| UNITED STATES | GOVERNMENT | | | DONOT | WRITE IN THIS | SSPACE | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------|-----------------|----------------------------------------------------------------------|--|--|--|--|
| UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE | | | | | | | | | | |
| NATIONAL LABOR RELATIONS BOARDCase No.Date FiledRC PETITION19-RC-2335331-3-2019 | | | | | | | | | | |
| INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region | | | | | | | | | | |
| | | | | | | | | | | |
| in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form | | | | | | | | | | |
| (Form NLRB-505); and (3) 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 de | bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and | | | | | | | | | |
| requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. | | | | | | | | | | |
| 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Scil. Health. St. Lease Medical Crave Reality Meuritain Clinic 435 S. Crystal Street, Ste 300 | | | | | | | | | | |
| SCL Health, St. James Medical Group, Rock 3a. Employer Representative – Name and | | IM | T Butte 59701- 3b. Address (If same as | 2h - state same) | · · · · | · · · · · · · · · · · · · · · · · · · | | | | |
| Heidi Saunders | 1140 | | PO Box 35200 MT Billings 59107- | | | | | | | |
| 3c. Tel. No. | 3d. Cell No. | · · · · · · · · · · · · · · · · · · · | 3e. Fax No. | -5200 | 3f. E-Mail Add | ress | | | | |
| (406) 237-3158 | (406) 672-6213 | | (406) 237-3175 | | hcidi.saunders@ | | | | | |
| 4a. Type of Establishment (Factory, mine, w | | 4b, Principal proc | | ·· | 5a. City | and State where unit is located: | | | | |
| Healthcare | • | | healthcare clinic(s |) | | Butte, MT | | | | |
| 5b. Description of Unit Involved | | | · · ······· | · · · · · · · · · · · · · · · · · · · | | 6a. No. of Employees in Unit; | | | | |
| Included: See Attached Page 2 for addition | al details | | | | | 12 | | | | |
| | | | | | | 6b. Do a substantial number (30% or more) of the employees in the | | | | |
| Excluded: See Attached Page 2 for addition | al details | | | | | unit wish to be represented by the | | | | |
| | | | | | | Petitioner? Yes [] No [] | | | | |
| Check One: 7a. Request for re | cognition as Barga | aining Representation | tive was made on (Date) | and | Employer dec | ined recognition on or about | | | | |
| | (Date) <i>(I</i> | If no reply received | d, so state). | | | | | | | |
| | | | epresentative and desires of | certification under the | Act. | · | | | | |
| 8a. Name of Recognized or Certified Barg | gaining Agent (If) | none, so state). | 8b. Address | | | | | | | |
| 8c. Tel No. | 8d Cell No. | | 8e. Fax No. | | 8f. E-Mail Add | ress | | | | |
| | | | | 0 | | | | | | |
| 8g. Affiliation, if any | | | 8h. Date of Recognition or | Certification | | Date of Current or Most Recent y (Month, Day, Year) | | | | |
| 9. Is there now a strike or picketing at the EI | molover's establist | ment(s) involved | 2 If so approx | imately how many em | plovees are pa | rticipating? | | | | |
| 1 | | | eted the Employer since (A | | | | | | | |
| 10. Organizations or individuals other than F | | | | | | t other emerications and individuals | | | | |
| known to have a representative interest in a | | | | | esenauves and | | | | | |
| 10a. Name | 10b. Add | ress | · · · · · | 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 | r position with respect to | 11a Election Type: | | L Mail Mixed Manual/Mail | | | | |
| any such election. | | | | | | | | | | |
| 11b. Election Date(s): asap | as agree | ection Time(s): | | 11d. Election Locati Butte, Montana | on(s): | - | | | | |
| 12a. Full Name of Petitioner (<i>including lo</i> Robin Haux Montana Nurses Association | | | | | | city, state, and ZIP code) | | | | |
| 12c. Full name of national or international la Montana Nurses Association, AFT-Nurses ar | bor organization on Ind Health Profession | f which Petitioner onals, AFL-CIO | is an affiliate or constituen | t (if none, so state) | /b | | | | | |
| 12d. Tel No. | 12e. Cell No. | | 12f. Fax No. | | 12g. E-Mail Ad | dress | | | | |
| (406) 442-6710 | (406) 431-5934 | | (406) 442-1841 | | robin@mtnurs | es.org | | | | |
| 13. Representative of the Petitioner who | will accept servic | e of all papers fo | | | | | | | | |
| 13a. Name and Title Karl Englund | | | 13b. Address (street and PO Box 8358 | f number, city, state, a | and ZIP code) | | | | | |
| N/A | N/A MT Missoula 59807-8358 | | | | | | | | | |
| 13c. Tel No. (406) 721-2729 | kadionalund@laol.com | | | | | | | | | |
| I declare that I have read the above petiting | on and that the s | tatements are tru | e to the best of my know | ledge and belief. | | | | | | |
| | Inature | | Title | | Date | | | | | |
| | ibin Haux | | Labor Program Director | | 01/2/2019 | 20:47:41 | | | | |
| WILLFUL FALSE STATEME | NTS ON THIS PE | TITION CAN BE P | UNISHED BY FINE AND | IMPRISONMENT (U. | S. CODE, TITL | E 18, SECTION 1001) | | | | |

Attachment

| DO NOT WRITE IN THIS SPACE | | | | | | | | | |
|----------------------------|------------|--|--|--|--|--|--|--|--|
| Case | Date Filed | | | | | | | | |
| 19-RC-233533 | 1-3-2019 | | | | | | | | |

Employees Included registered nurses (RNs)

Employees Excluded managerial, supervisors, confidential employees

| FORM NLRB-502 (RC) | | DO NOT WRITE IN THIS SPACE | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|---------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------|-----------------------------------------|----------------------------------------------|
| (2-18) | NATIONAL LA | STATES OF AN ABOR RELATION C PETITION | ONS BO | | | Case No 19- | o. RC-23 | 3706 | | Date Filed 1-7-19 |
| INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48 | he petition mu s named in the | st be accomp petition of: (1) | anled by the pet | howing of interest (s Statement of Positio | iee 6b be n form (i | elow) and Form NLI | a certificat (B-505); an | te of service shi d (3) Descriptio | owing service on n of Representation | |
| 1. PURPOSE OF THIS PETITION: bargaining by Pelitioner and Petit requests that the National Labor | ioner desires to | be certified as | represe | ntative of t | he employees. The P | etitione | r alleges t | hat the foll | owing circumst | ances exist and |
| 2a. Name of Employer: Masami Foods, INC. | | | 2b. Addi 5222 | ress(es) of Tingley | Establishment(s) invo Lane Klamath | olved (St i Falls, | reet and n , OR 97 | umber, City 1603 | , State, ZIP code | ı): |
| 3a. Employer Representative - Nar Fukuo Fujimoto, Presider Mosemichi Kichiku, Com | | | | | | | | | | |
| Masamichi Kishiku, Gene | | er | | | | | | | | |
| 3c. Tel. No. (541) 884-1735 | 3d. Cell No. | | | · · | 84-8166 | ki | . E-Mail A ishiku((| Imasam | i-foods.com | |
| 4a. Type of Establishment (Factory, Meat processing plant | mine, wholesale | er, etc.) | | | al Product or Service | • | | Klama | d State where u th Falls, O | R |
| 5b. Description of Unit Involved: Included: See attached, Appendix A | | | | | | | | 6a. Numbe 100 | er of Employees i | in Unit: |
| Excluded: See attached, Appendix B | | | | | | | | of the e | mployees in the | er (30% or more) unit wis <u>h t</u> o be |
| Check One: 7a. Request for rec on or about (Date) | | | | was made ceived, so | | | and | | inted by the Petil fectined recognit | |
| 7b. Petitioner is cu | | ed as Bargainir | ng Repre | sentative | and desires certification | on under | the Act. | | | |
| 8a. Name of Recognized or Certific None | ed Bargaining . | Agent (If none, | so state | 9) 8b. Ad | idress: | | | | | |
| 8c. Tel. No. | 8d. Cell No. | | | 8e. Fax N | 2. | 8f. | , E-Mail Ad | Idress | | |
| 8g. Affiliation, if any: | | | 8h | . Date of R | ecognition or Certifica | | | | urrent or Most (Month, Day, Yei | ar) |
| 9. Is there now a strike or picketing a | t the Employer's | s establishmen | t(s) invol | ved? No | lf so, appro | ximately | how man | y employee | s are participating | g? |
| (Name of Labor Organization) | | | | | | , has | picketed | the Employ | er since (Month, | Day, Year) |
| 10. Organizations or individuals othe individuals known to have a repre None | | | | | | | | | es and other orga | anizations and |
| 10a. Name | 10 | b. Address | | | | 10 | ic. Tel. No | • | 10d. Cell No. | |
| | | | | 1 | | | 10e. Fax No. | | 10f. E-Mail Add | ress |
| 11. Election Details: If the NLRB co | nducts and elec | tion in this mat | ter, state | your posi | tion with respect to an | ny such e | ection: 1 | I1a. Election ∑ Manua | |] Mixed Manual/Mail |
| 11b. Election Date(s): 1/24/19 | 98 | c. Election Time 1m-11am, 1 | | 2:30pm | | | | n Location(s ig break | | to the parking lot |
| 12a. Full Name of Petitioner (includ United Food and Commer Local 555 | ing local name cial Worke | and number): ers Internat | ional | Union, | 12b. Address (street 7095 SW Sand Tigard, OR. 9 | dburg | | State and 2 | (IP code): | |
| 12c. Full name of national or internati United Food and Commer | onal labor orga cial Worke | nization of which | h Petitio ional | ner is an a Union, | ffiliate or constituent AFL-CIO, CLO | <i>(if none</i> , C | so state): | | | |
| 12d. Tel. No. (503)684-2822 | | | | 12f. Fax N | | | g. E-Mail | | | |
| 40.10 | 12e. Cell No. (202)834-1 | 9224 | | (503)62 | 0-3810 | bi | medina | @ufcw.@ | org | |
| 13. Representative of the Petitione | (202)834- | | all paper | s for purp | oses of the represe | intation | proceedin | ig. | org | |
| 13a. Name and Title: Brenda Medina, Organizer | (202)834- | | all paper | rs for purp 13b. Addre 16400 S | oses of the represe ess (street and numbe outhcenter Parky | entation per, city, S | proceedin tate and Z | ig. IP code): | org | |
| 13a. Name and Title: | (202)834- | pt service of a | all paper | rs for purp 13b. Addre 16400 S | oses of the represe ass (street and number outhcenter Parky , WA 98188 | entation er, city, S way, Su 13 | proceedin itate and 2 uite 300 f. E-Mail A | ig. (IP code): | | |
| 13a. Name and Title: Brenda Medina, Organizer 13c. Tel. No. I declare that I have read the above | (202)834- who will acce 13d. Cell No. (202)834-1 | ppt service of a | all paper | rs for purp 13b. Addre 16400 S Tukwila 13e. Fax N | ioses of the represe iss (street and numbe outhcenter Parky , WA 98188 10. | entation er, city, S way, Su 130 br | proceedin Itate and 2 uite 300 f. E-Mail A medina | ig. IP code): | | |
| 13a. Name and Title: Brenda Medina, Organizer 13c. Tel. No. | (202)834- who will acce 13d. Cell No. (202)834-1 | pt service of a | all paper | rs for purp 13b. Addre 16400 S Tukwila 13e. Fax N | ioses of the represe iss (street and numbe outhcenter Parky , WA 98188 10. | entation er, city, S way, Su 134 br edge and Title | proceedin Itate and 2 uite 300 f. E-Mail A medina | ig. (IP code): | | Date 01/07/19 |

