UNITED STATE	S GOVERNMENT	-	DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR	RELATIONS BOA	ARD	Case No. 19-	RC-245944	Date I	Filed 8-2-19
INSTRUCTIONS: Unless e-Filed us	sina the Aaenc	v's website. www	v.nlrb.gov. submit a	an original of this I	Petition to a	n NLRB office in the Region
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descrip						
with the NLRB and should <u>not</u> be					, in the second second	
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATIVE	E - A substantial number	of employees wish to b	be represented	I for purposes of collective
bargaining by Petitioner and Petitioner c	lesires to be certifi	ed as representative	of the employees. The	Petitioner alleges that	t the following	g circumstances exist and
requests that the National Labor Rela 2a. Name of Employer	tions Board proc		ess(es) of Establishmen			
St. Charles Medical Center		2500) Neff Road		,,	,, ,,,
3a. Employer Representative – Name an	d Title		Bend 97701- 3b. Address (If same as	s 2b – state same)		
Paula Lehmann			777 108TH AVE N WA BELLEVUE 9	NE 8004-		
3c. Tel. No.	3d. Cell No.	:	3e. Fax No.		3f. E-Mail Addı	ress
(425) 646-6186					paulalehmann@	dwt.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal produc	ct or service		5a. City a	and State where unit is located:
Healthcare Facilities						Bend, OR
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	onal details				-	5 6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for addition	onal details					unit wish to be represented by the
						Petitioner? Yes [] No []
Check One: 7a. Request for m				and	Employer decl	lined recognition on or about
	+ /	(If no reply received, s	resentative and desires	certification under the (\ct	
8a. Name of Recognized or Certified Bar			8b. Address		101.	
Oregon Nurses Association						
8c. Tel No.	8d Cell No.	;	8e. Fax No.		8f. E-Mail Addı	ress
8g. Affiliation, if any		Qh	n. Date of Recognition o	r Cortification	Ri Expiration F	Date of Current or Most Recent
og. Anniation, ir any		0	I. Date of Recognition of			y (Month, Day, Year)
9. Is there now a strike or picketing at the E						
(Name of labor organization)		, has pickete	ed the Employer since (Month, Day, Year)		
10. Organizations or individuals other than						
known to have a representative interest in	any employees in	the unit described in i	item 5b above. (If none,	, so state)		-
10a. Name	10b. Ad	draaa		10c. Tel. No.		10d. Cell No.
IUa. Name	10b. Au	uless		TUC. TEL NO.		
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conduct any such election. 	s an election in thi	is matter, state your p	osition with respect to	11a. Election Type:	🔽 Manual 🗌	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Location	on(s):	
8/16/2019		n., 6-8 p.m.		Employer Facility		
12a. Full Name of Petitioner (including le Thomas Doyle Oregon Nurses Association				18765 SW Boones Fe OR Tualatin 97062-	and number, o erry Road	city, state, and ZIP code)
12c. Full name of national or international la American Federation of Teachers	abor organization	of which Petitioner is	an affiliate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad tom@bennetth	ldress artman.com
(503) 333-5975 13. Representative of the Petitioner who	will accent servi	ice of all papers for I	nurnoses of the renres		0	
13a. Name and Title			13b. Address (street and	• •	nd ZIP code)	
Thomas Doyle General Counsel Bennett Hartman Morris and Kaplan			210 SW Morrison Stree OR Portland 97204-			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	dress
(503) 333-5975					tom@bennetth	artman.com
I declare that I have read the above petit	ion and that the	statements are true	true to the best of my knowledge and belief.			
	gnature		Title		Date	
Thomas Doyle	homas Doyle		General Counsel		08/1/2019	

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.

	DO NOT WRITE	IN THIS SPACE
Attachment	Case 19-RC-245944	Date Filed 8-2-19

Employees Included

Registered Nurses Employed in Cardiac Stress Testing unit of St. Charles Medical Center to be included in existing RN Unit.

Employees Excluded Managers, Supervisors and Guards

FORM NLRB-502 (RC)	UNITED ST	ATES OF AME	ERICA					DO NOT W	RITE IN THIS	SPACE	
(2-18)	NATIONAL LABO RC I	OR RELATION PETITION	IS BOAF	RD		Case No		C-24593	0	Date Fil 8-2-	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must is named in the pe	ied by b he petiti	ooth a sh ion; (2) S	owing of interest (s tatement of Position	see 6b be n form (F	elow) and Form NLI	a certificat RB-505); and	e of service s d (3) Descript	showing se tion of Rep	ervice on presentation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo	tioner desires to be	certified as re	epresenta	ative of th	ne employees. The P	etitioner	r alleges t	that the foll	owing circum	nstances e	
2a. Name of Employer: Bend St. Charles Medical Co	enter		o. Addres See Atta	. ,	Establishment(s) invo	olved (Str	reet and r	umber, City,	. State, ZIP co	ide):	
3a. Employer Representative - Nar Rebecca Berry, Vice Preside					e as 2b - state same, Rd, Bend, OR 97	/					
3c. Tel. No. 541-706-3746	3d. Cell No.		36	e. Fax No).		. E-Mail A aberry@		ealthcare.or	rg	
4a. Type of Establishment (<i>Factory,</i> Acute Care Hospital	mine, wholesaler, e	etc.)		b. Princip Iealthca	al Product or Service Ire	9		Bend, Ol			ated:
5b. Description of Unit Involved: Included: See Attached								6a. Numbe	r of Employee	⊧s in Unit:	
Excluded:								of the e	ubstantial num mployees in th inted by the Pe	he unit wis	h to be
Check One: 7a. Request for red on or about (Date)		(If no re	eply rece	eived, so :	· · ·	N/A			leclined recog		
8a. Name of Recognized or Certific				8b. Ad			ine Act.				
None											
8c. Tel. No.	8d. Cell No.			e. Fax No			. E-Mail A				
8g. Affiliation, if any:			8h. [Date of Ro	ecognition or Certifica				Irrent or Most (Month, Day, Y		
9. Is there now a strike or picketing a	at the Employer's e	stablishment(s	s) involve	ed? No	If so, appro	oximately	how man	y employees	s are participa	ting?	
(Name of Labor Organization)							·		er since (Mont		·
10. Organizations or individuals other individuals known to have a represent None									es and other o	rganizatior	ns and
10a. Name	10b. /	Address				10)c. Tel. No).	10d. Cell No.		
							e. Fax No		10f. E-Mail A	ddress	
11. Election Details: If the NLRB co				our posit	ion with respect to ar			🗙 Manua	I Mail	Mixed	l Manual/Mail
11b. Election Date(s): August 21, 2019	8a-1	Election Time(s	'	8p		S	ee Attac				
12a. Full Name of Petitioner <i>(includ</i> Oregon Federation of Nurse 5017, AFT, AFL-CIO	s and Health F	Professiona			12b. Address (stree 1500 NE Irving	St., Po	ortland,	OR 97232			
12c. Full name of national or international American Federation of Teach	ers, AFL-CIO	ation of which	Petition	er is an a	ffiliate or constituent	(if none,	so state).				
12d. Tel. No.	12e. Cell No. (505) 741-795			2f. Fax N		cj		n@ofnhp	o.org		
13. Representative of the Petitione 13a. Name and Title:	er who will accept	service of all			oses of the represe ess (street and number						
Sam Lieberman, Attorney			A	FT Leg	gal Department v Jersey Ave NV			,	01		
13c. Tel. No.	13d. Cell No.		1:	3e. Fax N	lo.		Bf. E-Mail		oft ore		
202-393-7471	202-368-4596			<u>A</u>				erman@	an.org		
I declare that I have read the abov	e petition and tha		nts are	true to th	ne best of my knowl	Iedge an Title	d belief.				Date
Name (<i>Print)</i> Sam Lieberman		Signature	()	1		Attorr	nev				Date 8/2/109
		- XA	Ż				,				1

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.

FORM NLRB-502 – Attachment

Bend St. Charles Medical Center,

Case No. 19-RC-<u>245930</u>

Question 2b:

Employees in the petitioned-for unit are employed at the following Bend St. Charles Medical Center locations in Bend, OR.

Bend St. Charles Main Hospital Building 2500 NE Neff Rd, Bend, OR 97701

Heart and Lung Center 2500 NE Neff Rd, Bend, OR 97701

Family Birthing Center 2500 NE Neff Rd, Bend, OR 97701

Question 5b:

Included:

All regular full time, part time, and per diem technical employees, including: anesthesia technicians, cath lab technologists, certified surgical technologists, CT technologists, echo technologists, endoscopy technologist II's, endoscopy technologists, nuclear med technologists, neurodiagnostic technologists, pharmacy technicians,, radiologic technologists, radiation therapy technologists, respiratory therapists, surgical technologists, ultrasound technologists, vascular/cath technologists, and x-ray technologists.

