UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-244284	7-2-19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) MultiCare Health Systems d/b/a Immediate Clinic 20730 Bond Rd. NE, Ste. 140, Poulsbo, WA 98370 3a. Employer Representative – Name and Title 3b. Address (If same as 2b - state same) Laura Edwards, Director of Labor Relations Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 253-306-0595 253-403-1372 253-403-7966 lledwards@multicare.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Poulsbo, WA Healthcare **Urgent care** 5b. Description of Unit Involved 6a. No. of Employees in Unit: 11 Included: See attached. 6b. Do a substantial number (30% Excluded: See attached. or more) of the employees in he unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. __ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) _ 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual 🗸 Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): As soon as poss ble N/A Mail 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Union of American Physicians and Dentists, AFSCMÉ Local 206 708 Broadway Ste. 400D, Tacoma, WA 98402 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

American Federation of State, County & Municipal Employees 12d. Tel No. 12q. E-Mail Address 12e. Cell No. 12f. Fax No. 253-244-7797 206-327-1939 253-244-7819 icrane@uapd.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Robert H. Lavitt, Attorney; Laura Ewan, Attorney 13b. Address (street and number, city, state, and ZIP code) 18 West Mercer St., Ste. 400, Seattle, WA 98119 13d. Cell No. 13f. E-Mail Address 206-257-6004; 206-257-6012 206-257-6039; 206-257-6048 lavitt@workerlaw.com; ewan@workerlaw.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) Title Signature Date 7/2/2019Laura Ewan Attorney

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

UAPD's RC Petition for Self-Determination Election Attachment for No. 5(b) - Description of Unit

<u>Existing Unit:</u> Petitioner, UAPD, represents a bargaining unit of the providers at MultiCare's Indigo and Immediate clinics. Specifically, the Union represents the physicians, physician assistants, and advanced registered nurse practitioners employed at MultiCare's Indigo Urgent Care Clinics ("Indigo") pursuant to an election directed in 19-RC-221006 and certified on August 17, 2018.

Pursuant to a self-determination election directed in 19-RC-241220 and certified on June 17, 2019, the following Immediate Clinic employees voted themselves into the foregoing bargaining unit: the physicians, physician assistants, certified physician assistants, doctors of osteopathic medicine, and advanced registered nurse practitioners employed at MultiCare's Immediate Clinics in Bellevue, Bothell, Seattle-Capitol Hill, Seattle-Crown Hill, Seattle-Lake City, Seattle-Queen Anne, Everett, Kirkland, Lynnwood, Redmond, and Shoreline, and Burien, Washington ("Immediate Clinics").

<u>Petition:</u> The UAPD submits this Petition and seeks a self-determination election for the following employees:

Included: All full-time, part-time, and per diem Physicians (MD), Physicians Assistants (PA), Certified Physician Assistants (PA-C), Doctors of Osteopathic Medicine (DO), and Advanced Registered Nurse Practitioners (ARNP) employed by the **MultiCare Immediate Clinic** in Poulsbo, WA.

Excluded: All other employees, occupational medicine and family practice providers, nonprofessional employees, guards, and supervisors, as defined by the National Labor Relations Act.

Petitioner seeks a self-determination election to enable the foregoing Immediate Clinic employees to vote to add themselves into the existing unit.

In filing this Petition, the UAPD does not waive any remedies or relief to which it and/or the Indigo unit are entitled under the Act as a result of the unfair labor practice charge against MultiCare (Case No. 19-CA-231634) pending before the Board. The UAPD reserves all rights it has under the Act in connection with the foregoing unfair labor practice charge.

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¹ On March 28, 2019, the General Counsel filed a Motion to Transfer Case to Board and For Summary Judgment Decision and Order on Test of Certification, seeking transfer and summary judgment in Case 19-CA-231634 and a finding that the Employer's conduct violated §§ 8(a)(1) and (5) of the Act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 19-RC-244486

DO NOT WRITE IN THIS SPACE

7-8-2019

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 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