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

Appendix A

Included:

All full time and regular part time hourly employees in the following departments: Boning Room, Boxing, Clean Up, Environment, Barn, Kill Floor, Maintenance, Packaging, QSST (Supply Room), and Shipping employed by the Employer at its Klamath Falls, OR facility.

Appendix B

Excluded:

All quality control employees, temporary employees, contract employees, office clerical employees, managerial employees, professional employees, all other employees, guards, assistant supervisors and supervisors as defined by the Act.

| FORM NLRB-502 (RC) | UNITE | STATES OF A | MERICA | ` | | | | DO NOT W | RITE IN THIS | SPACE |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|---------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|-------------------|-------------------------|-----------------------------------------|---------------------------------------------|-----------------------------------------------------------------|
| (2-18) | NATIONAL | LABOR RELATI | ONS BC | | | Case | ^{No.} 19– | RC-233 | 741 | Date Filed 1/8/2019 |
| INSTRUCTIONS: Unless & Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48 | he petition n a named in th | nust be accomp le petition of: (1 | oanied b () the pe | y both a tition; (2 | showing of interest (s) Statement of Positio | see 6b on form | below) and (Form NL | l a certificat RB-505); an | e of service sh d (3) Descripti | nowing service on on of Representation |
| 1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo | tioner desires | to be certified as | s represe | entative o | f the employees. The P | Petition | er alleges | that the foll | owing circums | tances exist and |
| 2a. Name of Employer: Cadman (Rock) Inc. | | | | | of Establishment(s) invo Rock Road, Mo | | | | , State, ZIP cod | e): |
| 3a. Employer Representative - Nar Mark Epstein, Labor Rela | | nager | 3b. Add P.O. | ress (if s Box 6. | ame as 2b - state same 39069, San Dieg | e): 30, CA | A 9 2163 | -9069 | | |
| 3c. Tel. No. 858-715-5683 | 3d. Cell No. 951-240 | -9146 | I | 3e. Fax 858-7 | No. 15-5687 | | 3f. E-Mail A mark.er | | highhanso | n |
| 4a. Type of Establishment (Factory, Sand and Gravel Plant and | | | | | cipal Product or Service and Gravel | | , | 5a. City an | d State where u e, Washin | unit is located: |
| 5b. Description of Unit Involved: Included: All full time and regular p | part time (| Off-road Ha | ul Tri | ick em | plovees in Snoh | omis | h Co | 6a. Numbe 4 | er of Employees | in Unit: |
| Excluded: All other employees, and | | | | | | ionno | in eo. | of the e | mployees in the | er (30% or more) e unit wish to be titioner? IXI Yes I No |
| Check One: X 7a. Request for rea on or about (Date) | 01/03/ | 2019 (İfn | o reply re | eceived, s | de on (Date) <u>12/</u> so state). e and desires certification | /21/20 | <u> </u> | | leclined recogn | |
| 8a. Name of Recognized or Certifi | | | | | Address: | | | | | |
| 8c. Tel. No. | 8d. Cell No. | ******* | | 8e. Fax | No. | | 8f, E-Mail A | ddress | | |
| 8g. Affiliation, if any: | <u> </u> | | 81 | n. Date of | f Recognition or Certific | | | | urrent or Most (Month, Day, Yo | əar) |
| 9. Is there now a strike or picketing a (Name of Labor Organization) | at the Employe | er's establishme | nt(s) invo | lved? | lf so, appro | | | | s are participati er since <i>(Month</i> | |
| 10. Organizations or individuals othe individuals known to have a repre | | | | | | ed reco | gnition as r | epresentativo | · | |
| 10a. Name | | 10b. Address | | | | | 10c. Tel. No. | | 10d. Cell No. | |
| | | | | | | | 10e. Fax N | 0. | 10f. E-Mail Ad | dress |
| 11. Election Details: If the NLRB co | nducts and el | ection in this ma | atter, stat | state your position with respect to any su | | | h election: | 11a. Electio | | Mixed Manual/Mail |
| 11b. Election Date(s): | | 11c. Election Tin | ne(s): | | | | 11d. Electio | on Location(s | s): | |
| 12a. Full Name of Petitioner (inclue International Union of Op | | | ocal 3 | 02 | 12b. Address (stree 18701 120th / | | | | | |
| 12c. Full name of national or internat International Union of Op | perating E | ngineers | ich Petiti | oner is a | n affiliate or constituent | | | | | |
| 12d. Tel. No. 425-806-0302 ext119 | 12e. Cell No 206-251 | -5893 | | | 06-0901 | | | gham@i | uoe302.org | |
| 13. Representative of the Petitione 13a. Name and Title: Rick Cunningham, Field Re | fall pape | 13b. Ad | urposes of the represe dress (street and numb 120th AVE NE, I | per, city, | , State and | ZIP code): | | | | |
| 13c. Tel. No. 13d. Cell No. 425-806-0302 ext119 206-251-5893 | | | | | x No. 806-0901 | } | rcunnin | E-Mail Address Inningham@iuoe302.org | | |
| I declare that I have read the abov Name (Print) | e petition an | d that the state Signature | Z 11 | re true to | o the best of my know | Title | | | | Date 08 01/97/19 |
| Rick Cunningham | | | WW U | 4~ | ~ | rie | iu kepr | esentativ | C | 01001/19 |