Excluded:

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

Question 11d:

Petitioner respectfully requests the following polling location:

Bend St. Charles Main Hospital Building, Classroom A 2500 NE Neff Rd, Bend, OR 97701

Question 13 - Additional Info:

Along with the undersigned attorney, Sam Lieberman, the following union officials may be contacted regarding the processing of this petition:

Chris Johnson 503-741-7950 cjohnson@ofnhp.org FORM NLRB-502 (RC) (4-15)

UNITED STATES	GOVERNMENT		Г		DO NO	T WRITE IN THIS	S SPACE
NATIONAL LABOR		RD	ſ	Case No.		Date F	
RC PET				<u>19-RC-24</u>			-2019
INSTRUCTIONS: Unless e-Filed usi							
in which the employer concerned is							
of service showing service on the e							
(Form NLRB-505); and (3) Descripti				•	RB 4812). The s	howing of int	erest should only be filed
with the NLRB and should not be s	erved on the	employer or an	y other p	arty.			
1. PURPOSE OF THIS PETITION: RC-CEF bargaining by Petitioner and Petitioner de	RTIFICATION OF	REPRESENTATI	IVE - A sub: ve of the em	stantial number	of employees wish t Petitioner alleges t	to be represented	for purposes of collective
requests that the National Labor Relat							
2a. Name of Employer					t(s) involved (Street		
FRED MEYER, INC.		1900	2 36 2	eventica	K RD, POI	ET ORCH	ARD, WA 98366
3a. Employer Representative – Name and	Title				2b-state same)		42121 D, DR 97202
SEAN HAMMOND	3d. Cell No.	<u> </u>	3e. Fax 1		TO ANC, P	3f. E-Mail Addr	
503-797-3907	bu. Cen Nu.		00.10/1				UMONDOFREDMEYER
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro	duct or serv	vice		5a. City a	and State where unit is located:
GROCERY STORE		GROCER	IES			PORT	ORCHARD, WA
5b. Description of Unit Involved		· · · · · ·		<u> </u>	6a. No. of Employees in Unit:		
Included: NATURAL FOODS	S& MANA	AGER	2		Ļ	8	
							6b. Do a substantial number (30% or more) of the employees in the interval of the interval of interval of the interval of interval of inte
Excluded: PER ATTACHED	CBA						unit wish to be represented by the
							Petitioner? Yes 🔀 No
					7/22/2019_ar	nd Employer decl	ined recognition on or about
ND REPLY		If no reply receive			a dification condents	- 4 - 4	
8a. Name of Recognized or Certified Barg	irrently recognize	d as Bargaining R		8b. Address	certification under the	e Act.	
UFCW LOCAL 21	Janning 7 . geni (11			5030 15	TAVE S, S	TE 200, :	SEATTLE, WA 98133
8c. Tel No.	8d Cell No.		8e. Fax N	No.		8f. E-Mail Addr	ess
206-436-6700		·····		(D	0	O. Funination D	
8g. Affiliation, if any			Bh. Date of	f Recognition or	Certification		Date of Current or Most Recent ((Month, Day, Year)
9. Is there now a strike or picketing at the En	nployer's establis	hment(s) involved	? ND	if so, approxi	imately how many e	mployees are par	rticipating?
(Name of labor organization)	<u> </u>	, has pick	eted the En	mployer since (A	Month, Day, Year) _		
10. Organizations or individuals other than P	etitioner and those	se named in items	8 and 9, wh	hich have claime	ed recognition as rep	presentatives and	other organizations and individuals
known to have a representative interest in ar	ny employees in t	he unit described i	in item 5b a	bove. (If none,	so state)		
10a. Name	10b. Add	fress		· · · ·	10c. Tel. No.	<u> </u>	10d. Cell No.
		1000					
					10e. Fax No.		10f. E-Mail Address
							<u> </u>
11. Election Details: If the NLRB conducts any such election.	an election in this	s matter, state you	ir position w	nin respect to	11a. Election Type		MailMixed Manual/Mail
11b. Election Date(s):		ection Time(s):	- 1		11d. Election Loca		
ASAP	6-8 A		PMI		JOB SITE		ity state and 710 and at
12a. Full Name of Petitioner (including loc VNITED FOOD & COMMERCIA			1004	21			E 200, SEATTLE, WA
12c. Full name of national or international lat	oor organization of	of which Petitioner	is an affiliat	te or constituent			98133
UNITED FOOD& COMMERCIA	AL WORK	ERS INTI			UNION		
12d. Tel No.	12e. Cell No.	-	12f. Fax I	No.		12g. E-Mail Ad	dress
206-575-2211 13. Representative of the Petitioner who	vill accent servi	ce of all naners fr		s of the repres	entation proceedin	l	
13a. Name and Title					number, city, state,		
PIA RIVERA - ORGANIA	ER		5030	ISTAVE	S, STE 200	SEATTLE	EINA 98133
13c. Tel No.	13d. Cell No.		13e. Fax			13f. E-Mail Add	iress
206-436-6567			<u> </u>			PRIVERA	CUFCW21. ORG
I declare that I have read the above petitic		tatements are tru		est of my know	ledge and belief.		
	natore	20-	Title	ANIZED		Date 15	12019
VILLEUL FALSE STATEMEN	TURES Y	TITION CAN BE		ANIZER BY FINE AND	IMPRISONMENT (E 18, SECTION 1001)
							·,,

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

Attachment to Petition – Fred Meyer, Inc.

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The Petitioner seeks to add through a self-determination election all full-time and regular parttime Natural Foods Clerks and Managers, employed by the Employer at: 1900 SE Sedgwick Road, Port Orchard, WA 98366 to the existing unit consisting of all employees employed in the Employer's current and future grocery stores, including concessions under the direct control of the Employer, located in Kitsap County, State of Washington.

The Petitioner currently represents a bargaining unit consisting of all other grocery employees employed in the Employers' present and future grocery stores located in Kitsap County, State of Washington.

Excluding: Per attached CBA.

79

e.

FORM NLRB-502 (RC)	UNIT	ED STATES OF A	MERICA	`		<u> </u>		DO NOT W	RITE IN TH	IS SP	ACE	
(2-18)		RC PETITIO	IONS BC				^{e No.} 9-RC-24	6078			ate File 3/5/2	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in	must be accom the petition of: (panied b 1) the pe	y both a si tition; (2) S	howing of Interest (s Statement of Positio	see 61 on for	b below) and m (Form NL	i a certificat RB-505); an	e of servic d (3) Desci	e shov	ving se of Rep	rvice on resentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo	tioner desire	es to be certified a	is represe	entative of t	he employees. The F	Petitio	ner alleges	that the foll	owing circ	umsta	nces ex	
2a. Name of Employer: Farwest Steel			2000	b. Address(es) of Establishment(s) involved <i>(Street and number, City, State, ZIP code):</i> 2000 Henderson Ave. Eugene, OR 97403								
3a. Employer Representative - Nar Dave Hendricks BRANCH MANA			3b. Add same		ne as 2b - state same	ə):			 			
3c. Tel. No. 541-686-2000	3d. Cell N 541-68	n. 1-7259	1,,	3e. Fax N	0.		3f. E-Mail A dave.hei	ddress ndricks@)farwest	steel	.com	
4a. Type of Establishment (Factory, Industrial	mine, whole	saler, etc.)		4b. Princip Steel	bal Product or Service	e	<u> </u>	5a. City an Eugene		ere uni	t is loca	ted:
5b. Description of Unit Involved: Included: Production and maintenance, drivers, welders, fabricators, oper					perators, wareh	hous	e, et. al.	6a. Numbe 125	r of Employ	vees in	Unit:	
Excluded: Managers, Supervisors, G	the Ac	t					ibstantial n mployees i nted by the	n the u	nit wish	to be		
Check One: X 7a. Request for rec on or about (Date) 7b. Petitioner is cu	o reply r	eceived, so	state).	5/201		d Employer d						
8a. Name of Recognized or Certific none							uer me Au.					
8c. Tel. No.	8d. Cell N	D.		8e. Fax No	0.		8f. E-Mail A	ddress				
8g. Affiliation, if any:	1		81	n. Date of R	ecognition or Certific	ation		n Date of Cu tract, if any ()	
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) invo	olved? No	lf so, appro	oximat	tely how mar	y employees	are partici	pating	7	
(Name of Labor Organization)				•		-		the Employe				
10. Organizations or individuals othe individuals known to have a repre NONC									s and othe	r organ	izations	and
10a. Name		10b. Address			<u>.</u>		10c. Tel. No),	10d. Cell N	lo.		
							10e. Fax No) .	10f. E-Mai	Addre	55	
11. Election Details: If the NLRB co Election desired by petitic				e your posi	tion with respect to a	ny suc		11a. Election	I 🗌 Mail		Mixed I	Manual/Mail
11b. Election Date(s): August 20, 2019		11c. Election Tin 6:30-8AM,		M and 2	2;30-4PM			n Location(s		ility	20	Z
12a. Full Name of Petitioner (inclua Jim Kilborn	ling local na	me and number):			12b. Address (stree 24437 Russel Kent, WA 980	l Rd	number, city ., Suite 2	, State and 2 05	(IP code):	ORTL	SOV 61	-RB-S
12c. Full name of national or internat United Steel, Paper and F	ional labor o orestry,	organization of wh Rubber, Mar	ich Petiti 1ufacti	oner is an a Iring, Ei	affiliate or constituent nergy, Allied II	(if noi ndus	ne, so state). strial and	Service	Workers	- Ente	1	2 Miles
12d. Tel. No. 253-854 - 4536	12e. Cell N 541-40	1-9958		12f, Fax N			,	@usw.or	g	OR	PH	Ê
13. Representative of the Petitione 13a. Name and Title: Jim Kilborn	r who will a	accept service of	fall pape	13b. Addre 24437 R	poses of the represent ess (street and numb Russell Rd., Suite VA 98032	er, city	y, State and			GON	1:08	DN 36
13c. Tel. No. 253-854-4536	13d. Cell N 541-40			13e. Fax N			13f. E-Mail jkilborn	Address @usw.or	g			
I declare that I have read the above	e petition a			re true to ti	he best of my knowl	ledge Title						Date
Name (<i>Print</i>) Jim Kilborn	<u> </u>	Signatule	c		1			sentative	·			08/05/19