Case Procedures (Form NLRB 48:	12). The show	ing of interes	t should	only be file	d with the NLRB and	should not	be served on t	he employer or any oth	er party.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires t	o be certified a	s represe under it	entative of th s proper au	e employees. The Pet thority pursuant to S	titioner alleg section 9 of t	es that the foll he National La	owing circumstances e bor Relations Act.	
2a. Name of Employer:			2b. Add	tress(es) of E	Establishment(s) invol	ved (Street an	nd number, City	, State, ZIP code):	
Crosscut 401 I			Mercer S	t., Seattle, WA	98109				
3a. Employer Representative - Nan	ne and Title:		3b. Add	iress (if sam	e as 2b - state same):				
Robert I. Dunlop, Preside	nt/CEO		same	;					
3c. Tel. No.	3d. Cell No.		1	3e. Fax No		3f. E-Ma	il Address		
206-443-4801	_			_		rdunle	op@kcts9.	org	
4a. Type of Establishment (Factory, I	l mine wholesai	ler etc)		4b. Principa	al Product or Service	10011		d State where unit is loc	ated.
Media	,	,,		News n			Seattle, V		
5b. Description of Unit Involved: Included: All non-supervisory neditors, columnists, copy edit digital editors, techs, and soc Excluded:	ors, photog ial media e	raphers, we ditors.	eb deve	ng reporte	ers, video produce	ers, video editors,	20 6b. Do a s	er of Employees in Unit: ubstantial number (30% employees in the unit wis	
Supervisors and all those							represe	ented by the Peti ioner?	
Check One: X 7a. Request for rec	ognition as Ba					2019	and Employer	declined recogni ion	
on or about (Date) 7b. Petitioner is cur	rrently recogni	•		eceived, so s	•	under the A	rt		
8a. Name of Recognized or Certifie						I diluci dic A	ut.		
none	gg		.,	_					
8c. Tel. No.	8d. Cell No.			8e. Fax No		8f. E-Ma	il Address		
-	-			-		-			
8g. Affiliation, if any: 8h. Date of Recognition or Certification			8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	t the Employer	r's establishme	nt(s) inv	olved? No	▼ If so, approx	imately how n	nany employee	s are participating?	-
(Name of Labor Organization)			_		<u> </u>	, has picke	ted the Employ	er since (Month, Day, Ye	ear) _
10. Organizations or individuals other	r than Petitione	er and those na	med in i	tems 8 and 9	which have claimed	recognition a	s representative	es and other organization	ns and
individuals known to have a repre									
10a. Name	10	Ob. Address				10c. Tel.	No.	10d. Cell No.	
_	-					-		-	
						10e. Fax	(No.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and ele	ection in this ma	atter, sta	te your posit	ion with respect to any	such election	n: 11a. Electio	n Type:	
								al Mail Mixed	Manual/Mail
11b. Election Date(s):	1.	1c. Election Tin	ne(s)			11d Fle	ction Location(s		
7/31/2019	I .	1AM-1PN				1		, Hive Room, Seat	tle. WA
12a. Full Name of Petitioner (includ					12b. Address (street				, *****
Pacific Northwest Newsp	•	,			2800 First Ave			•	
12c. Full name of national or internat	ional labor org	aniza ion of wh	nich Petit	ioner is an a	ffiliate or constituent (i	f none so sta	ite).		
Communications Workers						,			
12d. Tel. No.	12e. Cell No.			12f. Fax No	<u> </u>	12a F-M	Mail Address		
206-328-1190	-			-	.	_	e@cwa-un	ion.org	
13. Representative of the Petitione	r who will acc	cept service of	f all pap						
13a. Name and Title:				1	ss (street and number				
Laura Ewan, Attorney				18 West	Mercer St., Ste.	400, Seattl	le, WA 9811	19	
13c. Tel. No.	13d. Cell No.			13e. Fax N	0.	13f. E-M	lail Address		
206-257-6012	-			206-25	7-6048	ewan(@workerla	w.com	
I declare that I have read the above	e petition and	that the state	ments a	re true to th	e best of my knowle	dge and belie	ef.		
Name (Print)		Signature	9			Title			Date
Laura Ewan						Attorney	,		7/8/2019

FORM NLRB-502 (RD)