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE VINISHED 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 (RC) | UNITE | D STATES OF | AMERIC | ۹. | | | DO NOT WRITE IN THIS SPACE | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------|------------------------|------------------------|-----------------------|---------------------------------------------|----------------------------|-----------------------------------------|--------------------------------|-------------------------------------|-----------------------------------|---------------------------------------|
| (2-18) | NATIONAL | LABOR RELAT | IONS BO | | | | Case | | | | Dale Fi | led 1/15/19 |
| AM | NATIONAL LABOR RELATIONS BOARD AMENDED RC PETITION | | | | | | | 19-RC-2 | 234135 | | | 1/18/19 |
| INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 481 | he petition r named in ti | nust be accom he petition of: (| panied b 1) the pe | y bol titior | th a sho n; (2) St | owing of interest (s latement of Positio | ee 6b n forr | below) and m (Form NL | d a certificat RB-505); ani | e of service sh d (3) Descriptio | ion in w owing so on of Rep | hich the ervice on presentation |
| 1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo | oner desires | to be certified a | as repres | entati | ve of th | e employees. The P | etitio | ner alleges | that the follo | wing circums | tances e | |
| 2a. Name of Employer: | | ···· | 2b. Add | dress(| es) of E | stablishment(s) inv | olved | (Street and i | number, City, | State, ZIP code | ə): | |
| Kindred Healthcare, Inc. o | perating | as CHI | 815 | Sout | th Va | ssault Street, 7 | Гасо | ma. WA | 98465 | | • | |
| Franciscan Rehabilitation | | | | | | , | | ····, ···· | | | | |
| 3a. Employer Representative - Nam | | ···· · · ··· | 3b. Add | dress | (if sam | e as 2b - state same | | | | | | |
| Greg Jackson, CEO | | | same | | • | | | | | | | |
| 3c. Tel. No. | 3d. Cell No. | • | I | 3e. | Fax No | • | | 3f. E-Mail A | \ddress | | | |
| (253) 444-3320 | | | | | | | | greg.jac | kson@cl | nifrancisca | nrehat | o.com |
| 4a. Type of Establishment (Factory, r | nine, wholes | aler, etc.) | | 4b. | Principa | al Product or Service | 9 | | | d State where u | | |
| Hospital | | | | He | alth | care services | | | Tacoma, | WA | | |
| 5b. Description of Unit Involved: | | | | ļ | | ••••• | | | 6a. Numbe | r of Employees | in Unit: | |
| Included: | | | | | | | | | 18 | | | |
| All Staff Registered Nurse | es | | | | | | | | 10 | | | |
| Excluded: | | | | | | | | | | ibstantial numb mployees in the | | |
| Managers, supervisors, an | | | | | | | | | represe | nted by the Pet | itioner? | |
| Check One: X 7a. Request for rec on or about (Date) | ognition as t | Bargaining Repr | esentativ | e was | s made | on (Date) Januar | у 15, | ,2019 an | d Employer d | eclined recogni | tion | |
| 7b. Petitioner is cur | rently record | nized as Bargai | no repiy r nina Ren | resen | ed, so s tative a | state). nd desires certificati | on un | der the Act | | | | |
| 8a. Name of Recognized or Certifie | | | | | 8b. Ad | | | | | | | |
| None | - | | | | | | | | | | | |
| | | | | 1 | | | | | | | | |
| 8c. Tel. No. | 8d. Cell No. | | | 8e. | Fax No | | | 8f. E-Mail A | Address | | | |
| | | | | <u></u> | | | | | | | | |
| 8g. Affiliation, if any: | | | 8 | h. Da | te of Re | ecognition or Certific | ation | | | irrent or Most (Month, Day, Ye | iar) | |
| 9. Is there now a strike or picketing a | t the Employ | er's establishme | ent(s) inv | olved | ? No | ▼ If so, appro | oximat | tely how mai | ny employee: | are participatir | ıg? | |
| (Name of Labor Organization) | | | | | | | | has picketed | the Employ | er since (Month, | Day, Ye | nar) |
| 10. Organizations or individuals other | r than Petitio | ner and those n | amed in i | items | 8 and 9 | 9, which have claime | d rec | ognition as r | epresentative | s and other org | anizatior | ns and |
| individuals known to have a repre | | | | | | | | | | | - | |
| None | | | | | | | | | | | | |
| 10a. Name | | 10b. Address | | | | <u></u> | | 10c. Tel. N | 0. | 10d. Cell No. | | |
| | | | | | | | : | 10e. Fax N | 0. | 10f. E-Mail Add | fress | · · · · · · · · · · · · · · · · · · · |
| | | | | | | | | | | | | |
| 11. Election Details: If the NLRB con | nducts and e | election in this m | atter, sta | te you | ur positi | ion with respect to a | ny suo | ch election: | 11a. Election | n Type: | | |
| | | | | • | | | - | | X Manua | 1 🗌 Mail 🛛 | | Manual/Mail |
| 11b. Election Date(s): | | 11c. Election Ti | me(s): | | | | | 11d. Election | on Location(s |); | = | |
| as soon as possible | | 0630-0800 | and 1 | 830 | -2000 |) | | 815 S V | /assault S | t, Tacoma, | WAS | 98465 |
| 12a. Full Name of Petitioner (includ | ing local nar | ne and number) | : | , , , , , , | | 12b. Address (stree | at and | number, cit | , State and a | (IP code): | 88 | |
| Washington State Nurses | Associat | tion | | | | 575 Andover | Parl | k West, S | Ste 101, S | Seattle, WA | . 9818 | 8 |
| 12c. Full name of national or internat American Federation of T | | rganization of w | hich Peti | lioner | is an a | ffiliate or constituent | i (if no | ne, so state |): | | | |
| 12d. Tel. No. | 12e. Cell N | | | 1106 | Fax No | | | 12g. E-Mai | Addross | | | |
| (206) 575-7979 | 12e. Cell IV | υ. | | | | 75-1908 | | | a@wsna. | org | | |
| 13. Representative of the Petitione | r who will a | ccept service of | of all pap | | | | | | | · · · | | |
| 13a. Name and Title: Anne Tan Piazza, Acting Director of Labor | | | | | | ss (street and numb lover Park Wes | | • | | 98188 | | |
| 13c. Tel. No. | 13d. Cell N | <u> </u> | | 120 | . Fax N | | | 13f. E-Mail | Address | | | |
| (206) 575-7979 x 3006 | | 0. | | | | 75-1908 | | | a@wsna. | org | | |
| I declare that I have read the above | e petition ar | nd that the stat | ements : | 1. | · · · · · | | ledae | t i i i i i i i i i i i i i i i i i i i | | <u>~*</u> h | | |
| Name (Print) | | Signaty | | 1 | | | Titt | | ····· | ••• | i | Date |
| Anne Tan Piazza | | | Ac | L | \sim | | A | cting Di | ector of l | Labor | | 1/17/2019 |
| | | | | | | | | | | | | |