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 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. 7494243 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES	GOVERNMENT		· · · · · · · · ·	DO NO	WRITE IN THIS	S SPACE	
NATIONAL LABOR F			Case No. Date Filed				
RC PET	FITION		19-RC-2	46101	8-6	-2019	
INSTRUCTIONS: Unless e-Filed usi	ing the Agency's web	site. www.nlrb.	aov. submit a	an original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned is							
of service showing service on the e							
(Form NLRB-505); and (3) Descripti							
with the NLRB and should <u>not</u> be s				ND 4012j. The S	nowing of int	erest should only be med	
1. PURPOSE OF THIS PETITION: RC-CEP				of employees wish t	o be representer	for purposes of collective	
bargaining by Petitioner and Petitioner de							
requests that the National Labor Relati		r its proper autho	ority pursuant to	o Section 9 of the N	ational Labor R	elations Act.	
2a. Name of Employer				t(s) involved (Street	and number, city	, State, ZIP code)	
MV Transportation		19835 Wood	1.				
3a. Employer Representative – Name and		3b. Ad	dress (If same as	s 2b – state same)			
Patrick Domholdt Director of Labo					· · · · · · · · · · · · · · · · · · ·		
3c. Tel. No.	3d. Cell No.	3e. Fax			3f. E-Mail Add		
702-279-9883			73-4987		*	holdt@mvtransit.com	
4a. Type of Establishment (Factory, mine, w		cipal product or se	rvice			and State where unit is located:	
transportation services	Driving				Woodir	iville, WA	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: All full-time and pa	rt-time drivers ar	nd dispatch	iers locate	d at Woodin	bvill. WA	50	
					,	6b. Do a substantial number (30% or more) of the employees in the	
All other employees,	road supervisors	quards and s	sunorvisors	as defined hy	the Act	unit wish to be represented by the	
		guards and s	30pc1 113013	as actified by	une 7.00.	Petitioner? Yes 🔽 No 🚺	
Check One: 7a. Request for rec	cognition as Bargaining Re	presentative was r	made on (Date)	ar	nd Employer dec	lined recognition on or about	
	(Date) (If no reply					-	
7b. Petitioner is cu	irrently recognized as Barg	aining Representa	tive and desires	certification under the	e Act.		
8a. Name of Recognized or Certified Barg	aining Agent (If none, so	state).	8b. Address		•	·	
		·					
8c. Tel No.	8d Cell No.	8e. Fax	KNO.		8f. E-Mail Add	ress	
Pa Affiliation if any			of Decembing a	Carlification	9. Eusisetian I	Pala of Current of Mont Descrit	
8g. Affiliation, if any		8h. Date	of Recognition o	rCentrication		Date of Current or Most Recent y (<i>Month, Day, Year</i>)	
						, (
9. Is there now a strike or picketing at the En	nployer's establishment(s) i	involved?	If so, approx	imately how many e	mplovees are pa	rticipating?	
				• •			
						· · · · · · · · · · · · · · · · · · ·	
10. Organizations or individuals other than P known to have a representative interest in an					presentatives and	other organizations and individuals	
			above. (minorie,	, 50 6(6(6))			
10a. Name	10b. Address			10c. Tel. No.		10d, Cell No,	
				10e. Fax No.		10f. E-Mail Address	
						<u> </u>	
11. Election Details: If the NLRB conducts any such election.	an election in this matter, s	state your position	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Tim	e(s):	-	11d. Election Loca	tion(s):		
08/27/2019	10:30am-3:30pm	.,		employer location	.,		
12a. Full Name of Petitioner (including loc	cal name and number)			12b. Address (stre	et and number, o	city, state, and ZIP code)	
General Teamsters Local Union #174					Ave S. Suite 30	3 Tukwila, WA 98168	
12c. Full name of national or international lat International Brotherhood of Teamsters	bor organization of which P	etitioner is an affili	ate or constituen	t (if none, so state)			
12d. Tel No.	12e. Cell No.	12f. Fax	x No.		12g. E-Mail Ac	dress	
13. Representative of the Petitioner who	will accept service of all p	apers for purpos	es of the repres	entation proceedin	g.		
13a. Name and Title Moore Oabc	Organizar	13b. Ad	ldress (street and	d number, city, state,	and ZIP code)		
^{13a. Name and Title} Meaza Ogbe	e Organizer			ite 303 Tukwila, WA 981			
13c. Tel No.	13d. Cell No.	13e. Fa			13f. E-Mail Ad	dress	
	206-250-2566	(206) 44			mogbe@team	sters174.org	
I declare that I have read the above petitic	on and that the statement	s are true to the b	best of my know	ledge and belief.			
Name (Print)						· · · · · · · · · · · · · · · · · · ·	
Meaza Ogbe		Inte			Date		
WILLFUL FALSE STATEMEN	elifiere	Organiz			08-06-2019		

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. 7494243 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the
NLRB to decline to invoke its processes.

UNITED STATE	S GOVERNMENT	-	Γ		DO NOT	WRITE IN THI	S SPACE
NATIONAL LABOR	Ī	Case No.	246222	Date			
	TITION				246233	8-7	7-2019
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descrip					RB 4812). The sh	owing of int	erest should only be filed
with the NLRB and should <u>not</u> be s	served on the	employer or any	other p	party.			
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d							
requests that the National Labor Rela		eed under its prope	er autho	rity pursuant to	Section 9 of the Nat	tional Labor R	elations Act.
2a. Name of Employer			ress(es) 1 E Miss		t(s) involved (Street ar	nd number, city	v, State, ZIP code)
Avista Utilities	1.7.0		Spokane	e 99252-	0		
3a. Employer Representative – Name and	d litie				s 2b – state same) /e		
Eric Rosentrater 3c. Tel. No.	3d. Cell No.		W 3e. Fax	11 E Mission Av A Spokane 9925	52	3f. E-Mail Add	ress
(800) 227-9187	50. Cell 110.		Je. 1 ax	110.			@avistacorp.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal produ	uct or ser	vice			and State where unit is located:
Utilities				mostly gas and	electric)		Noxon, MT
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details						2
							6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for addition	nal details						unit wish to be represented by the
							Petitioner? Yes [🗸] No [🗌]
Check One: 7a. Request for re					and	I Employer dec	lined recognition on or about
The Retitioner is a	+ /	(If no reply received,		•	certification under the	Act	
8a. Name of Recognized or Certified Bar			Jeseniai	8b. Address		AUI.	
_		-					
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any		8	h. Date c	of Recognition or	Certification	8i. Expiration	Date of Current or Most Recent
							y (Month, Day, Year)
9. Is there now a strike or picketing at the E							
(Name of labor organization)							
10. Organizations or individuals other than known to have a representative interest in a						esentatives and	d other organizations and individuals
known to have a representative interest in a	any employees m	the unit described in	item 50 i	above. (ii none,	So sidle)		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10 5 11		
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct	s an election in th	is matter, state your p	position v	with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
any such election.							
11b. Election Date(s): 08/21/2019	3PM P	lection Time(s): ST			11d. Election Locati Spokane, WA	on(s).	
12a. Full Name of Petitioner (including la	ocal name and n				12b. Address (stree	t and number,	city, state, and ZIP code)
Matt Reese International Brotherhood of Electrical Workers Loc	al Union 77				19415 International E WA SeaTac 98188-	Blvd	
12c. Full name of national or international la International Brotherhood of Electrical Work	abor organization ers	of which Petitioner is	an affilia	ate or constituen	t (if none, so state)		
12d. Tel No.	12e, Cell No.		12f. Fax	No.		12g. E-Mail Ad	ddress
(206) 735-0748	(206) 735-0748		-	-		mattreese@ib	ew77.com
13. Representative of the Petitioner who	will accept servi	ice of all papers for		•			
13a. Name and Title SaNni Lemonidis Attorney				dress <i>(street and</i> h Ave #1000	l number, city, state, a	and ZIP code)	
SaNni Lemonidis Attorney Robbiee Detwiler PLLP			WA Sea	attle 98188			dan na
13c. Tel No. (206) 355-3572	13d. Cell No.		13e. Fa:	A INU.		13f. E-Mail Ad slemondis@ur	dress nionattorneysnw.com
I declare that I have read the above petit	ion and that the	statements are true	to the b	est of my know	ledge and belief.		
Name (Print) Si	gnature		Title			Date	
Matt Reese M	att Reese		Organize			08/7/2019	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE PU	INISHED	BY FINE AND	IMPRISONMENT (U.S	S. CODE, TITL	E 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.