UNITED STATES OF AMERICA

DO NOT WRITE IN	THIS SPACE			
Case No.	Date Filed			
19-RD-244568	7-9-2019			

(2-18)NATIONAL LABOR RELATIONS BOARD **RD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, WWW.nirth.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 not be served on the employer or any other party. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently
recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 17925 Meridian E Puyallup, WA 98375-9603 2a. Name of Employer Pierce County Recycling, Composting 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3d. Fax No. 3e. Celi No. 3f. E-Mail Address 3c Tel No 253-375-2140 253-847-7713 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Waste management Transfer Station/Landfill 5a. Description of Unit Involved 5b. City and State where unit is located: Puyallup, Washington All full-time and regular part-time mechanics all other employees, office clerical employees, and guards and supervisors as defined in the Act. 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently 6. No. of Employees in Unit 8 recognized bargaining representative? X Yes No 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any International Union of Operating Engineers, Local 612 8d. Tel. No. 8e. Cell No. 8c. Address (253) 572-9612 1555 S. Fawcett Ave. Tacoma, WA 98402 8f. Fax No. 8g. E-Mail Address (253) 591-9882 9. Date of Recognition or Certification January 11, 2017 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes X No 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12b. Address 12e. Cell No. 12f. E-Mail Address Election Details: If the NLRB conducts an election in this
matter, state your position with respect to any such election. 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) (transler stehen conference room) 13b. Election Date(s) 13c. Election Time(s) 0836 17925 Meridia & Puyallup WA 98375 7.15 19 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14c. Fax No. 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) 141 Cell No (b) (6). (b) (7)(C (b) (6), (b) (7)(C) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Titte 15a, Name 15d. Tel. No. 15e, Fax No. 15c. Address (Street and number, city, state, ZIP code) 15f. Celi No. 15g. E-Mail Address I declare that I have read the above petition and that (b) (6), (b) (7)(C) f my knowledge and belief.

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

WILLFUL FALSE STATEMENTS ON THE

7.8.19 INE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Date Filed

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-244651	7/10/2019				

RC PETITIONS BUT

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 <u>not</u> be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer **DHL Express** 2580 S 156th St. SeaTac, WA 98158 and 4450 E Marginal Way S Seattle, WA 98134 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Karen Kezele Labor manager 3d Cell No 3f. E-Mail Address 3c Tel No 3e Fax No 206-679-4010 206-372-3463 408-627-7242 karen.kezele@dhl.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SeaTac and Seattle, WA Logistic office clerical 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and part-time operational supplement agents (Office Clerical) located at SeaTac and Seattle. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All other employees, guards and supervisors as defined by the Act. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10d. Cell No. 10a Name 10c. Tel. No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 08-07-2019 12:30 PM-1:30 PM Employee break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 General Teamsters Local Union #174 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 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 Meaza Ogbe Organizer 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 206-250-2566 206-250-2566 (206) 441-4853 mogbe@teamsters174.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) 07-10-2019 Meaza Ogbe Organizer

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

PRIVACY ACT STATEMENT

FÖRM NLRB-502 (RD) (2-18)

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

Case No. 19-RD-244654

DO NOT WRITE IN THIS SPACE

Date Filed 7-10-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website. [Www.nirb.gow] submit an original of this Patition to an NI-RB office in the Review is which the

