 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 curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 30 Orange Tree Cir International Brotherhood of Electrical Worker Local 1245 Lou Mennel Business Represen CA Vacaville 95687-3105 8d Cell No. 8f. E-Mail Address 8e. Fax No. (707) 452-2700 (916) 591-0590 lxmr@ibew1245.com 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/26/2017 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 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 11a. Election Type: Manual Mail Mail Mixed Manual/Mail 11b. Élection Date(s): 11c. Election Time(s): 11d. Election Location(s): 11/1/2018 10:00am TBD 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) International Brotherhood of Electrical worker Local 1245 12q. E-Mail Address 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13c Tel No 13d Cell No 13e Fax No 13f F-Mail Address 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) Signature Title Date (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 10/12/2018 08:27:44

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Attachment DO NOT WRITE IN THIS SPACE

Case Date Filed

Employees Included Cosumnes Power Plant, SPA Cogeneration, McClellan GTS, SCA Cogeneration II, & CVFA Carson IceGen

Employees Excluded none