Page 2 of RC Petition (Attachment)

Included: All regular full-time and part-time Cooks working for Avista Utilities at all Bunkhouse locations to be added to the existing bargaining unit of employees affiliated with International Brotherhood of Electrical Workers Local 77, AFL-CIO.

Excluded: All job classifications not incorporated in the description above including Cooks at the 1411 E Mission, Spokane, Washington location, confidential employees, guards, and supervisors as defined by the Act.

FORM NLRB-502 (RC)	UNITED STATES OF	AMERICA		DO NOT WRITE IN THIS SPACE					
(2-18)	NATIONAL LABOR RELA RC PETITIC	TIONS BOARD		Case No. 19–RC-	-246626	Date 8/	Filed 15/2019		
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accon named in the petition of:	npanied by both a s (1) the petition; (2)	howing of interest (s Statement of Positio	ee 6b below) and n form (Form NLI	l a certificat RB-505); an	te of service showing d (3) Description of R	service on epresentation		
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be certified	as representative of	the employees. The P	etitioner alleges	that the foll	owing circumstances			
2a. Name of Employer:		2b. Address(es) of	f Establishment(s) invo	olved (Street and i	number, City	, State, ZIP code):			
MV Public Transportation	· · · · · · · · · · · · · · · · · · ·		ve S, Seattle W						
3a. Employer Representative - Nan		1 .	me as 2b - state same):					
Mark Moujabber-General	Manager	Same							
3c. Tel. No.	3d. Cell No.	3e. Fax N	lo.	3f. E-Mail A	ddress	·			
206-725-8834		45 Direct			1.5. 01				
4a. Type of Establishment (Factory, I Transportation	mine, wholesaler, etc.)		pal Product or Service e Service	3	Seattle, V	d State where unit is lo	ocated:		
5b. Description of Unit Involved:						er of Employees in Unit			
Included:							•		
Drivers, Mechanics, Utili	ty, Liasons/Ambass	dor, Dispatche	rs, Payroll Cler	k, Road Sup	60+				
Excluded:						ubstantial number (30% mployees in the unit w			
Management			-	4/2019 and	represe	ented by the Petitioner?			
Check One: X 7a. Request for rec on or about (Date)		no reply received, so		4/2019 and	a Employer o	seclined recognition			
	rrently recognized as Bargai		1.1 · · · · · · · · · · · · · · · · · ·	on under the Act.					
8a. Name of Recognized or Certifie	ed Bargaining Agent (If noi	ne, so state) 8b. A	ddress:						
None									
Bc. Tel. No.	8d. Cell No.	8e. Fax N	lo.	8f. E-Mail A	ddroce				
		de. Pax N	io.		001633				
8g. Affiliation, if any:		8h. Date of f	Recognition or Certific			urrent or Most (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employer's establishm	ent(s) involved? No	If so, appro	ximately how mar	y employee:	s are participating?			
(Name of Labor Organization)	• •	<u><u> </u></u>		, has picketed	the Employe	er since (Month, Day,)	/ear)		
10. Organizations or individuals other individuals known to have a repre						es and other organization	ons and		
10a. Name	10b. Address			10c. Tel. No) .	10d. Cell No.			
				10e. Fax No	D.	10f. E-Mail Address			
11. Election Details: If the NLRB con	nducts and election in this n	natter, state your pos	ition with respect to an	ny such election:	11a. Election	•••	ed Manual/Mail		
11b. Election Date(s):	11c. Election T	ime(s):		11d. Electio	n Location(s				
ASAP				Employ	ers Facil	ity			
12a. Full Name of Petitioner (includ	•):	12b. Address (stree			•			
Karen Thompson, CWA I	Local 7800		134 SW 153rd	d St Suite A	, Burien,	WA 98166			
12c. Full name of national or internati			affiliate or constituent	(if none, so state)	:				
Communication Workers		<u> </u>		<u>.</u>					
12d. Tel. No. 206-441-7800	12e. Cell No. 425-351-8594		41-8789		cwa780@	0.org			
13. Representative of the Petitioner 13a. Name and Title:	r who will accept service (poses of the represe ess (street and numb						
Cathy Chicquette-Secretary			VW 153rd St, Sui	-		6			
13c. Tel. No.		120 500	No	13f. E-Mail Address					
206-441-7800	13d. Cell No.	I Se. Fax							
		206-44	41-8789	cathys@	cwa780	0.org			
I declare that I have read the above	e petition and that the stat	206-44 ements are true to t	41-8789	cathys@ edge and belief.		0.org			
I declare that I have read the above Name (Print) Karen Thompson		206-44 ements are true to t	41-8789	cathys@	ewa780	0.org	Date 8/14/2019		

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.

FORM NLRB-502 (RC)	UNITE	D STATES OF					DO NOT W	/RITE IN THIS S	PACE
(2-18)		LABOR RELAT				Case No.			Date Filed
. ,		RC PETITIO	N			19-RC-24	6853		8/20/2019
INSTRUCTIONS: Unless e-Filed u employer concerned is located, 1						of this Petition to	an NLRB o		ion in which the
the employer and all other parties Case Procedures (Form NLRB 48	s named in t	he petition of: (1) the pe	ition; (2) S	tatement of Positio	n form (Form NL	RB-505); an	d (3) Descriptio	n of Representation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labor	tioner desires	s to be certified a	is represe	ntative of the	ne employees. The P	etitioner alleges	that the foll	owing circumst	tances exist and
2a. Name of Employer:	<u> </u>	·	2b. Add	ress(es) of	Establishment(s) inve	olved (Street and	number, City	, State, ZIP code	ə):
Bravo Environmental N.V	W. Inc.		1	•••	44th Street Tu	•			
3a. Employer Representative - Nai	me and Title:		3b. Add	ress (if sam	e as 2b - state same): 			
Tony Calhoon - Projects	Manager		(same	e as abo	ve)				
3c. Tel. No.	3d. Cell No	•		3e. Fax No).	3f. E-Mail A	ddress		
425-424-9000	206-396	5-5486		N/A		tcalhoor	n@bravo	nw.com	
4a. Type of Establishment (Factory,	mine, wholes	saler, etc.)		•	al Product or Service		· ·	d State where u	nit is located:
Utility Contractor				Mainte	nance & Inspe	ction	Seattle, V		
5b. Description of Unit Involved: Included:							6a. Numbe	er of Employees	in Unit:
See Attached Document							22		
Excluded:								ubstantial number mployees in the	er (30% or more)
See Attached Document							represe	ented by the Peti	tioner? 🔀 Yes 🔲 I
Check One: 7a. Request for rec on or about (Date)	•			was made ceived, so	· ·	an	d Employer o	declined recognit	lion
7b. Petitioner is cu	rrently recog	nized as Bargain	ning Repre	sentative a	and desires certification	on under the Act.			
8a. Name of Recognized or Certific	ed Bargainii	ng Agent (If non	e, so state	·					
None				N/A					
8c. Tel. No.	8d. Cell No			8e. Fax No).	8f. E-Mail A	ddress		
N/A	N/A			N/A		N/A			
8g. Affiliation, if any: N/A			N	[/A	ecognition or Certific			urrent or Most (Month, Day, Ye	ar) N/A
9. Is there now a strike or picketing a	t the Employ	ver's establishme	ent(s) invo	ived? N/	If so, appro	oximately how man	ny employee	s are participatin	19? <u>N/A</u>
(Name of Labor Organization)			N/A					er since (Month,	
10. Organizations or individuals othe individuals known to have a representation of the second seco								es and other org	anizations and
None		,,				,,	·····,		
10a. Name		10b. Address				10c. Tel. N	 0.	10d. Cell No.	,
N/A		N/A				N/A		N/A	
						10e. Fax N	0.	10f. E-Mail Add	Iress
11. Election Details: If the NLRB co	nducts and a	election in this m	attor stat		ion with respect to a	N/A	11a Electio	N/A	
Employees on the clock,							X Manua		Mixed Manual/Mail
11b. Election Date(s):		11c. Election Til		<u> </u>	•1.0.	11d. Election	on Location(s		
8-30-19		9am-11am	. /			Employ	er's Pren	nises	
12a. Full Name of Petitioner (includ	ling local na	me and number):	:		12b. Address (stree			-	
I.U.O.E. Local 302					18 E Street S	W Auburn, V	VA 9800	1	
12c. Full name of national or internat International Union of Or		•	hich Petiti	oner is an a	ffiliate or constituent	(if none, so state)	;		
12d. Tel. No.	12e. Cell N			12f. Fax N		12g. E-Mai			
253-351-9095	253-332			253-35			iuoe302.	org	
13. Representative of the Petitione 13a. Name and Title:	er who will a	iccept service o	of all pape		coses of the represe ess (street and numb				
Jacob H. Black - In House (Counsel				20th Avenue N.				
13c. Tel. No.	13d. Cell N	o.		13e. Fax N	lo.	13f. E-Mail	Address		
425-806-0302	206-619			425-80			juoe302	.org	
I declare that I have read the abov	e petition a	the second se		e true to t	he best of my know		_		
Name (Print)		Signatur	e		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Title			Date
Bryan Raby		n		- (A		Business R	1 - 1 - 41		8-19-19

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 *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 for RC Petition

Section 5b:

5b Description of Unit Involved:

Included:

All full time and regular part time Operators, Mechanics, Laborers, Locater Operators, CCTV Operators, Truck Drivers, and all Leads for these positions.