employer concerned is located. The the employer and all other parties no	amed in the petition of:(1)	ranied by both a showing of int the petition: (2) Statement of F	erest (see 7 below) and a certif losition form (Form NLRB-505)	icate of service showing service on , and (3) Description of Representation on the employer or any other party.
PURPOSE OF THIS PETITION: RD- recognized bargaining representative Labor Relations Board proceed uncer-	is no longer their represent	ative. The Petitioner alleges tha	t the following circumstances:	ees assert that the certified or currently exist and requests that the National
2a. Name of Employer		2b. Address(es) of Establishme	nt(s) involved (Street and numbe	r, city, state, ZiP code)
Frskover Handa	Butte	3766 Hasen	som AUG. Bo	1HE MT 59701
3a. Employer Representative - Name a	ind Title	3b. Address (If same as 2b - st	ite same)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3c. Tel. No. 3d. Fa	N'C LL			
	ax No.	3e. Cell No.	3f. E-Mail Address	
1-406-494-6604			Brad Wlask	ovarhonde.com
4a. Type of Establishment (Factory, mine		1	4b. Frincipal product of service	2
Car Occlershi	P		Car sale	5 55, City and State where unit
5a. Description of Unit Involved Included: all fechs an	<i>V</i> i.e. i i		•	5b, City and State where unit is located:
TELLS GA	er 145c Fech	<i>5</i> .		
Excluded:				Butte mT
6. No. of Employees in Unit	7. Do a substantial numbe	r (30% or more) of the employee		represented by the certified or currently
\$a. Name of Recognized or Certified Bare		Truy BuhL	8b. Affiliation, if a	20
		, ,		*
Enterwation associa	c.fion of morech	<i>ش<u>کے عام اگر</u> احم</i> یم ک <i>ی کے حم</i> یا 8d. Tel. No	8e, Cell No.	
8c. Address 156 W. Gra	ante 51 It			65-0060
Butte MT	557.21	8f. Fax No.	So. E-Mall Addres	s 10 m v 24 / 152
Da//2 7-1/	370		1-0006)
9. Date of Recognition or Certification		10. Expiration Date of Current of	r Most Recent Contract, if any //	65-0062 3 100 W 24.01g 100 July Yest
		JUNC 30		
11a. is there now a strike or picketing at t	the Employer's establishme			many employees are participating?
11c. The Employer has been picketed by			The state of the s	a labor organization, of
	of our defination (made man	<i>ino,</i>		
(Insert Address) 12. Organizations or individuals other tho	en named in items 2 and 11	to which house delegate seemstice		nce (Month, Day, Year)
and individuals known to have a repre	esentative interest in any en	nployees in the unit described in	n as representatives and other of tem 5 above. <i>(if none, so stat</i> e)	ganizations
	12b. Address		12c. Tel. No.	12d. Fax No.
			12e. Cell No.	12f. E-Mall Address
13. Election Details: If the NLRB condu- matter, state your position with respec			13a. Election Type: Manu	al Mail Mixed Manual/Mail
13b, Election Date(s)	13c. Election Tir	ne(s)	13d. Election Location(s)	
JULY 23-2019	12	00 pm.	125/Cover 8	3:47 m T
71.1v 23-2019 14 Full Name of Petitioner (b) (6), (b) (7)(C)				
(b) (6), (b) (7)(C)	······································		14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)			14d. Cell No.	14e. E-Mail Address
(-) (-), (-) (-)	(b) (6), (b) (7	()(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
14f. Affiliation, if any				
15. Representative of the Petitioner wh	no will accept service of al	l papers for purposes of the re	presentation proceeding.	
15a. Name		ll papers for purposes of the re	presentation proceeding.	
15a. Name (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	ll papers for purposes of the re	presentation proceeding.	
15a. Name	(b) (6), (b) (7)(C)	ll papers for purposes of the re	presentation proceeding.	
15a. Name (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		presentation proceeding. 15b.Title (b) (6), (b) (7)(C	
15a. Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (b), (b) (7)(C)	(b) (6), (b) (7)(C)	C)	presentation proceeding. 15b.Title (b) (6), (b) (7)(C) 15d.Tel. No. 15f. Cell No. (b) (6), (b) (7)(C)	15e. Fax No,
15a. Name (b) (6), (b) (7)(C) (c) 15c. Address (Street and number, city, street) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	C)	presentation proceeding. 15b.Title (b) (6), (b) (7)(C) 15d. Tel. No. 15f. Cell No. (b) (6), (b) (7)(C) nowledge and belief.	15e. Fax No. 15g. E-Mail Address (b) (6), (b) (7)(C)
15a. Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (b), (b) (7)(C)	(b) (6), (b) (7)(C)	C)	presentation proceeding. 15b.Title (b) (6), (b) (7)(C) 15d.Tel. No. 15f. Cell No. (b) (6), (b) (7)(C)	15e. Fax No, 15g. E-Mail Address (b) (6), (b) (7)(C)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRIT	E IN THIS SPACE
Case No.	Date Filed
19-RC-244708	7/11/2019