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

| (2-10) NATIONAL LABOR RELATIONS BOARD RC PETITION Case No. 19-PC-234135 Date Fied 1/15/2019 INSTRUCTIONS: Unless e-Filed using the Agency's website, [2004 http://www.inter.environ.com/com/com/com/com/com/com/com/com/com/ | | | | | | | r | | | | | |
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| Image: Construct To Provide State of the Approximation of the State of State St | FORM NLRB-502 (RC) | | | | | | | <u> </u> | DONOTW | | | |
| INTERFUE (TIONS) shines a Fried using the Agency's website, [avec.mith.gov], submit an original of the Petitions for an ABB office in the Region in which the mean providence of the Agency's website, [avec.mith.gov], and original of the Petitions for an ABB office in the Region in which the mean providence of the Agency's website, [avec.mith.gov], and the ABB office in the Region in which the mean providence of the Agency's website, [avec.mith.gov], and (Discretion of the Setting of the Agency's avecant the | (2-18) | NATIONAL LABOR RELATIONS BOARD | | | | | | | 0/105 | | | |
| employer and a backed in backed in the patition must be accompanied by Earlie in Sharwing of Interest [see 60 below) and a certification of 20 betryletion o | <u> </u> | <u> </u> | | | | . · · | L | | | | | |
| baganging by Patilianer and Patilianer adults to be confided as angressentable of the employses. The Patilianer alleges that the following cleans all and requests that the Molenul Laber Relumshances acids and responses to the Molenul Laber Relumshances acids and responses to the Molenul Laber Relumshances. Clip, Sate, 2/P cody: CHI Franciscoan Rehabilitation Hospital 2b. Addesses (of Establishment(a) twobed (Steed and moles, Clip, Sate, 2/P cody: Sate Frances and Pathogeness 3t. EMM Addess: grop, flackSon, CEO Sate Frances and Pathogeness 3t. EMM Addess: grop, flackSon, Glipchiftances (Faculty, mine, wholesaler, etc.) Sate Frances and Pathogeness 3t. EMM Addess: grop, flackSon, Glipchiftances (Faculty, mine, wholesaler, etc.) All Paropai Product or Services 3t. EMM Addess: grop, flackSon, Glipchiftances (Faculty, mine, wholesaler, etc.) All Staff Registered Nurses 3t. EMM Addeess Basersplant of Unit Involved: 3t. EMM Addeess Analaster, supervisors, and all other employees 3t. EMM Addeess Basersplant of the second product fragmeteric data and edvels acidification (Basersplant) 3t. EMM Address Basersplant of the temployees and pathogeness of the second temployees and pathogeness (Pachogeness) 3t. EMM Address Basersplant | employer concerned is located. T the employer and all other parties | he petition mus named in the p | t be accompar etition of: (1) t | nled by i the petit | both a shi lon: (2) St | owing of interest (s atement of Positio | see 6b on form | below) and 1 (Form NLF | a certificat (B-505); and | e of service shi I (3) Descriptio | owing se n of Rep | rvice on resentation |
| CHI Franciscan Rehabilitation Hospital \$15 South Vassault Street, Tacoma, WA 98465 3a. Employer Representative - Name and Tile: Greg Jackson, CEO 3b. Address (# aame as 2b - state same): same 3c. Tal. No. 3d. Cell No. 3c. Tal. No. 8d. Cell No. 3d. Tal. No. 8d. Cell No. | bargaining by Petitioner and Petiti | ioner desires to b | e certified as ro rd proceed un | epresent ider its j | tative of the | e employees. The P thority pursuant to | Petition Section | ner alleges (on 9 of the l | hat the follo National Lai | owing circumst por Relations A | ances e) ct. | |
| Ba. Employer Representative - Name and Tite: 2b. Address (# same as 2b - state same): Same 3d. Enable Same Same Same | 2a. Name of Employer: | | | | | | | | | State, ZIP code | 9): | • • • |
| Greg Jackson, CEO same 36. Toi, No. 34. Cail No. (233) 444-3320 35. Fax No. (233) 444-3320 45. Principal Product or Service Hospital Health care services So. Giver, and State where unit is located: Hospital Health care services Tacoms, WA So. Barergian of Unit Invalved: Included: All Staff Registered Nurses Excluded: Managers, supervisors, and all other employees Ched One: To. Request processing of the pely received (in the pely received) (in | | | | | | | | ma, WA | 98465 | | | |
| 26. Tu No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (253) 444-3320 4b. Principal Product or Service So. Cip and Sale where with is located: 140. Sprint Histingal Product or Service So. Cip and Sale where with is located: 150. Description of Unit Involved: Field th care services Tacoma, WA All Staff Registered Nurses Excluded: 18 Excluded: 18 Excluded: 18 Managers, supervisors, and all other employees 18 Excluded: 18 Schulder, Care Areas 8a. Name of Recognized or Gentified Bargaining Representative was made on (Date) January 15, 2019 end Employer declinad recognition 6a. Name of Recognized or Gentified Bargaining Representative was made on (Date) January 15, 2019 end Employer declinad recognition 6a. Name of Recognized or Gentified Bargaining Representative was made on (Date) January 15, 2019 end Employer declinad recognition 6a. Rame of Recognized or Gentified Bargaining Representative as made on (Date) January 15, 2019 end Employer declinad recognition 6a. Rame of Recognized or Gentified Bargaining Representative as made on (Date) January 15, 2019 end Employer declinad recognition 6a. Rame of Recognized or Gentified Bargaining Representative astinde commod commod a | | ne and Title: | | | iss (if same | e as 2b - slate same | 9): | | | | | |
| (233) 444-3320 greg.(ackson/gc)(dihtfranciscamrehab.com) 4a. Type of Exibilitizment (Factory, mhw, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: 14b. grital Health care services 5a. City and State where unit is located: 15b. Distription of Citit Involved: Incided: 18 All Staff Registerd Nurses 18 Excluded: 18 Managers, supervisors, and all other employees 18 Check Om: [7]: A negulation recognition as Bargahing Représentative wis made on (Dini) January 15, 2019 and Employer declined recognition 0 or about (Check Om: [7]: A negulation recognition as Bargahing Représentative wis made on (Dini) January 15, 2019 and Employer declined recognition 6a. Name of Recognition or certified Bargahing Représentative and dettes certification under the Act. Ba. Name of Recognition or Certified Bargahing Représentative and dettes certification under the Act. 8a. Name of Recognitiation) Ba. Date of Recognition or Certified Bargahing Représentative and dettes certification and process are participating? (None ducing a the Employer's establishment(s) involved? No [2] If so, approximately how mainy employees are participating? (None ducing a the Employer's establishment(s) involved? No [2] If so, approximately how mainy employees are participating? (None duc | | | | | | | · | | | | <u>.</u> | |
| Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Sa. Distribution of Unit Involved: Hospital Health care services Sa. Obstribution of Unit Involved: Bb. Distribution of Unit Involved: A. Mumber of Employees in Unit: Barches, supervisors, and all other employees Sa. Obstribution of Distribution of Employees (Distribution of Employees) Check One: (Distribution of Employees) Annuary 15, 2019 and Employee and Employee dealined recognition Check One: (Distribution of Education | | 3d. Cell No. | | 3 | 8e. Fax No | • | | | - | ifranciscos | rahah | |
| Hospital Health care services Tacoma, WA So Distriction of ult Involved: Incluted: Incluted: 6a. Number of Employees In Unit: All Staff Registered Nurses Excluded: Is Check One: 71. Request for recognition as Bargaking Representative was made on (Date) January 15, 2019 and Employee defined recognition On or about (Date) on or about (Date) on crypt vectived (If no reply received) If no set in the state of the set in th | | | | | h Drineing | Product or Service | | greg.jac | | | | |
| Base Sectored Nurses 6a. Number of Employees In Unit: Base Sectored Nurses 6a. Number of Employees In Unit: Managers, supervisors, and all other employees 6b. Do a subdatilal number (BVK or more) Of the amproves in the unit with to be increase in the unit of the amproves in the unit with to be increase in the unit with the unit described in the unit with the unit described in the unit described in the unit with the unit described in the unit described in the common to have a representative inderest in any materiase in the unit described in them the unit described in | | mine, wnoiesaier, | . 810.7 | | | | e | | | | | |
| Included: 18 All Staff Registered Nurses 18 Excluded: 18 Managers, supervisors, and all other employees 18 Go a subtantial number (30% or more) ofthe anguages in the unit who bas regressing by the Fellioner (21 Yes | | | · | | | | | | | · | in Uniti | |
| All balls Registered Nurses Excluded: Managers, supervisors, and all other employees Managers, supervisors, and all other employees Check One: | Included: | | | | | | | | | I OI LINDIOYCOD | in Onio. | |
| Excluded: Managers, supervisors, and all other employees makes in the participation of the map received in the analyses in the unit when being the participation of the participa | All Staff Registered Nurs | es | | | | | | | 18 | | | |
| Managers, supervisors, and all other employees represented by the Pattioner/ ID Yes No Check One: Ta Request for recognition as Barganing Representative was made on (Date) January 15, 2019 end Employer declined recognition Ba. Name of Recognized or Certified Bargaining Agert (// none, so state) Ib. Address: Ib. Address: Ba. Name of Recognized or Certified Bargaining Agert (// none, so state) Ib. Address: If E-Hall Address Ba. Name of Labor Organization Ba. Cell No. Ba. Fax No. Bf. E-Mall Address Ba, Mare of Labor Organization Ba. Cell No. Ba. Fax No. Bf. E-Mall Address Ba, Mare of Labor Organization Bh. Date of Recognition or Certification Bf. Expiration Date of Current or Most Reconstructure of the any (Moth), Day, Yeer) It is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (None of Labor Organization) Intervent or Most Reconstructure If any (Moth), Day, Yeer) 10. Organizations or individual other than Patitioner and those named in times 8 and 9, which have climent decognition as representatives and other organizations and intervent in any employees in the unit described in item 8 bedve. (// none, so state) None 10b. Address 10c. Tel. No. 10f. Cell No. 11. Election Data(| Excluded: | | | | | | | | 6b. Do a su | bstantial number | er (30% o | r more) |
| □ on or about (Date) in or reply received (If no reply received, so state) □ To. Positioner is controlly received as Braganing Representative and decises certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If no re, so state) Bb. Address: None Bb. Address: Bc. Tel. No. Bd. Cell No. Bb. Address: Bg. Affiliation, if any: Bb. Date of Recognized or Certification Bc. Tel. No. Bg. Affiliation, if any: Bb. Date of Recognized or Certification Bc. Tel. No. Bg. Affiliation, if any: Bb. Date of Recognized or Cortexit, if any (Month, Day, Year) Nome of Labor Organization | | | | | . <u></u> | | | | represe | nted by the Peti | tioner? | |
| Ba. Name of Recognized or Certified Bargaining Agent (// none, so state) Bb. Address: None Bb. Address: Bo. Date of Recognized or Certified Bargaining Agent (// none, so state) Bb. Address: Bc. Tal. No. Bd. Cell No. Be. Fax No. Bg. Affilation, if any: Bb. Date of Recognizion or Certification Bi. Expiration Date of Current or Most Recognizion or Certification Bj. Is there now a strike or picketing at the Employer's establishment(s) involved? No Main Sector Contract, if any (Month, Day, Year) (Name of Labor Organization) | on or about (Date) | no reply rece | ived (If no r | reply rec | elved, so s | state). | | | l Employer d | leclined recogni | tion | |
| None Be. Fax No. Be. Evaluation or Certification or Certificatin the Second or Certin the Certification or | | | | | | | | | | | · | |
| Ser. Attiliation, if any: Bh. Date of Recognition or Certification Bi. Explication 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? (Name of Labor Organization) No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Pellioner and those named in lifems 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 11b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Tracks: as soon as possible 10d. Cell No. 10d. Cell No. 12b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Location(s): as soon as possible 10d. Coll No. 10d. Cell No. 12b. Election Date(s): as soon as possible 0f30-0800 and 1830-2000 815 S Vassault St, Tacoma, WA 98465 12a. Full Name of Petitioner (including local name and number): Washington State Nurses Association 12b. Address (street and number, city, State and ZIP code): ST5 Andover Park West, Ste 101, Seattle, WA 98188 <td>None</td> <td></td> | None | | | | | | | | | | | |
| Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No No If so, approximately how many employees are participating? (Name of Labor Organization) .nas picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in liems 8 and 9, which have claimed recognitions as representatives and other organizations and individuals thow no have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10a. Name 10b. Address 111. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: III. Election Date(s): 11c. Election Time(s): 11c. Election Time(s): 0630-0800 and 1830-2000 815 S Vassault St, Tacoma, WA 98465 12a. Full Name of Patitioner (including tocal name and number): 12b. Address (street and number, city, State and ZIP code): Y3 Ashington State Nurses Association 12c. Full name of national or international labor organization of which Petilioner is an affiliate or constituent (if none, so state): American Federation of Teachers 12c. Cell No. 12d. Tel. No. 12e. Cell No. 12d. Tel. No. 12e. Cell No. 12d. Tel. No. 12e. Cell No. </td <td>8c. Tel. No.</td> <td>8d. Cell No.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> · .</td> | 8c. Tel. No. | 8d. Cell No. | | | | | | | | | | · . |
| (Name of Labor Organization) | 8g. Affiliation, if any: | | | 8h. | Date of Re | acognition or Certific | cation | | | | ar) | |
| 10. Organizations or individuals other than Petillioner and those named in litems 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 11. Election Datalis: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: IX Annual Mail Manual Mail Manual/Mail 11b. Election Data(s): 11c. Election Time(s): 11d. Election Location(s): 815 S Vassault St, Tacorna, WA 98465 12a. Full Name of Petitioner (including local name and numbar): 12b. Address (street and number, city, State and ZIP code): 575 Andover Park West, Ste 101, Seattle, WA 98188 12c. Full name of national or international labor organization of which Petilioner is an affiliate or constituent (if none, so state): American Federation of Teachers 13b. Address (street and number, city, State and ZIP code): 575 Andover Park West, Ste 101, Seattle, WA 98188 13b. Representative of the Petilioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 575 Andover Park West, Ste 101, Seattle, WA 98188 575 Andover Park West, Ste 101, Seattle, WA 98188 | 9. Is there now a strike or picketing a | it the Employer's | establishment(| (s) involv | ^{ed?} No | If so, appr | oximat | ely how mar | iy employee | s are participatir | וg? | |
| Individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None 10a. Name 10b. Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: III. Election Data(s): 11c. Election Time(s): 11d. Election Location(s): 11. Election Data(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Washington State Nurses Association 12f. Fax No. 12g. E-Mail Address 12c. Full name of national or international labor organization of which Petillioner is an affiliate or constituent (if none, so state): Amain or factores 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 12b. Address (street and number, city, State and ZIP code): State and ZIP code): American Federation of Teachers 12l. Fax No. 12g. E-Mail Address 12a. Full Name 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): 3. Representative of the Petitioner of Labor 13b. Address (street and number, city, State and ZIP code): State and ZIP code): < | | | | | | | | | | | | |
| 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11a. Election Type: 11. Election Data(s): 11c. Election Time(s): 11d. Election Location(s): 11a. Election Type: 12a. Full Name of Patitioner (including local name and number): 0630-0800 and 1830-2000 815 S Vassault St, Tacoma, WA 98465 12a. Full name of national or international tabor organization of which Petitioner is an affiliate or constituent (if none, so state): 775 Andover Park West, Ste 101, Seattle, WA 98188 12c. Full name of national or international tabor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 12l. Fax No. 12g. E-Mail Address 12d. Tel. No. 12l. Fax No. 12g. E-Mail Address 12d. Tel. No. 12l. Fax No. 12g. E-Mail Address 12d. Tel. No. 12l. Fax No. 12g. E-Mail Address 12d. Tel. No. 12l. Fax No. 12g. E-Mail Address 12d. Tel. No. 12l. Fax No. 12g. E-Mail Address 12d. Tel. No. 12l. Fax No. 12l. Fax N | Individuals known to have a repre | r than Petitioner esentative interes | and those nam it in any employ | ied in Ite yees in t | ms 8 and 9 he unit de: |), which have claims scribed in item 5b al | ed reco bove. (| ognition as re fif none, so s | presentative late) | es and other org | anization | s and |
| 10100 105x No. 105x No. 105x No. 11Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 111aElection Type: Image: State of State Nucleic | | | Addross | | | ·, | | 10c Tel No | <u> </u> | 10d Cell No | | |
| 11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: | 10a. Name | | . Address | | | | | | | | | · |
| Image: Second aspossible 11c. Election Time(s): 11d. Election Location(s): 11d. Election Location(s): as soon as possible 0630-0800 and 1830-2000 815 S Vassault St, Tacoma, WA 98465 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Washington State Nurses Association 12b. Address (street and number, city, State and ZIP code): Soon as possible 575 Andover Park West, Ste 101, Seattle, WA 98188 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers 12d. Tel. No. 12e. Cell No. 12a. Name and Title: 12b. Address (street and number, city, State and ZIP code): Anner Tan Piazza, Acting Director of Labor 12f. Fax No. 13c. Tel. No. 13d. Cell No. 13d. Cell No. 13e. Fax No. (206) 575-7979 x | | | | | | | | 108. Pax No. | | | | |
| American Federation of Teachers 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 12e. Cell No. 12e. Cell No. 13e. 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): 13e. Tel. No. 12e. Cell No. 12e. Cell No. 12e. Cell No. 13e. 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): Anne Tan Piazza, Acting Director of Labor 13e. Fax No. 12g. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. | 11. Election Details: If the NLRB co | inducts and elect | ion in this matte | er, state | your posit | ion with respect to a | any suc | ch election: | | | | Manual/Mail |
| 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Washington State Nurses Association 575 Andover Park West, Ste 101, Seattle, WA 98188 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers 12d. Tel. No. 12e. Cell No. 12. 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): Anne Tan Piazza, Acting Director of Labor 575 Andover Park West, Ste 101, Seattle, WA 98188 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (206) 575-7979 x 3006 13e. Fax No. 13e. Fax No. 13f. E-Mail Address Apriazza@wsna.org 575 Andover Park West, Ste 101, Seattle, WA 98188 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (206) 575-7979 x 3006 13e. Fax No. 14eclare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signature | 11b. Election Date(s): | | | | | | | | • | • | | |
| Washington State Nurses Association 575 Andover Park West, Ste 101, Seattle, WA 98188 12c. Full name of national or international labor organization of which Petillioner is an affiliate or constituent (if none, so state): American Federation of Teachers 12d. Tel. No. 12e. Cell No. 126. S75-7979 12e. Cell No. 13. Representative of the Petilioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Tile: 13b. Address (street and number, city, State and ZIP code): Anne Tan Piazza, Acting Director of Labor 13e. Fax No. 13c. Tel. No. 13d. Cell No. (206) 575-7979 x 3006 13d. Cell No. 13e. Fax No. 13f. E-Mail Address APiazza@wsna.org APiazza@wsna.org 13c. Tel. No. 13d. Cell No. (206) 575-7979 x 3006 13d. Cell No. 13e. Fax No. (206) 575-1908 APiazza@wsna.org APiazza@wsna.org 1declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Date Name (Print) Signature (116 to The option optio | as soon as possible | | | nd 18: | 30-2000 | | | | | | WA 9 | 8465 |
| 12c. Full name of national or international labor organization of which Petiltioner is an affiliate or constituent (if none, so state): Ámerican Federation of Teachers 12d. Tel. No. 12e. Cell No. (206) 575-7979 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): Anne Tan Piazza, Acting Director of Labor 13e. Fax No. 13c. Tel. No. 13d. Cell No. 13c. Tel. No. 13d. Cell No. 13d. Cell No. 13e. Fax No. 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (206) 575-7979 x 3006 13e. Fax No. 13e. Fax No. 13f. E-Mail Address (206) 575-7979 x 3006 13e. Fax No. 1declare that I have read the above petiltion and that the statements are true to the best of my knowledge and bellef. Name (Print) Signature Signature (uno | - | - | | | 8 | | | | | | 0010 | ń |
| American Federation of Teachers 12d. Tel. No. 12e. Cell No. (206) 575-7979 12e. Cell No. 13. Representative of the Petilioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street end number, city, State and ZIP code): Anne Tan Piazza, Acting Director of Labor 575 Andover Park West, Ste 101, Seattle, WA 98188 13c. Tel. No. 13d. Cell No. (206) 575-7979 x 3006 13d. Cell No. 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Date Name (Print) Signature | C . | | | | | | | | | Seattle, WA | . 9818 | 8 |
| (206) 575-7979 (206) 575-1908 APiazza@,wsna.org 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: 13b. Address (street and number, city, State and ZIP code): Anne Tan Piazza, Acting Director of Labor 575 Andover Park West, Ste 101, Seattle, WA 98188 13c. Tel. No. 13d. Cell No. (206) 575-7979 x 3006 13d. Cell No. 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signature | | | ization of whic | h Petitio | ner is an a | iffiliate or constituen | nt <i>(if no</i> | ne, so state) | : | | | |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13a. Name and Title: Anne Tan Piazza, Acting Director of Labor 13c. Tel. No. 13d. Cell No. 13e. Fax No. (206) 575-7979 x 3006 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signature | 1 | 12e. Cell No. | | | | | | | | | | |
| 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Anne Tan Piazza, Acting Director of Labor 13b. Address (street and number, city, State and ZIP code): 13c. Tel. No. 575 Andover Park West, Ste 101, Seattle, WA 98188 13c. Tel. No. 13d. Cell No. 13d. Cell No. 13e. Fax No. (206) 575-7979 x 3006 13d. Cell No. 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signature (115) Conto | (206) 575-7979 | | | | | | | | | org | | |
| Anne Tan Piazza, Acting Director of Labor 575 Andover Park West, Ste 101, Seattle, WA 98188 13c. Tel. No. 13d. Cell No. (206) 575-7979 x 3006 13d. Cell No. 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signature | | ali papet . i | rs for purp | oses of the repres | sentáti ber cit | on proceed | ing. ZIP codel: | | | | | |
| (206) 575-7979 x 3006 (206) 575-1908 APiazza@wsna.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Date Name (Print) Signature (115 (2010)) | | | | • | | | | 98188 | | | | |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature | | | | | | | | | | org | | |
| Name (Print) Signature Date | I declare that I have read the abov | | | | vledge | and belief. | | | | | | |
| Anne Tan Piazza Acting Director of Labor 1/15/2019 | Name (Print) | | Signature | $\overline{\mathcal{I}}$ | $\left(- \right)$ | 4 | Titl | e | | r ah ar | | |
| | Anne Tan Piazza | | \square | K. C | | | A | cting Di | ector of | | | 1/15/2019 |