Excluded:

Office and Clerical Employees, all other Employees, Guards and Supervisors as defined by the Act.

De Paul Treatment Centers, Inc.; De Paul 1312 SW Washington St Portland, OR 97205; 205 SE 3rd Ave. Ste.100 Hillsb & D & OP 9712.3; 4310 NE Fillingsworth St. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - stale same): PortHard, OE 97218 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - stale same): PortHard, OE 97218 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - stale same): PortHard, OE 97218 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - stale same): PortHard, OE 97218 3a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Drug and Alcohol Treatment Sa. City and State where unit is located: Public benefit; Treatment Facility 4b. Principal Product or Service Sa. City and State where unit is located: Portland. OR 9 Excluded: 6a. Number of Employees in Unit: 78 Non Pros; 30 Pros Sb. Do a substantial number (30% or more) of the employees in Unit: 78 Non Pros; 30 Pros Check One: 7 a. Request for recognition as Bargaining Representative was made on (Date) 08/19/19 and Employer declined recognition No Check One: 7 a. Request for recognition as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so	FORM NLRB-502 (RC)	UNITE	D STATES OF A	MERICA				ε.	DO NOT WE	NTE IN THIS SP	PACE	1
employee concentral is located. The petilion must be accompanied by SOB at having of intervest (are 6b ballwy and a certificate of system showing and system	(2-18)	NATIONAL			ARD		000103-000109		5861			
backgring by Patitions and Patients Beaching by Patitions and services axis and regressibility in which a back relations a state and regressibility in which a back relations and an unrube; CPS, Sinker, Ster Cost): Bar, None of Employer: Dr. Addression: Dr. State St	employer concerned is located. T the employer and all other parties	he petition named in t	must be accomp he petition of: (1	banied by I) the pet	/ both a sho lition; (2) St	owing of interest (s atement of Positio	see 6b In form	below) and (Form NL	d a certificate RB-505); and	of service sho (3) Description	wing sei 1 of Repr	vice on resentation
De Paul Treatment Centers, Inc.; De Paul 1312 SW Washington Sr. Portland, OR 97205; 205 Er 3d Ave, Ste. 100 Hillsbours, OR 97, 12, 3; 4300 ME Kullingtrustrustrustrustrustrustrustrustrustrus	bargaining by Petitioner and Petit	ioner desires	s to be certified as	s represe	ntative of the	e employees. The P	etition	ner alleges	that the follo	wing circumsta	ances ex	·
Hillsburg-ope, P. 9712.3: 4720 NG F. K1/1/ngsuput+f. 55. Barphoper Representative - Name and Title: B. Address 6 means 20: sale same? Port-face vect, OC 972.02 Robert Moore ; Marce Wacker; Harry 1312 SW Washington St. Portland, OR; PO Box 3007 Portland, OR 97208 Sta Ta No. 3c. Fax No. 3f. E-Mail Address Anyped Establement (Factory, mine, wholesaler, etc.) 4b. Findpail Product or Service Sc. Gry and State where writt location. Bo Georeption Of Unit Involved: Involved State Means units location. Involved State Means units location. Public benchft: Treatment Facility Drug and Alcohol Treatment Sc. Gry and State Means units location. Public benchft: Treatment Facility Drug and Alcohol Treatment Sc. Gry and State Means units location. Bis Georeption Of Unit Involved: 71 Request for recognition and Basel (findon and Basel (findon and Baseling Representative was made on Obin) 08/19/19 and Employer defined recognition Bis Notice: 71 Request for recognition and Baseling Representative was made on Obin) 08/19/19 and Employer defined recognition Bis Notice: 8h. Date of Recognition or Centification under the Act Bis Address None Bis Address: Bis Address: Bis Address: None Bis Cel No. Bis Rax No. <td< td=""><td>2a. Name of Employer:</td><td>·</td><td></td><td>2b. Add</td><td>ress(es) of E</td><td>stablishment(s) invo</td><td>olved (</td><td>Street and</td><td>number, City,</td><td>State, ZIP code)</td><td>):</td><td></td></td<>	2a. Name of Employer:	·		2b. Add	ress(es) of E	stablishment(s) invo	olved (Street and	number, City,	State, ZIP code)):	
Robert Moore ; Maree Wacker; Harry 1312 SWWashington St. Portland, OR; PO Box 3007 Portland, OR 97208 Wilson 3e. Fat No. 3f. E-Mail Address S03-353-1155 3d. Cell No. 3e. Fax No. St. Tel No. 3f. E-Mail Address marce-wacker@dopaulte.org Arygoe Establishment (#scrop, rine, wholesaler, stc.) 4b. Phinopial Poduct or Sarvice 5a. City and State where unit is located: Public benchft: Treatment Facility Drug and Alcohol Treatment Portland. OR So. Gescription of Unit Involved: 6a. Number of Endoyces in Unit: Tess see a statched Addendum. 5a. City and State where unit is located: Press see a statched Addendum. 78. Non Pros; 30 Pros Check Once (2) To. Request for recognition as Barganing Representative was made on (Date) 08/19/19 and Employer declined recognition Once a sobod (Date) 08/19/19 (fin o reply recoded, so state). 08/19/19 and Employer declined recognition Ba. Amme of Recognized or Certified Bargaling Agent (#rone, so state) 08/19/19 Yan Patistion, #any (Monh, Day, Yan) Ba. Date of Recognized or Certified Bargaling Agent (#rone, so state) Yan Address Monh, Day, Yan) Ba. Date of Recognized or Certified Bargaling Agent (#rone, so state) Yan aportal whole whole whole whole whole mater	De Paul Treatment Cente	rs, Inc.; I	De Paul									
Wilsom 3e. Fax No. 3f. E-Mail Address 503-535-1155 4b. Principal Product or Service So. Cell No. 503-535-1155 4b. Principal Product or Service So. Cell No. 50. Oscillationent (Factory, rine, wholesaler, etc.) 4b. Principal Product or Service So. Cell No. 50. Oscillationent (Factory, rine, wholesaler, etc.) 4b. Principal Product or Service So. Cell No. 50. Oscillationent (Factory, rine, wholesaler, etc.) 4b. Principal Product or Service So. Cell No. 50. Oscillationent (Factory, rine, wholesaler, etc.) 4b. Principal Product or Service So. Number of Endpress in Unit. 71. No. 6b. Number of Endpress in Unit. 78. Nome room of endpress in Unit. 78. Nome room of endpress in Unit. 6b. Con usubtaining runners (30% or more) 0.8 (FIP) and tempore endpress in Unit. No. 6c. To No. 6d. Cell No. 8e. Fax No. 8f. E-Mail Address 6g. Affiliation, If any: 8b. Date of Recognition or Cellification and the Address Recont Contract, If any (Month. Day, Year) 70. Segnitation or Infectuation Endpress in any employees in the unit disorbal in time 8 and 9. whole have a representative interest in any employees in the unit disorbal in time 8 and 9. whole have a representative and Month. Day, Year) 70. Segnitation or Infectuation Endpress in any												
503-513-1155 marce.wackfield@dpaultc.org 4a. Type of Establishment (Pactory, mine, involves/er, etc.) Drug and Alcohol Treatment Sa. Grup and Sate where unit is tocated: Public benefit; Treatment Facility Drug and Alcohol Treatment Sa. Grup and Sate where unit is tocated: Bb. Bescholm of Unit Involves: Involves: Facility Drug and Alcohol Treatment Facility Please see attached Addendum. Each and Sate where unit is tocated: Facility of the Pacific on Control (2016) Facility of the Pacific on Control	Robert Moore ; Maree W Wilson	acker; H	arry	1312	SWWas	shington St. Po	ortla	nd, OR;	PO Box 3	007 Portlai	nd, OR	97208
4a. Type of Establishmon (Factory, mine, wholesafur, etc.) 4b. Principal Poduct or Service Inc. Portfand. OR B. Description of Unit Involves: Drug and Alcohol Treatment 6a. Number of Employees in Unit: Prease see attached Addendum. 78. Non Pros; 30 Pros 6a. Number of Employees in Unit: Prease see attached Addendum. 78. Non Pros; 30 Pros 6b. Do a subdaninal annear (38) or mono) Image: Control of the Politioner's Offention as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Representative and desires certification under the Act. B. Name of Recognized or Certified Bargaining Representative and desires certification under the Act. 8d. Cell No. Be. Fax No. 8d. Cell No. 8e. Fax No. Bd. Address: 8d. Cell No. Be. Fax No. 8d. Cell No. 8e. Fax No. Bd. Address 8d. Cell No. Be. Fax No. 8d. Cell No. 8e. Fax No. Bd. Address 8d. Cell No. Be. Fax No. 8d. Cell No. 8e. Fax No. Bd. Address 9d. Cell No. Be. Fax No. 10. Caprization Drue of Currient or Most Recognization Drue of Currient or Most Recognization or Indokudas hore than Politioner and hose named in Items 8	3c. Tel. No.	3d. Cell No	n		3e. Fax No.							
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Sb. Description of Unit Involved: Included: 6a. Number of Employees in Unit: 78 Non Pros; 30 Pros; 70 Non Pros; 30 Pros; 76. Da subminial number (20% or more) of the employees in the unit web; to be representations an Bargaining Representative was made on (Data) 0.8/19/19 and Employeer dealined recognition on or about (124) 0.8/19/19 (fin orely received, so state). 75. Pational and Employeer dealined recognition on or about (124) 0.8/19/19 (fin orely received, so state). 75. Pational and Employeer dealined recognition on or about (124) 86. Fax No. 86. Share or Recognition or Cantification of the Employeer and North, Day, Year) Year) None of Labor Organization Vear of Cantor, If any (Month, Day, Year) 10. Organizations or Individuals inform than Patilioner and there all and 5 which have allowed foregonition ar canterly intergramma the temployeer since (Month, Day, Year) 10. Organizations or Individuals form than Patilioner and these named in flams 8 and 5, which have allowed recognition are prosentatives and other organizations and individuals inform than Patilioner and these named in flams 8 and 5, which have allowed recognition are representative interest II any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 11b. Address : If none, so state) Three shifts, including for 24/7 facilities Three locations above 2b. 11a. Election Time(s): Three shifts, including for 24/7 facilities 11a. Election Topon			saler, etc.)					ont	- 12 III	second second second second second	it is locat	ed:
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PLease Set attached Addendin. Excluded: Excluded: Excluded: Deck One: 7 a. Request for recognition as Bargaining Representative was made on (Date) 08/19/19 and Employees intervity recorded, so state). Dr. Detitioner is currently recognized as Bargaining Representative was made on (Date) 08/19/19 and Employee detined recognition Ba. Name of Recognized or Certified Bargaining Agent ((Iron rep.y received, so state) 8b. Address: None 8c. Fax No. 8f. E-Mail Address Ba. Atter of Recognized or Certified Bargaining Agent ((Irone, so state)) 8b. Address: None 8c. Fax No. 8f. E-Mail Address Ba. Atter on value of picketing at the Employer's establishment(s) involved? No To a. pagination or Certification under the Act. Channe 10b. Address 10c. Tel. No. 10f. E-Mail Address Ior. Tel. No. 10f. E-Mail Address 10f. E-Mail Address Ior. Tel. No. 10f. E-Mail Address 10f. E-Mail Address Ior. Tel. No. 10f. E-Mail Address 10f. E-Mail Address Ior. Tel. No. 10f. E-Mail Address 10f. E-Mail Address Ior. Tel. No. 10f. E-Mail Address 10f. E-Mail Address Ior.	Included:								and any of the later			
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Oregon AFSCME Council 75 6025 E. Burnside Street Portland, OR 97215 12c. Full name of national or international labor organization of which Petilioner is an affiliate or constituent (<i>it none, so state</i>): AFSCME, AFL-CIO 12d. Tel. No. 12e. Cell No. 12d. Tel. No. 12e. Cell No. 12d. Tel. No. 12e. Cell No. 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. 13d. Cell No. 13e. Fax No. (503) 239-9858 13d. Cell No. 13d. E-fax No. 13f. E-Mail Address (503) 239-9858 irramosgonzalez@oregonafsc.org 14ectare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature		ding local pa			laing for							
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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. Name (Print) Signature Title Date/	10103 0 V V	13d. Cell I	No.		The start with the second second					Dorocourt	0.0	
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)				alp	mp	1-1-		~				5120119