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer **DHL Express** 2580 S 156th St. SeaTac, WA 98158 and 4450 E Marginal Way S Seattle, WA 98134 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Karen Kezele Labor manager 3d. Cell No. 3f. E-Mail Address 3c Tel No 3e Fax No 206-679-4010 206-372-3463 408-627-7242 karen.kezele@dhl.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SeaTac and Seattle, WA Logistic office clerical 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and part-time operational supplement agents (Office Clerical) located at SeaTac and Seattle. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All other employees, guards and supervisors as defined by the Act. Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10a, Name 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 08-07-2019 12:30 PM-1:30 PM Employee break room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 General Teamsters Local Union #174 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. ^{13a. Name and Title} Meaza Ogbe Organizer 13b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 13d. Cell No. 13f. E-Mail Address 13c. Tel No. 13e. Fax No. 206-250-2566 206-250-2566 (206) 441-4853 mogbe@teamsters174.org I declare that I have read the above petition and that the statements are true to the best of my, knowledge and belief. Name (Print) Title Date Organizer 07-11-2019 Meaza Ogbe THIS PETITION CAN BE PUNISHED BY, FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

WILLFUL FALSE STATEMENTS

PRIVACY ACT STATEMENT

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

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

DO NOT WRITE IN THIS SPACE Case No. Date Filed 19-RC-245036

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bargaining by Petitioner and Petitioner details as be confided as representative of the entiployees. The Petitioner alleges that the following churchances exist and required that the relational Labor Relations Board more authoring pursuants to Section of the National Labor Relations Act. 2a. Name of Employer: The Data Entirty Company (TDEC) 3b. Address (# same as 2b - state same): 8001 Wisconsin Suitz 200 MID Bethesda 20184 3c. Tot No. 3c. Tot No. 3c. Tot No. 3d. Cell No. 3d. Cell No. 3d. Tot No. 3d. Evalual Address. 4d. Petitioner and Company (Total Company Comp	employer concerned is located. T the employer and all other parties	he petition must be named in the peti	e accompanied b	y both a sh uttion; (2) S	lowing of interest (se tatement of Position	ee 6b below) and form (Form NL	l a certificat RB-505): an	te of service showing d (3) Description of F	service on Representation
The Data Entry Company (TDEC) 3a. Employer Representative - Name and Title: 8001 Wisconsin Suite 200 MD Bethesda 20184 3b. Address (if same as 2b - state same): 8001 Wisconsin Suite 200 MD Bethesda 20184 3c. Tel. No. 301-718-0703 3d. Cell No. 301-718-0703 3d. Cell No. 301-718-0703 3d. Cell No. 301-718-0703 3d. Tell No. 3e. Far No. 3e. Far No. 3e. Far No. 3e. Tell No. 3e	bargaining by Petitioner and Petit requests that the National Labo	ioner desires to be	certified as repres	entative of th	ne employees. The Pe	titioner alleges	that the foll	owing circumstances	collective s exist and
R Dennis Dufour 8001 Wisconsin Suite 200 MD Bethesda 20184 36. Fax No. 36. Fax No. 37. E-Mail Address ddufour@dec.com 48. Type of Establishment (Factory, mine, wholesaler, etc.) 48. Popular Decoration of Unit Involved: Inclusede: Data Entry for DEEOIC and OWCP Bata Entry for DEEOIC and OWCP Bata Entry for DEEOIC and OWCP Bata Entry for DEEOIC and State where unit is located. 58. City and State where unit is located. 58. Description of Unit Involved: Inclusede: 58. Description of Unit Involved: Inclusede: 59. Data Entry for DEEOIC and OWCP Bata Entry for DEEOIC and OWCP The Request for recognition as Bargaining Representative water made on (Date) If no reply recolved, so stately If no reply recolved, so stately If no reply recolved, so stately If no reply recolved so stately Industrial Technical Profession Industrial Technical Profession Industrial Technical Profession Employees of the unit describation in the Sacrada in the Employee so of the Industrial Technic		(TDEC)						, State, ZIP code):	
ddu four @ctack.com		ne and Title:	3b. Add 8001	lress (if sam Wiscons	e as 2b - state same) sin Suite 200 M	ID Bethesda	20184		