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

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PONISHED BY FINE AND INPRISONNENT (0.3. CODE, THEE 10, OCONTACTION) 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.

| UNITED STATE | S GOVERNMEN | г | <u> </u> | DO NOT | WRITE IN THIS | S SPACE | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|------------------|------------------------------------------------------------------------|--|--|--|
| UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD Case No. Date Filed | | | | | | | | | |
| | | | | | | | | | |
| RC PETITION 19-RC-234351 1-18-2019 NSTRUCTIONS: 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 | | | | | | | | | |
| | | | | | | | | | |
| of service showing service on the | | | | | | | | | |
| (Form NLRB-505); and (3) Descrip | | | | RB 4612). The Sh | owing of int | erest snould only be filed | | | |
| with the NLRB and should not be | served on the | employer or any | / other party. | | . <u>.</u> | | | | |
| 1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner or requests that the National Labor Rela | lesires to be certif | ied as representative | e of the employees. The I | Petitioner alleges the | at the following | g circumstances exist and | | | |
| 2a. Name of Employer | tions board proc | | dress(es) of Establishment | | | | | | |
| Watts Mueller | | | 23 E Pioneer Ste A A Puyallup 98372-3502 | | ,,,,,,, | · · · · · · · · · · · · · · · · · · · | | | |
| 3a. Employer Representative - Name an | d Title | VV# | 3b. Address (If same as | 2b - state same) | | · · · · · · · · · · · · · · · · · · · | | | |
| Dave Dunham | | | 2323 E Pioneer St WA Puyallup 9837 | | | | | | |
| 3c. Tel. No. | 3d. Cell No. | | 3e. Fax No. | 2-3502 | 3f. E-Mail Add | ress | | | |
| (253) 848-9288 | | | (253) 848-9295 | Į | ddhunham@wat | ts-specialties.com | | | |
| 4a. Type of Establishment (Factory, mine, | wholesaler. etc.) | 4b. Principal prod | | | 5a. City | and State where unit is located: | | | |
| Misc. Fabricated Products | | | Pipe cutting machine | es | | Puyallup, WA | | | |
| 5b. Description of Unit Involved | | | | | | 6a. No. of Employees in Unit: | | | |
| Included: See Attached Page 2 for addition | nal details | | | | | 14 | | | |
| | | | | | | 6b. Do a substantial number (30% | | | |
| Evoluded | | | | | | or more) of the employees in the unit wish to be represented by the | | | |
| Excluded: See Attached Page 2 for addition | onal details | | | | | Petitioner? Yes [7] No [] | | | |
| Check One: 7a. Request for n | ecognition as Bar | aining Representati | ive was made on (Date) | | Employer decl | ined recognition on or about | | | |
| ra. Requestion | | (If no reply received | | and | i Employer ded | incorrecognition on or about | | | |
| 7h Petitioner is o | - / | | presentative and desires of | pertification under the | Act | | | | |
| 8a. Name of Recognized or Certified Bar | | | 8b. Address | | | | | | |
| 8c. Tel No. | 8d Cell No. | | 8e. Fax No. | | 8f. E-Mail Add | ress | | | |
| | | | 06. T &X 140. | | | | | | |
| 8g. Affiliation, if any | | 1 | 8h. Date of Recognition or | Certification | | Date of Current or Most Recent y (Month, Day, Year) | | | |
| 9. Is there now a strike or picketing at the E | Employer's establi | shment(s) involved? | No If so, approxi | imately how many em | ployees are pa | rticipating? | | | |
| (Name of labor organization) | | | | | | | | | |
| 10. Organizations or individuals other than | | | | | | | | | |
| known to have a representative interest in a | any employees in | the unit described in | n item 5b above. <i>(If none,</i> | so state) | esentatives and | Tottler organizations and individuals | | | |
| 10a. Name | 10b. Ad | droes | | 10c. Tel, No, | | 10d. Cell No. | | | |
| Toa. Name | | | | | | | | | |
| | | | | 10e. Fax No. | | 10f. E-Mail Address | | | |
| | | | | | | | | | |
| 11. Election Details: If the NLRB conduct any such election. | | | position with respect to | | | Mail Mixed Manual/Mail | | | |
| 11b. Election Date(s): February 5, 2019 | 11c. E 6 am | lection Time(s): | | 11d. Election Locati The Employer's Puy | • • | | | | |
| 12a. Full Name of Petitioner (including l | ocal name and n | umber) | | 12b. Address (stree | t and number, | city, state, and ZIP code) | | | |
| Kal Rohde International Association of Sheet Metal, Air, Rail, a 12c. Full name of national or international I | abor organization | of which Petitioner i | is an affiliate or constituen | 11831 Beverly Park i WA Everett 98204-3 t (if none, so state) | 526 | | | | |
| International Association of Sheet Metal, Air | r, Rail, and Transp 12e, Cell No. | oortation Workers | 12f. Fax No. | | 12g. E-Mail Ac | Idress | | | |
| (425) 493-5900 | | | (425) 493-5901 | | kalr@smw66.c | org | | | |
| 13. Representative of the Petitioner who | will accept serv | ice of all papers fo | | | | | | | |
| 13a. Name and Title | | | 13b. Address (street and | d number, city, state, a | and ZIP code) | | | | |
| Daniel Hutzenbiler Attorney McKanna Bishop Joffe | | | 1635 NW Johnson St OR Portland 97209-231 | 0 | | | | | |
| 13c. Tel No. | 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address | | | | | | | | |
| (503) 226-6111 | <u> </u> | | (503) 226-6121 | dedge and hellet | | | | | |
| I declare that I have read the above petit | tion and that the | statements are true | e to the best of my know | leage and belief. | | | | | |
| | ignature | | Title | | Date | | | | |
| Daniel Hutzenbiler D WILLFUL FALSE STATEM | aniel Hutzenbiler | | Attorney | MODISONNENT #1 | | | | | |
| WILLFUL FALSE STATEM | ≞NISUN (HISP | ETTION CAN BE P | UNISHED BY FINE AND | INFRIGUNNENT (U. | 3. 600E, IIIL | | | | |