Solicitation of the information 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.

Oregon AFSCME Council 75

RC Petition re: De Paul Treatment Centers, Inc.

Addendum to 5b.

Professional Unit at DePaul Treatment Services, Inc.

Unit: All full-time, regular part-time, and relief professional employees including Addictions Counselors, Addictions Outreach Workers, CADC Counselors, Detox Nurses, Dual Diagnosis Counselors, Family Nurse Practitioners, Lead Dual Diagnosis Counselors, Psychiatric Mental Health Nurse Practitioners, and Teachers employed by the employer at its inpatient residential and outpatient centers located at 1312 SW Washington St, Portland OR 97205; 4310 NE Killingsworth St, Portland OR 97218; and 205 SE 3rd Suite 100, Hillsboro OR, 97213.

Non-Professional Unit at DePaul Treatment Services, Inc.

Unit: All full-time, regular part-time, and relief non-professional employees including Admission Counselors, Authorization Specialists, Bilingual Treatment Access Specialists, Billing Analysts, Billing Analysts II, Client Records Specialists, Client Relations Associates, Client Services Specialists, Case Managers, Cooks, Custodians, Residential Counselors, Detox Technicians, Information Systems Analysts, intake Specialists, IT Support Specialists, Laundry Specialists, Lead Cooks, Lead Maintenance Worker, Lead Residential Counselors, Medical Case Coordinators, Medical Technicians, Payroll Specialists, Peer Case Managers, Peer Mentors, Quality Analysts, Recovery Mentor, Treatment Access Specialists employed by the employer at its inpatient residential and outpatient centers located at 1312 SW Washington St, Portland OR 97205; 4310 NE Killingsworth St, Portland OR 97218; and 205 SE 3rd Suite 100, Hillsboro OR, 97213.

UNITED STATE	S GOVERNMENT	-		DO NOT	WRITE IN THIS	SPACE
NATIONAL LABOR		ARD	Case No.		Date F	
RC PE			19-RC-24			/-2019
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript				RB 4812). The sh	nowing of inte	erest should only be filed
with the NLRB and should <u>not</u> be s						
 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d 						
requests that the National Labor Rela						
2a. Name of Employer	· ·		dress(es) of Establishment	t(s) involved (Street a	and number, city,	State, ZIP code)
ABM		A	01 Eagle Street			
3a. Employer Representative – Name and	d Title		3b. Address (If same as			
Mark Ha			5001 Eagle Street AK Anchorage 995	501		
3c. Tel. No. (907) 644-2300	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr mark.ha@abm.c	
4a. Type of Establishment (Factory, mine, V	 wholesaler_etc.)	4b. Principal pro	l duct or service			and State where unit is located:
Services			Janitorial services	3		Fairbanks, AK
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for additio	nal details					65
						6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for additio	nal details					unit wish to be represented by the
						Petitioner? Yes [
Check One: 7a. Request for re	ecognition as Barg	gaining Representa	tive was made on (Date) <u>0</u>	<u>8/22/2019</u> an	d Employer decl	ined recognition on or about
08/22/2019		(If no reply receive				
7b. Petitioner is c 8a. Name of Recognized or Certified Bar			epresentative and desires of 8b. Address	certification under the	Act.	
ba. Name of Recognized of Certified Bar	yanning Agent (n	none, so state).	ob. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or	Cortification	9i Evpiration F	Date of Current or Most Recent
og. Anniation, ir any			on. Date of Recognition of	Certification		(Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	imately how many en	nployees are par	ticipating?
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)		·
10. Organizations or individuals other than					resentatives and	other organizations and individuals
known to have a representative interest in a	any employees in	the unit described	in item 5b above. (If none,	so state)		
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	an election in th	is matter, state you	r position with respect to	110 Election Trees	Manual C	
any such election.						_ Mail Mixed Manual/Mail
11b. Election Date(s): 9/17/19, 9/18/19, or as soon as possible		lection Time(s):) p.m. – 3:00 p.m.; 4:30 p.n	11d. Election Locat University of Alaska	. ,	hanka Alaaka
12a. Full Name of Petitioner (including lo) p.m. – 3.00 p.m., 4.30 p.m	-		sity, state, and ZIP code)
John Corbett Laborers' Local 942				2470 Davis Road AK Fairbanks 99709		
12c. Full name of national or international la		of which Petitioner	is an affiliate or constituen	t (if none, so state)		
Laborers' International Union of North Ameri 12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dross
(907) 456-4584	(907) 378-1710		(907) 452-6285		jcorbett@local	942.net
13. Representative of the Petitioner who	will accept servi	ice of all papers fo	or purposes of the repres	entation proceeding].	
13a. Name and Title Khalial Leigh Withen General Counsel			13b. Address (street and		and ZIP code)	
Alaska District Council of Laborers	-		2501 Commercial Drive AK Anchorage 99501-			
13c. Tel No. (907) 276-1640	13d. Cell No. (907) 341-7295		13e. Fax No. (907) 274-7289		13f. E-Mail Add kwithen@alask	dress alaborers.com
I declare that I have read the above petit	. ,			ledge and belief		
	qnature		Title		Date	
	nalial Withen		General Counsel		08/26/2019	15:09:08
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE F	UNISHED BY FINE AND	IMPRISONMENT (U.		

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.

	DO NOT WRITE	IN THIS SPACE	
ent	Case	Date Filed	
	19-RC-247229	8-27-2019	

Employees Included

All full-time and part-time employees, including custodians, lead custodians, porters, and floor care workers, within the project operations at the University of Alaska Fairbanks.

Employees Excluded

Supervisors, confidential employees, and clerical employees.