data entery Seattle WAData St. Description of Unit Involved: Included: Data Entry for DEEOIC and OWCP Excluded: Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) on or about (Date) The rectioner is currently recognized as Bargaining Representative was made on (Date) on or about (Date) The rectioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (Ir none, so state) Industrial Technical Profession Employees Union 8b. Tel. No. 8c. Fax No. (253) 857-8236 8d. Cell No. 8d. Cell No. 8e. Fax No. (253) 858-7265 Individuals flow many employees are participating? 8h. Date of Recognizion or Certification Receit Cortect, 4 any (Month, Day, Year) 8c. Tel. No. 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 8o. Individuals flow many employees are participating? (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition are representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in term 5b above. (If none, so state) 10a. Name Industrial Technical Profession Employees OPEIU Local 4873AFL CIO 11a. Election Time(s): 11b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11c. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 21b. Address (street and number, city, State and 2iP code): PO Box 790 Wauna WA 98395 11c. Election Time(s): 11d. Tel. No. 12g. Edwal Address 11m. Election Location(s): 11d. Election Time(s): 11d. Tel. No. 12g. Edwal Address 11m. Election Decides 11d. Election Time(s): 11d. Tel. No. 12g. Edwal Address 11d. Election Time(s): 11d. Tel. No. 12g. Edwal A		3d. Cell No.		3e. Fax No).		@tdec.co	and the second second	
Data Entry for DEEOIC and OWCP Excluded:	data entey	mine, wholesaler, e	tc.)				Seattle	WAData	
Check One: Ta. Request for recognition as Bergaining Representative was made on (Date)	Included: Data Entry for DEEOIC a	nd OWCP					15	*	
on or about (Date) [(If no reply received, so state). The Petitioner is currently recognized as Bargaining Representative and desires conflication under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state)				- in the state	as (Date)		of the e	employees in the unit we ented by the Petitioner	ish to be
Se. Tel. No. (253) 857-8236 Se. Tel. No. (253) 858-7265 Se. Tel. No. (254) 858-7265 Se. Tel. No. (254) 858-7265 Se. Tel. No. (254) 858-7265 Se. Tel. No. (253) 857-8236 Se. Tel. No. (253) 857-8236 Se.	on or about (Date)		(If no reply r	eceived, so	state).		ut∈mployer	aeclineo recognition	
(253) 857-8236 (253) 858-7265 tmcittpeu@gmail.com	8a. Name of Recognized or Certific	ed Bargaining Age	nt (If none, so star	e) 8b. Ad	idress:				
8. Is there now a strike or picketing at the Employer's establishment(s) involved? No		8d. Cell No.							
Name of Labor Organization Name of Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)	8g. Affiliation, if any:	Affiliation, if any:							
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name Industrial Technical Profession Employees OPEIU Local 4873AFL CIO 10b. Address PO Box 790 Wauna WA 98395 10c. Fax No. 10d. Cell No. 253-857-8236 10e. Fax No. 10f. E-Mail Address tmcitpeu@gmail.com 11b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Industrial Technical Profession Employees Union local 11c. Election Time(s): 11d. Election Location(s): 300 5th Ave Seattle WA 98104 12a. Full Name of Petitioner (including local name and number): 11d. Industrial Technical Profession Employees Union local 4873 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 12d. Tel. No. 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12f. Fax No. 12g. E-Mail Address trucityeu@gmail.com 13a. 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 2IP code): PO Box 790 Wauna WA 98395 13c. Fla. No. 13f. E-Mail Address trucityeu@gmail.com 13a. 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 2IP code): PO Box 790 Wauna WA 98395	9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) invo	olved? No	If so, approx	• •	• • •		
none 10a. Name Industrial Technical Profession Employees OPEIU Local 4873 AFL CIO 11c. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11c. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11d. Election Type. Manual Mail Mixed Manual Mail		r than Petitioner and	d those named in i	tems 8 and	9 which have claimed				
PO Box 790 Wauna WA 98395 253-857-8236 10e. Fax No. 10f. E-Mail Address tracityeu@gmail.com 11e. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type:	individuals known to have a repre	esentative interest in	n any employees i	n the unit de	scribed in item 5b abo	ove. (If none, so s	state)		
11c. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election 11a. Election Type:	Industrial Technical Profe	ession PO E	^{ddress} 3ox 790 Wau	ına WA	98395	10c. Tel. N 253-857	o. 7-8236	10d. Cell No.	