Attachment

| DO NOT WRITE | E IN THIS SPACE |
|--------------|-----------------|
| Case | Date Filed |
| 19-RC-234351 | 1–18–2019 |

Employees Included

All full-time and regular part-time pipe cutting machine fabricators.

Employees Excluded

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

| UNITED STATE | UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|--------------|---------------------------------|-------------------------------------------|----------------|-------------------------------------------------------------------|--|--|
| NATIONAL LABOR RELATIONS BOARD Case No. Date Filed | | | | | | | | | |
| RCPETITION19-RC-2344721-22-2019INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region | | | | | | | | | |
| INSTRUCTIONS: Unless e-Filed us | sing the Agenc | y's website, <u>w</u> | ww.nlrb. | gov, submit a | n original of this | Petition to | an NLRB office in the Region | | |
| in which the employer concerned | is located. Th | e petition must | be acco | mpanied by b | both a showing o | f interest (s | ee 6b below) and a certificate | | |
| of service showing service on the | employer and | all other partie | s named | l in the petitio | on of: (1) the petit | ion; (2) Sta | tement of Position form | | |
| (Form NLRB-505); and (3) Descrip | tion of Repres | entation Case F | Procedu | res (Form NLI | RB 4812). The sh | owing of in | terest 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-CE | RTIFICATION OF | REPRESENTATI | VE - A sul | ostantial number | of employees wish to | be represent | ed for purposes of collective | | |
| bargaining by Petitioner and Petitioner of requests that the National Labor Rela | | | | | | | | | |
| 2a. Name of Employer | uons Board proc | | | | (s) involved (Street a | | | | |
| SCL Health, St. James Medical Group, Roc | ky Mountain Clinic | PC | O Box 352 | 00 | .,, | | <u>.</u> | | |
| 3a. Employer Representative - Name an | | | 3b. Add | 59107-5200 dress (If same as | 2b - state same) | | ······ | | |
| Heidi Saunders | | | | 00 S. Clark T Butte 59701- | , | | | | |
| 3c. Tel. No. | 3d. Cell No. | ····· | 3e. Fax | | | 3f. E-Mail Ad | ldress | | |
| (406) 237-3158 | | | | | | heidi.saunders | @sclhealth.org | | |
| 4a. Type of Establishment (Factory, mine, | wholesaler, etc.) | 4b. Principal pro | duct or se | rvice | | 5a. City | y and State where unit is located: | | |
| Healthcare Facilities | | | Pri | imary Health Car | e | | Butte, MT | | |
| 5b. Description of Unit Involved | | • • • • • • • • • • • • • • • • • • • • | | ······ | | | 6a. No. of Employees in Unit: | | |
| included: See Attached Page 2 for addition | nal details | | | | | | 18 | | |
| | | | | | | | 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 | | |
| L | | | | | | | Petitioner? Yes [] No [] | | |
| Check One:7a. Request for r | | | | | and | d Employer de | clined recognition on or about | | |
| | | (If no reply received | | | | | | | |
| | | | epresentat | | certification under the | Act. | | | |
| 8a. Name of Recognized or Certified Ba | gaining Agent (# | i none, so state). | | 8b. Address | | | | | |
| 8c. Tel No. | 8d Cell No. | <u></u> | 8e. Fax | No. | | 8f. E-Mail Ad | Idress | | |
| | | T | Ob Date | | Cartification | Oi Euninetien | Date of Current or Most Recent | | |
| 8g. Affiliation, if any | | | on. Date (| of Recognition or | Certification | | n Date of Current or Most Recent iny (Month, Day, Year) | | |
| | | | | | | | | | |
| 9. Is there now a strike or picketing at the I | Employer's establis | shment(s) involved | ? <u>No</u> | If so, approxi | imately how many en | ployees are p | participating? | | |
| (Name of labor organization) | | , has pick | eted the E | Employer since (A | Month. Dav. Year) | | | | |
| 10. Organizations or individuals other than | | | | | | | | | |
| known to have a representative interest in | | | | | | coontatives a | na olitor organizationo alla merriesato | | |
| | | | | | | | | | |
| 10a. Name | 10b. Ad | dress | | | 10c. Tel. No. | | 10d. Cell No. | | |
| | | | | | 10e. Fax No. | | 10f. E-Mail Address | | |
| | | | | | TUE. PAX NO. | | Tor. E-Mail Address | | |
| 11. Election Details: If the NLRB conduct | s an election in th | is matter, state you | r position | with respect to | 11a. Election Type: | 1 Manual | Mail Mixed Manual/Mail | | |
| any such election. | | | | | | | | | |
| 11b. Election Date(s): 1/28/19 - 2/1/19 | | lection Time(s): 2pm, 5pm | | | 11d. Election Locat Rocky Mountain Cli | • • | e clinics | | |
| 12a, Full Name of Petitioner (including I | | | | | | | ; city, state, and ZIP code) | | |
| 12a. Full Name of Petitioner (including I Erin M Foley Erin Foley - Teamsters Local Union No. 2 | | , | | i | 3345 Harrison Ave. MT Butte 59702-406 | | | | |
| 12c. Full name of national or international I International Brotherhood of Teamsters | abor organization | of which Petitioner | is an affili | ate or constituen | t (if none, so state) | | | | |
| 12d. Tel No. | 12e. Cell No. | | 12f. Fax | < No. | | 12g. E-Mail | Address | | |
| (406) 494-2747 | erin folev@teamsterslocal2.org | | | | | | | | |
| 13. Representative of the Petitioner who | will accept servi | ice of all papers fo | | | | | | | |
| 13a. Name and Title | | | | | l number, city, state, a | | • | | |
| | | | | | | | | | |
| 13c. Tel No. | 13d. Cell No. | | 13e. Fa | x No. | | 13f. E-Mail A | Address | | |
| I declare that I have read the above peti | tion and that the | statements are tru | ie to the l | best of my know | ledge and belief. | | | | |
| <u> </u> | ignature | | Title | | | Date | | | |
| | rin Foley | | | s Agent | | | 19 09:12:23 | | |
| WILLFUL FALSE STATEM | | TITION CAN BE | | | IMPRISONMENT (U | | | | |

| DO NOT WRITE | IN THIS SPACE |
|----------------------|-------------------------|
| Case 19-RC-234472 | Date Filed 1-22-2019 |

-_____

Employees Included

LPN, Patient Access, Medical Records, Customer Service Reps, Business Coordinator, Medical Assistants

Employees Excluded RN's, Management

01/25/2019 12:00 united steele workers

(FAX)