FORM NLRB-502 (RC)		ED STATES OF A				0.000	DO NOT WRITE IN THIS SPACE Date Filed				1
(2-18)	NATIONAL	RC PETITIO					NO. 19-RC-	247204			7/2019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481	he petition named in t	must be accom the petition of: (panied by 1) the pe	y both a sh tition; (2) S	owing of interest (statement of Positio	of this see 6b on form	Petition to below) and n (Form NLI	an NLRB of l a certificate RB-505); and	e of service s I (3) Descrip	egion in w showing s tion of Rej	hich the ervice on presentation
1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitio requests that the National Labor	oner desire	s to be certified a	is represe	ntative of th	ne employees. The F	Petitior	ner alleges '	that the follo	wing circum	nstances e	
2a. Name of Employer:	•		2b. Add	ress(es) of	Establishment(s) inv	olved (Street and r	umber, City,	State, ZIP co	de):	
The Green Shop, LLC					Route 2, Go		ar, WA	98251-9	221		
3a. Employer Representative - Nam Jona Cheatham	e and Title:			•	n ST SE, Mor		, WA 98	272-190	3		
^{3c. Tel. No.} 360-217-8951		71-5468		3e. Fax No			3f. E-Mail A thekusl	hery502	@mail.co		
4a. Type of Establishment (Factory, n Retail Cannabis	nine, whole	saler, etc.)		4b. Princip Canna	al Product or Service	e			d State where Bar, WA		ated:
5b. Description of Unit Involved:				Gaina	1015				r of Employee		
Budtenders positions, K	<eγ-car< td=""><td>rier positio</td><td>ns</td><td></td><td></td><td></td><td></td><td>5</td><td></td><td></td><td></td></eγ-car<>	rier positio	ns					5			
Excluded: Supervisors, Managers	Secur	ity Guards	ner th	e art				of the e	bstantial num mployees in t	he unit wis	h to be
Check One: x 7a. Request for reco	ognition as	Bargaining Repre	esentative	was made		26/201	9 and		nted by the P eclined recog		¥ Yes 🚺 No
on or about (Date) 7b. Petitioner is cur	No R rently recog			eceived, so a sentative a	•	ion und	ler the Act.				
8a. Name of Recognized or Certifie	d Bargaini	ng Agent (If non	e, so state	e) 8b. Ad	dress:						
None				N/A	L.						
8c. Tel. No.	8d. Cell No).		8e. Fax No).		8f. E-Mail A	ddress			<u> </u>
N/A 8g. Affiliation, if any:	N/A		8h	N/A . Date of R	ecognition or Certific	ation	N/A 8i. Expiratio	n Date of Cu	rrent or Most		
N/A				I/A			Recent Con	itract, if any (Month, Day,	Year) N	/A
9. Is there now a strike or picketing at	the Employ	yer's establishme		Ived? No	If so, appro				are participa		N/A
(Name of Labor Organization)	than Petitic	per and those n	N/A	ems 8 and 9	9 which have claime				s and other o		1 1/7 1
individuals known to have a repre American Cannabis Wo	sentative in	terest in any emp	oloyees in	the unit de	scribed in item 5b at	oove. (i	if none, so s	tate)			
10a. Name		10b. Address					10c. Tel. No).	10d. Cell No.		
American Cannabis Wo	orkers	PO BOX [·]				-	10e. Fax No).	406-518 10f, E-Mail A		
Employee Association		Monroe, V	VA 98	272							@me.com
11. Election Details: If the NLRB cor	nducts and	election in this m	atter, stat	e your posit	ion with respect to a			11a. Election	Mail	Mixed	l Manual/Mail
11b. Election Date(s): 9/26/2019		11c. Election Tir 3pm	me(s):					n Location(s): Address		
12a. Full Name of Petitioner (include	ing local na	-			12b. Address (stree	et and i					<u> </u>
Jeremy Paul Carroll					PO BOX 11	77					
12c. Full name of national or internati	onal labor o	voanization of wh	nich Petiti	oner is an a	Monroe M/L			,			+
None		anganization of wi	norr can			. (11 1101	ie, ee eiaie)				
12d. Tel. No. N/A	12e. Cell N N/A	lo.		12f. Fax N N/A	0.		12g. E-Mail	Address			
1N/A 13. Representative of the Petitione		accept service o	f all pape	ers for purp	ooses of the repres	entatio	on proceedi	ng.	•		
13a. Name and Title:					ess (street and numb	ber, city	, State and	ZIP code):			
N/A	101.0.0.0			N/A	1-		406 E Mail	Addagaa			
13c. Tel. No. N/A	13d. Cell N	10.		13e. Fax N	10.		13f. E-Mail.	Address			
I declare that I have read the above					e best of my know		and belief.				
Name (Print)		Signature	•	XX	1	Title Pr	esident				Date 8/26/201
	TEMENTO								TITI F 19 CE	CTION 10	L

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.

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

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD				Case No. Date Filed 19-RC-247297 8/28/2010					
<u> </u>		0/20/2019							
INSTRUCTIONS: Unless e-Filed us	sing the Agenc	y's website, <u>ww</u>	w.nlrb.	qov, submit a	n original of this	Petition to a	n NLRB office in the Region		
in which the employer concerned	is located. The	e petition must	be acco	mpanied by b	oth a showing o	f interest (se	e 6b below) and a certificate		
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					10 701 <i>Ej</i> . 1110 311	owing of int	crest should only be med		
1. PURPOSE OF THIS PETITION: RC-CI	RTIFICATION OF	REPRESENTATIV	/F . A suit	ostantial number	of employees wish to	be represente	t for numoses of collective		
bargaining by Petitioner and Petitioner	desires to be certifi	ed as representative	e of the e	mployees. The F	Petitioner alleges th	at the followin	g circumstances exist and		
requests that the National Labor Rela	tions Board proc	eed under its prop	per autho	rity pursuant to	Section 9 of the Na	tional Labor R	elations Act.		
2a. Name of Employer			iress(es) 0 N Russi		(s) involved (Street a	nd number, city	v, State, ZIP code)		
Western Montana Mental Health Center			Missoula	1 59801-					
3a. Employer Representative - Name ar	d Title				2b - state same)		•		
Levi Anderson	<u></u>			10 N Russeil Stre T Missoula 5980	1				
3c. Tei. No.	3d. Cell No.		3e. Fax	No.	ł	3f. E-Mail Add			
(406) 532-8400			(406) 35	56-5213		landerson@wm	mhc.org		
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal prod	luct or sei	vice		5a. City	and State where unit is located:		
Others		scho	ol and co	mmunity-based n	nental health		Thompson Falls, MT		
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: See Attached Page 2 for addition	onal details						6		
					_		6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for addition	nal details						or more) of the employees in the unit wish to be represented by the		
See Allacticu Page 2 for addition							Petitioner? Yes [1] No [1]		
Check One: Z 7a. Request for r	econnition as Barr	aining Representati		ade on (Date) 04	8/10/2010 200	d Employer dec	lined recognition on or about		
		(If no reply received		• •	<u>9/19/2019</u> and	a Employer dec			
			•	•	certification under the	Act			
8a. Name of Recognized or Certified Ba			presentat	8b. Address					
-									
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
8g. Affiliation, if any		8	8h. Date o	of Recognition or	Certification		Date of Current or Most Recent		
						Contract, ir an	y (Month, Day, Year)		
9. Is there now a strike or picketing at the I		hmont(a) involvo d?	No				inticipating?		
, ,	•••			-		ipioyees are pa			
(Name of labor organization)		, has picke	eted the E	mployer since (A	Month, Day, Year)		·		
10. Organizations or individuals other than						resentatives an	d other organizations and individuals		
known to have a representative interest in	any employees in	the unit described in	n item 5b	above. (If none,	so state)				
10a. Name	10b. Ad	1000	<u> </u>		10c. Tel. No.		10d. Cell No.		
IVa. Name	100. 14	1633							
					10e, Fax No,	·	10f. E-Mail Address		
11. Election Details: If the NLRB conduc	ts an election in thi	s matter, state your	position	with respect to	11a. Election Type:	Manual [Mail Mixed Manual/Mail		
any such election.	446 1	ection Time(s):			11d. Election Locat	ion/s):			
Mail ballots on 9/3		il ballot election req	heted		Mail Ballot Election	• •			
12a. Full Name of Petitioner (including I		··	uested				city, state, and ZIP code)		
Natalie Grieco Thompson Falls Area Federation of Western Mont	ana Comprehensive S	Chool and Community	Treatment	Employees	1232 E 6th Ave MT Helena 59601-				
12c. Full name of national or international Montana Federation of Public Employees, /	abor organization	of which Petitioner i	is an affili	ate or constituent					
12d. Tel No.	12e. Cell No.		12f. Fax	(No		12g. E-Mail A	ddress		
(630) 873-0962	126. Cell NO.		121. 180			ngrieco@mfpe			
13. Representative of the Petitioner who	will accent servi	ce of all papers fo	r purpos	es of the repres	entation proceeding				
13a. Name and Title					number, city, state,	-			
Jim Molloy Attorney			2601 E	Broadway					
Montana Federation of Public Employees 13c. Tel No.	13d. Cell No.		MT Hel 13e, Fa	ena 59601 x No		13f. E-Mail Ac	dress		
(406) 404-1728			135.14	jim@galliklawfirm.com					
I declare that I have read the above peti	tion and that the	statements are true	e to the t	est of my know	ledge and belief.				
			Title			Date			
	ignature latalie Grieco		Organiz	er		08/28/201	9 11 37 26		
			-		BADDISONMENT (1)		E 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.

DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
19-RC-247297	8/28/2019

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Attachment

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Employees Included

1

All Thompson Falls Comprehensive School and Community Treatment Behavior Specialists, All Thompson Falls Comprehensive School and Community Treatment Therapist I, All Thompson Falls Comprehensive School and Community Treatment Therapist II employed by the employer

Employees Excluded

All other employees and managerial employees, guards, and supervisors as defined in the Act.

e,-

FORM NLRB-502 (RC) UNITED STATES OF AMERICA						DO NOT WRITE IN THIS SPACE							
(2.18)	NATIONAL LABOR RELATIONS B RC PETITION								азе No. 19-RC-247384 Date Filed 8/				
INSTRUCTIONS: Unless o-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 patition of: (1	anled)) the p	бу Б etitic	oth a sh on; (2) S	owing of interest tatement of Posi	t (see 6b tion form	i below) and n (Form NL	i a certificat R8-909); en	e of service show d (3) Description	wing service on of Representation		
1. PURPOSE OF THIS PETITION: I bargaining by Pelitioner and Pelit requests that the National Labo	ioner desire	s to be certified as	a repres	Ienie	tive of th	e employees. The	e Petitio	nør allegen	that the foil	awing circumste	nces exist and		
2a. Name of Employer: ALSCO						Ealabliahment(s) I veed Lane, An				Stale, ZIP code).	-		
3a. Employer Representative - Name and Title: 3b. Ac Don Wirth Sam					arne								
3c. Tel. No. 3d. Cell No. (907) 279-2500 (907) 223-1187				36. Fax No. (907) 279-2520			3/. E-Mail Address dwirth@alsco.com						
4a. Type of Establishment (Factory,	nine, whole	seler, elc.)		46	. Princip	al Product or Serv	rice	· · · · ·	5a. City an	d State where uni	1 is localed:		
Commercial linen supplier and	related a	ervices		(Li	nen su	pplies and serv	lce		Fairbank	s, Alaska			
Sb. Description of Unit Involved:									Sa. Numbe	r of Employees in	Unit		
Included:		** See alta	ahod i	**					5				
Excluded:			1CHIQU						of the e	ubstantial number mployees in the u miled by the Petitik	nit wish to be		
Check One: 🐹 7a, Request for rec on or about (Date)					as made lved, so :	/	08/28/*	9 an		leclined recognitio			
7b. Pellioner is cu			_				ation une	der the Act.					
84. Nume of Recognized or Certific	id Bargeini	ng Agent (if none	9, 80 StA	110)	8b. Ad	07888.							
BC, Tel. No.	8d. Cell No	3.		84	. Fax No).		of. E-Mail A	ddrass				
6g. Affiliation, If any:	.		e	9h. D	ete of R	ecognition or Cerli	ification			irreni or Mosi (Monih, Day, Yea	0		
9. Is there now a strike or picketing a	I the Emplo	yer's establishmer	nt(a) inv	nolve	d? No	lf ao, ap	proximat	tely how man	ny ampioyae	s are participaling	?		
(Name of Labor Organization)								•		ar aince <i>(Month, C</i>			
10. Organizationa or individuals othe individuala known to have a represent	r than Politi sentative in	therest in any emp	med in Ioyeea	Hern In th	s 8 and 1 e unit de	9, which have clai scribed in item 6b	med reta above. (ognition as r (if none, so s	epresentativa slate)	a and other organ	nizations and		
10a. Name		10b. Address		_				10c. Tel. N	0.	10d, Cell No.	······		
								109. Fax No. 10f. E-					
										10f. E-Mail Addri			
11. Election Details: If the NLR8 co In person, manual election.	nducts and			ate y	our posit	ion with respect to	o any suc		🗙 Manua	ii 🗌 Mail 🔲	Mixed Manual/Mai		
11b, Election Date(s):		11c. Election Tin		• • • • •					1d. Election Location(s): Election location to be determined.				
September 17, 2019 12s. Full Name of Petitioner (Includ Derek Musto	ing local na	6:30am-12 no me and number):				12b. Address (sh 520 E. 341h /		number, cilj	, State and i				
General Teamsters Local 95		(907) 748											
12c. Full name of national or internal International Brotherhood of Te	amsters		ich Peli				ent (<i>II no</i>						
12d. Tel. No. 12e. Cell No. (907) 751-8519 (907) 748-5696									12g. E-Mail Address dmusto@akteamstors.com				
(907) 751-8519 13. Representative of the Pelitions			- 41 - 4		•		000.040+1		-	na.cvm	· · · · · · · · · · · · · · · · · · ·		
13. Representative of the Peutione 13e. Name and Title: John Eberhart, General Cou		andabr palaica oj	i an pap	13	b. Addre	ass (street and nut 34th Avenue, S	mber, cil	y, State and	ZIP code):	ska 99503			
13c. Tel. No. 13d. Cell No. (907) 751-8563 (907) 301-4831					e. Fax N 907) 75	ax No. 13F. E-Mail Address 751-8565 jeberhärt@akteamsters.com				······			
I declare that I have read the above			tients i				owledge		-				
Name (Print) Derek Musio		Signature		7]	1/			6	nd Busines	s Agent	Date 08/28/19		
······································		// -	u 1 /	17	+++								

WILLFUL FALSE STATEMENTS ON THIS PERMION 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 (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.

Date: 08/28/19

The Union is requesting a self-determination election.

Included: All employees employed by the employer.

Excluded: All Supervisors and Guards as defined by the Act.

•

FORM NLRB-502 (RC) UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE						
					Case No. Date Filed 19-RC-247470 8-30-2019						
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition mus named in the p	st be accompanied petition of: (1) the	by both a sh petition; (2) S	owing of interest (se tatement of Position	e 6b below) and form (Form NLI	l a certificat RB-505); an	e of service show d (3) Description	wing service on of Representation			
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desires to	be certified as repr	esentative of th	e employees. The Pe	titioner alleges	that the foll	owing circumsta	nces exist and			
2a. Name of Employer: BEST BUY CO., INC.				Establishment(s) invol /e S Richfield,]		number, City	. State, ZIP code)	:			
3a. Employer Representative - Nar Alissa Tadlock, General N		Address (if same as 2b - state same): 209 34th Ave E. Spanaway, WA 98387									
3c. Tel. No. 612-291-1000	3d. Cell No. 206-507-8	426	3e. Fax No).	3f. E-Mail Address Alissa.tadlock@bestbuy.com			om			
4a. Type of Establishment (Factory, Warehouse	mine, wholesale	er, etc.)	4b. Princip Electro	al Product or Service niCS		5a. City an Spanav	d State where uni Vay WA	it is located:			
5b. Description of Unit Involved: Included: All employees at the Spar	naway ware	house locatio	n.			6a. Numbe 25	er of Employees in	1 Unit:			
Excluded: Supervisors and security						of the e	ubstantial number mployees in the u ented by the Petiti	unit wish to be			
Check One: 7a. Request for rea on or about (Date)		(If no repl	y received, so:	state).			leclined recognitio				
7b. Petitioner is cu 8a. Name of Recognized or Certifi					n under the Act.						
	to Daigunnig F	Agent (n none, se c									
8c. Tel. No.	8d. Cell No.		8e. Fax No).	8f. E-Mail A	ddress					
8g. Affiliation, if any:			8h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Yea	ır)			
9. Is there now a strike or picketing a	at the Employer's	s establishment(s) i	nvolved? No	lf so, approx	kimately how mar	ny employee	s are participating	1?			
(Name of Labor Organization)							er since (Month, L				
 Organizations or individuals other individuals known to have a repr 							es and other orga	nizations and			
10a. Name	101	b. Address			10c. Tel. No. 10d. Cell No.						
					10e. Fax N	0.	10f. E-Mail Addr	ess			
11. Election Details: If the NLRB co	onducts and elec	ction in this matter,	state your posi	tion with respect to an	y such election:		<u> </u>				
11b. Election Date(s):	110	c. Election Time(s):			11d. Electio	X Manua		Mixed Manual/Mail			
9-13-19		00 am to 5:00) pm		Wareho						
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Laborers Local 1239 2800 1st Ave South. Suite 301 Seattle WA. 98121											
12c. Full name of national or interna Laborers International Ur	tional labor orga 110n of Nort	nization of which P th America	etitioner is an a	affiliate or constituent	(if none, so state)	:					
12d. Tel. No. 206-443-1239	12f. Fax No. 12g. E			12g. E-Mail Address							
13. Representative of the Petition 13a. Name and Title: Gerald Ball Lead Organizer Washington Northern Idaho			13b. Addr 12101 7	poses of the represe ess (street and numbe Tukwilla Internati WA 98168	er, city, State and	ZIP code):					
13c. Tel. No. 206-399-3578	13e. Fax 1			13f. E-Mail Address jball@nwlaborers.org							
I declare that I have read the above	e petition and t		s are true to t	he best of my knowld							
Name (Print) Gerald R Ball		Signature	ld R	Ball	Lead Orga	nizer		Date 8-29-19			

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 *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.