| FORM NLR8-502 (RC) | UNITED | STATES OF A | MERICA | ۹. | | | DO NOT V | VRITE IN THIS SPACI | E Contraction of the second seco |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (2-18) | NATIONAL L | ABOR RELAT | IONS BO |)ARD | | Case No. | | Date | Filed |
| | F | IC PETITIO | N | | | 19-RC-23 | 4737 | 1- | 25-19 |
| INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48 | he petition m named in the | ust be accomp a petition of: (* | p <mark>anied h</mark> t) the pe | y both a si tition: (2) \$ | howing of interest (s Statement of Position | of this Petition to ee 6b below) and n form (Form NL | an NLRB o l a certifica RB-505): an | te of service showing of (3) Description of F | service on Teoresentation |
| 1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo | ioner desires t | o be certified a | в гергеза | entative of t | he employees. The P | etitioner alleges | that the fol | lowing circumstance | collective sexist and |
| 2a. Name of Employer: ATI Cast Products - Albany | OR | | 150 S | iress(es) of SW Quee ly, OR 97 | | wed (Street and i | number, City | r, State, ZIP code): | |
| 3a. Employer Representative - Nar Eric Martin VP Operations | ne and Title: | | 36. Add SAMI | | ne as 2b - state same; |): | | | |
| 3c. Tel. No. 541-926-7711 | 3d. Cell No. | | | 3e. Fax N | o. | 3f. E-Mall A | ddress | | |
| 4a. Type of Establishment <i>(Factory, I</i> Industrial Manufacturing | mine, wholese | ler, etc.) | | 4b. Princip Specialt | oal Product or Service V Allovs |) | 5a. City ar Albany (| nd State where unit is in Dregon | ocated: |
| 5b. Description of Unit Involved: | | · · | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | - | er of Employees in Uni | |
| Included: Full Time & Regular Part Time | Production | & Maintenar | nce, Lea | adpersona | s & Hourly Training |) Specialists | 450 | er or Employees in Uni | ii. |
| Excluded: | | | | | | | | ubstantial number (30% | |
| All temp agency employees, a | | | | | | | | employees in the unit w ented by the Petitioner | |
| Check One: X 7a. Request for rec | ognition as Ba | irgaining Repre | sontative | was made | on (Date) 1/2 | 5/2019 and | Employer | declined recognition | |
| on or about (Date) | | | | sceived, so | | n under the Act | | | |
| 8a. Name of Recognized or Certific | | | | | ddress: | Я ОПОВ: ВІВ АСІ. | | | |
| Petition serves as a request | | | ., | | | | | | |
| Sc. Tel. No. | 8d. Cell No. | | | 8e, Fax N | 0. | 8f. E-Mail A | ddress | | |
| 8g. Affitiation, if any: | | | | h. Dete of R | lecognition or Certifica | | | urrent or Most (Month, Day, Year) | |
| 9. Is there now a strike or picketing a | t the Employer | 's ostablishmo | nt(s) invo | NO_Sheve | If so, appro | • | | a are participating? | |
| (Name of Labor Organization) | | | | | | | • • | er since (Month, Day, | |
| 10. Organizations or individuals other Individuals known to have a repre- NONE AT THIS TIME | | | | | | | | es and other organizati | ons and |
| 10s. Name | 10 | b. Address | | | | 10c. Tel. No | ». | 10d. Cell No. | |
| | | | | | | 10e. Fax No |). | 10f. E-Mail Address | |
| 11. Election Details: If the NLRB co | nducts and ela | ction in this ma | tter, stal | e your posi | tion with respect to an | y such election: | 11a. Electio [X] Manua | • | od Manual/Mail |
| 11b. Election Date(s): 2/07/19 | | ic. Election Tin 6:00am - 8:0 | • • | 20.00) | | 11d. Electio | n Location(s | | |
| 12a. Full Name of Petitioner (Includ AARON Q. WATTS USW LU 6163 | | | opin (x | .0.00) | 12b. Address (street 1400 SALEM A ALBANY, OR 9 | end number, dty VE | | - | , EIBINALL, C |
| 12c. Full name of national or internat United Steet, Paper and Rubbe | | | | | | | | (United Steelwork | NR. USMA |
| 12d. Tel. No. | 12e. Cell No. | | , | 12f. Fex N | | 12g. E-Mail | | | |
| 541-926-6789 | 541-409-08 | | | 928-668 | 7 | aqwatts3 | 3@gmail.c | om | |
| 13. Representative of the Petitione 13a. Name and Title; | r who will acc | ept service of | all pape | | | | | | |
| Aaron Q. Watts | | | | | ess <i>(street and numbe</i> .iberty Road | r, city, state and . | ciir coae): | | |
| USW 6163 Representative | | | | | lome OR 97386 | | | | |
| 13c. Tel, No, | 13d, Cell No. | | | 13e, Fax N | | 13f. E-Mall / | Addresse | | |
| | 541-409-08 | 398 | | 541-928 | | | | om | |
| I declare that I have read the above | | | montere | | +- | aqwatts33@gmail.com | | | |
| Name (Print) | | Signature | | . / ^ | 1/ | Tille | | | Date |
| Aaron Q. Watts | | Ha | ra T | XII. | #S | USW 6163 R | epresenta | tive | 1/24/19 |

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 at seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) In processing representation and related proceedings or illigation. 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 STA | TES OF AMERIC | A | L | | DO NOT V | VRITE IN THIS | SPACE | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------|----------------------------------------|-------------------------------------------------|----------------------------------------|-------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (2-18) | NATIONAL LABOR RELATIONS BOARD RC PETITION | | | | | Case No. 19-RC- | 234930 | | Date F | iled 9/2019 |
| INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48 | 'he petition i s named in t | must i he pei | be accompanied lition of: (1) the p | howing of interest (se Statement of Position | e 6b below) an form (Form NL | d a certifica .RB-505); an | te of service si id (3) Descripti | lowing s on of Re | ervice on presentation | |
| 1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labo | tioner desires | s to be | certified as repre | sentative of t | he employees. The Pe | ititioner alleges | that the fol | lowing circums | tances e | |
| 2a. Name of Employer: | | | 2b. A | dress(es) of | Establishment(s) invo | ved (Street and | number, City | , State, ZIP cod | (e); | |
| A. Harold & Associates, | LLC | | 759 | 5 Bayme | adows Way, Jac | ksonville, I | FL 32256 | i | | |
| 3a. Employer Representative - Na | me and Title: | | 3b. A | idress <i>(if san</i> | ne as 2b - state same) | 9 | | anden munde all and in the analysis of the second | | N.F. Rey (Marry & V. V. Marry and Marry & C. M. Stationer, Name of Strategy and Stationary Society (Construction), Name of Stationary (Construction), Nam |
| 3c. Tel. No. | 3d. Cell No | | | 3e, Fax N | 2 | 3f. E-Mail / | Adamaa | <u></u> | tone and the second | |
| (904) 265-1940 | | • | | 30, F8X N | U , | | @aha-llo | com | | |
| 4a. Type of Establishment (Factory, | mine, wholes | saler, e | etc.) | 4b. Princip | pal Product or Service | | | nd State where i | unit is loc | ated: |
| Federal Government Con | tractors | | | Airbor | ne Elect Att Ed | Support | | bor, WA | | |
| 5b. Description of Unit Involved: | | | 9 70 - 91 - 100 | | | | 6a, Numb | er of Employees | In Unit: | |
| SME, IT Graphical Artist | ts, Instruc | ctors | , and all non | -supervis | ory employees | at site. | 12 | | | |
| Excluded: | | | | | | | | ubstantial numb amployees in the | | |
| Supervisory Site Manage | | | | | | | repres | ented by the Pe | titioner? | |
| Check One: X 7a. Request for rea on or about (Date) | | | | ve was made received, so | | 5/2019 an | d Employer | declined recogn | tion | |
| 7b. Petitioner is cu | mently racog | nized | as Bargaining Re | presentative | | n under the Act. | | | | |
| 8a. Name of Recognized or Certific | ed Bargainir | ng Agi | ant (If none, so st | ete) Bb. A | ddress: | | · | | | |
| | | | | | | | | | | |
| 8c. Tel. No. | 8d. Cell No | | | 8e. Fax N | 0. | 8f. E-Mail / | Address | a pakena ana ana ana ana ana ana ana ana ana | | |
| | | | | | | | | | | |
| 8g. Affiliation, if any: | | | | 8h. Date of R | Recognition or Certifice | | | urrent or Most (Month, Day, Ye | 98r) | |
| 9. Is there now a strike or picketing a | t the Employ | /er's es | stabilshment(s) in | volved? No | If so, approx | dmately how ma | ny employee | s ere participati | ng? | |
| (Name of Labor Organization) | | | | | | , has picketed | i the Employ | er since (Month | Day, Ye | ner) |
| 10. Organizations or individuals othe | | | | | | | | es and other org | anization | is and |
| individuals known to have a reprint NONE | esentative int | lerest l | n any employees | in the unit de | ascribed in item 5b abo | ve. (If none, so : | state) | | | |
| 10a. Name | | 10b. A | Address | | ······································ | 10c. Tel. N | 0. | 10d. Cell No. | | |
| | | | | | | 5 - 5 - 5 | | | | |
| | | | | | | 10e. Fax N | io | 10f. E-Mail Ad | dress | , |
| 11. Election Details: If the NLRB co | inducts and e | ection | n in this matter, st | ate your posi | ition with respect to an | y such election: | 11a, Electio | n Type: | ala di second | |
| | | | | | | | 🗙 Manu | | Mixed | Manual/Mali |
| 11b. Election Date(s): | | | Election Time(s): | | | | on Location(| • | | |
| As Soon As Possible 12a. Full Name of Petitioner (include | | | gest 11:00A | M - 1:00 | | | | ork Locatio | n | |
| Service Employees Interr | - | | • | | 12b. Address (street 1914 N. 34th S | - | | • | 8103 | |
| 12c. Full name of national or Internal | tional labor o | rganiz | ation of which Pe | itioner is an i | L Effiliate or constituent (| if none, so state | l: | | | |
| Service Employees Interr | national U | Jnioi | n | 1 a - 1 | · | | | | | |
| 12d. Tel. No. (360) 296-0866 | 12e. Cell N (360) 2 | | 866 | 12f. Fax N | lo. | 12g, E-Mai htippy// | Address | org | | · • • • • • • • • • • • • • • • • • • • |
| 13. Representative of the Petitione | | | | pers for pur | poses of the represen | | | | | |
| 13a. Name and Title: | · | 13b. Addr | ess (street and numbe | r, city, State and | ZIP code): | | | | | |
| Brandon D Tippy | | | | 1700 N | . State Street, Sui | te 202, Bellin | ngham, W | 'A 98225 | | |
| 13c. Tel. No. | 13d. Cell N | | | 13e. Fax 1 | No. | 13f, E-Mail | Address | | | |
| (360) 296-0866 (360) 296-0866 . | | | | | | | Qseiu925 | .org | | |
| t declare that I have read the abov Name (Print) | e petition ar | nd that | | are true to t | he best of my knowle | dge and belief. Title | | | | Data |
| Brandon D Tippy | | - | Signature | ~~ | | Internal O | roanizer | | | Date 1/29/2019 |
| Launavie D Tibbà | | | 1 Street | <u>r s</u> | 21 | | gunzei | | | 112712017 |

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 with further exclaim 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 NOT WRITE IN THIS SPACE | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|--------------------------------------------------------|------------------------------------------------------------|--|--|
| NATIONAL LABOR RELATIONS BOARD | | | Case No. | | | | | |
| RC PETITION | | | <u> </u> | | | 1/30/2019 | | |
| INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region | | | | | | | | |
| in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate | | | | | | | | |
| of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form | | | | | | | | |
| (Form NLRB-505); and (3) 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 of | esires to be certifi | ed as representative | E - A substantial number of the employees. The | Petitioner alleges the | be represente at the followin | d for purposes of collective or circumstances exist and | | |
| bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. | | | | | | | | |
| 2a. Name of Employer | | | Iress(es) of Establishmen I5 Delaware | t(s) involved (Street ar | nd number, cit | y, State, ZIP code) | | |
| reachealth St. John Medical Center WA L | | | 3b. Address (If same as 2b – state same) | | | | | |
| Miriam Swartout | o nue | | | 1615 Delaware WA Longview 98632- | | | | |
| 3c. Tel. No. | 3d. Cell No. | | 3e. Fax No. | | | | | |
| (360) 414-7953 | | | | | | vartout@peacehealth.org | | |
| 4a. Type of Establishment (Factory, mine, | wholesaler, etc.) | 4b. Principal produ | uct or service | L | 5a. City | and State where unit is located: | | |
| Healthcare | | | | | | Longview, WA | | |
| 5b. Description of Unit Involved | | | · | | | 6a. No. of Employees in Unit: | | |
| Included: See Attached Page 2 for addition | enal details | | | | | 12 6b. Do a substantial number (30% | | |
| | | | | | | or more) of the employees in the | | |
| Excluded: See Attached Page 2 for additional details | | | | | | unit wish to be represented by the | | |
| Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 01/28/2019 and Employer de | | | | | | Petitioner? Yes [7] No [1] | | |
| | | aining Representativ (If no reply received, | | <u>1/28/2019</u> and | Employer dec | clined recognition on or about | | |
| | | | presentative and desires of | certification under the | Act. | | | |
| 8a. Name of Recognized or Certified Bar | | | 8b. Address | | | | | |
| 8c. Tel No. | 8d Cell No. | T | 8e. Fax No. | | 8f. E-Mail Add | Iress | | |
| | | | | | | | | |
| 8g. Affiliation, if any | | 8 | | | Date of Current or Most Recent y (Month, Day, Year) | | | |
| | | | | | | , (| | |
| 9. Is there now a strike or picketing at the E | mployer's establis | hment(s) involved? | No If so, approx | imately how many em | ployees are pa | articipating? | | |
| (Name of labor organization) | | , has picke | ted the Employer since (I | Month, Day, Year) | | | | |
| 10. Organizations or individuals other than | Petitioner and tho | se named in items 8 | and 9, which have claime | ed recognition as repre | esentatives an | d other organizations and individuals | | |
| known to have a representative interest in a | any employees in | he unit described in | item 5b above. (If none, | so state) | | | | |
| 10a. Name | 10b. Ad | | | 10c. Tel. No. | | 10d. Cell No. | | |
| Tua. Name | 100.740 | 1000 | | | | | | |
| | | | | 10e. Fax No. | | 10f. E-Mail Address | | |
| | | | | | | | | |
| 11. Election Details: If the NLRB conduct any such election. | s an election in thi | s matter, state your | position with respect to | 11a. Election Type: | <u>171</u> Manual <u>1</u> | Mail Mixed Manual/Mail | | |
| 11b. Election Date(s): | | ection Time(s): | | 11d. Election Location(s): | | | | |
| February 19 | 6:15am | | | PeaceHealth St. John, Conference Center | | | | |
| 12a. Full Name of Petitioner (including lo Ebony Price Service Employees International Union Local 49 | | 12b. Address (street and number, city, state, and ZIP code) 3536 SE 26th Ave OR Portland 97202- | | | | | | |
| 12c. Full name of national or international la | abor organization | of which Petitioner is | s an affiliate or constituen | t (if none, so state) | | | | |
| Service Employees International Union | - | | | | | | | |
| 12d. Tel No. | 12e. Cell No. | | 12f. Fax No. | | 12g. E-Mail A ebonyp@seiu | ddress 49.org | | |
| (503) 236-4949 13. Representative of the Petitioner who | will accept servi | ce of all papers for | purposes of the repres | | | | | |
| 13a. Name and Title | | | 13b. Address (street and | | | | | |
| Whitney Stark Albies & Stark | | | 200 SW Morrison Suite 400 OR Portland 97204- | | | | | |
| 13c. Tel No. 13d. Cell No. | | | 13e. Fax No. 13f. E-Mail Address | | | | | |
| (503) 308-4770 whitney@albiesstark.com | | | | | | | | |
| 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 Whitney Stark Whitney Stark | | Title | | Date | | | | |
| Whitney Stark WILLFUL FALSE STATEME | - | | INISHED BY FINE AND | IMPRISONMENT (U.S | 01/30/201 | | | |

Attachment

| DO NOT WRITE IN THIS SPACE | | | | | |
|----------------------------|------------|--|--|--|--|
| Case | Date Filed | | | | |
| 19-RC-235003 | 1/30/2019 | | | | |

Employees Included

Ĺ

SEIU Local 49 is the exclusive bargaining representative for a current bargaining unit consisting of employees in the following classifications: CNAs, Unit Secretaries, Central Supply Assistants, Sterile Processing Technicians and Assistants, Transporters, Environmental Services Attendants, Cooks, Food Services Assistants, Caterers, Dietary Representatives, Radiology Clerks, Pharmacy Technicians and Assistants, Monitor Technicians, Emergency Department Technicians, Surgical Services Assistants, Patient Team Supports, OB Technicians, Endoscopy Technicians, Anesthesia Assistants, Anesthesia Technicians, Medical Assistants, Patient Access Representatives, and Laboratory Assistants of this employer. This petition seeks a self-determination election to include Communication Operators in that unit.

Employees Excluded None

| | | | DO NOT | WRITE IN THIS SPACE | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|-----------------------------------------|--|--|--|--|
| FORM NLRB-502 (RD) UNITED STATES OF AMERICA (2-18) NATIONAL LABOR RELATIONS BOARD RD PETITION | | | Case No. | Date Filed | | | | |
| | | | 19-RD-233802 | 1-9-2019 | | | | |
| 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 7 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 <u>not</u> 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. | | | | | | | | |
| 2a. Name of Employer | | 2b. Address(es) of Establishment(| · · · · | | | | | |
| 3a. Employer Representative - | Name and Tille | 225 WEST B | | Silla Ah 99654 | | | | |
| Jennifer | | 3b. Address (If same as 2b - state SAMP | same) | | | | | |
| 3c. Tel. No. | 3d. Fax No. | No. 3e. Cell No. 3f. E-Mail Address | | | | | | |
| | | 907-232-0037 | STEWO Val | ly Transik Akora | | | | |
| 4a. Type of Establishment (Facto | | | 4b. Principal product or service | í J | | | | |
| 5a. Description of Unit Involved | nichon | | | 5b. City and State where unit | | | | |
| Included: | | nd helponse D | hiver | is located: | | | | |
| Dupetcher | ong Druge | ic response v | | Westille | | | | |
| Excluded: | | | | AVESHE | | | | |
| 6. No. of Employees in Unit | 7 Do a cubotantial number | r /30% or more) of the amelaures to | the unit no longer wish to be | presented by the certified or currently | | | | |
| 5 | recognized bargaining r | epresentative? X Yes No | - | | | | | |
| 8a. Name of Recognized or Certi | ified Bargaining Agent | | 8b. Affiliation, if any | | | | | |
| Bc. Address | Techsters loc | 21 459 Stete OF IBd. Tel. No. | Harka | | | | | |
| 52G C | 24th Ann 11 | | Be. Cell No. | | | | | |
| | JIS OVE 4 | 102 <u>107-751</u> BT. Fax No. | 8g. E-Mail Address | 5.6521 | | | | |
| Anchorace | Ah 99503 | 967-751 | c.6 J marton | @AKtamstas.com | | | | |
| 9. Date of Recognition of Certifica | ation 12009 | 10. Expiration Date of Current or M | lost Recent Contract, if any (Mo | onth, Day, Year) | | | | |
| | eting at the Employer's establishmer | | 11h If so approximately how a | nany employees are participating? | | | | |
| | keted by or on behalf of (Insert Nan | | | a labor organization, of | | | | |
| (Insert Address) | - | - | sinc | e (Month, Day, Year) | | | | |
| 12. Organizations or individuals of | other those named in items 8 and 11 | c, which have claimed recognition a | s representatives and other org | anizations | | | | |
| 12a. Name | e a representative interest in any en 12b. Address | ipioyees in the unit described in Iten | n 5 above. <i>(If none, so state)</i> 12c. Tel. No. | 12d. Fax No. | | | | |
| | | | | | | | | |
| | | | 12e. Cell No. | 12f. E-Mail Address | | | | |
| 13. Election Details: If the NLR | B conducts an election in this | | 13a. Election Type: | Mixed Manual/Mail | | | | |
| matter, state your position with 13b. Election Date(s) | h respect to any such election. 13c. Election Tin | ne(s) | | | | | | |
| | | | 13d. Election Location(s) | | | | | |
| 14. Full Name of Petitioner (b |) (6), (b) (7)(C) | | | | | | | |
| 14a, Address (Street and purple) | (7)(C) | | 14b. Tel. No. | 14c. Fax No. | | | | |
| | | | 14d. Cell No. | 14e. E-Mail Address | | | | |
| | | | (b) (6), (b) | (/)(C) | | | | |
| 14f. Affiliation, if any 15. Representative of the Petitic | oner who will accent convice of al | naners for purposes of the same | sentation proceeding | | | | | |
| 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a. Name 15b. Title | | | | | | | | |
| (b) (6), (b) $(7)(C)$ (b) $(6), (b) (7)(C)$ | | | | | | | | |
| 15c. Address Joneor and Homes | , cny, state, 21 (000) | | 15a. rei. No. | ise. Fax No. | | | | |
| | | | 177 O. I.V. | | | | | |
| Same | | | 15f. Cell No. | 15g. 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) (| Signature | | Title | Date Filed | | | | |
| (b) (6), (b) (| 7)(C) (b) (6), (b) | (7)(C) | Title (b) (6), (b) (7)(C) DIMPRISONMENT (U.S. CODE | 1/08/2091 | | | | |