Itc. Election Date(s): July 31, 2019 11c. Election Time(s): 4:30 11d. Election Location(s): 300 5th Ave Seattle WA 98104 12a. Full Name of Petitioner (including local name and number): Industrial Technical Profession Employees Union local 4873 12b. Address (street and number, city, State and ZIP code): PO Box 790 Wauna WA 98395 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Industrial Technical Profession Employees OPEIU Local 4873AFL CIO 12d. Tel. No. 253-857-8236 12e. Cell No. 12f. Fax No. 12g. E-Mail Address tmcitpeu@gmail.com 13b. Address (street and number, city, State and ZIP code): PO Box 790 Wauna WA 98395 13c. Tel. No. 253-857-8236 13d. Cell No. 13e. Fax No. 13f. E-Mail Address tmcitpeu@gmail.com 13c. Tel. No. 253-857-8236 13d. Cell No. 13e. Fax No. 13f. E-Mail Address tmcitpeu@gmail.com 13c. Tel. No. 253-857-8236 13d. Cell No. 13e. Fax No. 13f. E-Mail Address tmcitpeu@gmail.com 13e. Fax No. 13e. Fax No	4873AFL CIO						<u> </u>	tmcitpeu@gm	ail.com
July 31, 2019 4:30 300 5th Ave Seattle WA 98104 12a. Full Name of Petitioner (including local name and number): Industrial Technical Profession Employees Union local 4873 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Industrial Technical Profession Employees OPEIU Local 4873AFL CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12g. E-Mail Address 13b. Address (street and number, city, State and ZIP code): PO Box 790 Wauna WA 98395 12g. E-Mail Address 12g. E-Mail Address 13b. Address (street and number, city, State and ZIP code): PO Box 790 Wauna WA 98395 13c. Tel. No. 13d. Cell No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13d. E-Mail Address	11. Election Details: If the NLRB co	nducts and election	in this matter, sta	te your posi	tion with respect to an	y such election:	11a. Electio	n ⊺ype: al [∏Mail []Mix	ed Manual/Mail
Industrial Technical Profession Employees Union local 4873 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Industrial Technical Profession Employees OPEIU Local 4873AFL CIO 12d. Tel. No. 12g. E-Mail Address tmcitpeu@gmail.com 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): PO Box 790 Wauna WA 98395 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address tmcitpeu@gmail.com 1declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Date						300 5th	Ave Sea	ttle WA 98104	
Industrial Technical Profession Employees OPEIU Local 4873AFL CIO 12d. Tel. No. 253-857-8236 12e. Cell No. 12f. Fax No. 12g. E-Mail Address tmcitpeu@gmail.com 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): PO Box 790 Wauna WA 98395 13c. Tel. No. 253-857-8236 13d. Cell No. 13e. Fax No. 13f. E-Mail Address tmcitpeu@gmail.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 (Pint) Date	Industrial Technical Profe 4873	ession Employ	ees Union lo		PO Box 790 V	Vauna WA S	98395	ZIP codė):	
253-857-8236 tmcitpeu@gmail.com 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): PO Box 790 Wauna WA 98395 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address tmcitpeu@gmail.com 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date	12c. Full name of national or international Professional	tional labor organiza ession Employ	ation of which Peti ees OPEIU	tioner is an a Local 48	affiliate or constituent of 73AFL CIO				
13a. Name and Title: Trina Williams 13b. Address (street and number, city, State and ZIP code): PO Box 790 Wauna WA 98395 13c. Tel. No. 253-857-8236 13d. Cell No. 13e. Fax No. 13f. E-Mail Address tmcitpeu@gmail.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) Date Date	253-857-8236	1				tmcitpe	u@gmail	l.com	
253-857-8236 tmcitpeu@gmail.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) Date	13a. Name and Title:	er who will accept	service of all pap	13b. Addn	ess (street and numbe	er, city, State and	ing. ZIP code):		
Name (Print) Signature Date	253-857-8236	1 .				tmcitpe	u@gmai	l.com	
1001		e petition and that	the statements	re true to t	he best of my knowle	edge and belief.			Date
Trina Williams Devia Williams TTPEG Rep 11/	Trina Williams		1	ale	Illen	III	FY	Rep	117/54)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 19-RC-244706	Date Filed 7-11-2019				

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 desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3212 So. Sprague Ave. WA Tacoma 98409-First Student Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3212 So. Sprague Ave. WA Tacoma 98409-Greg Newman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (253) 272-7750 gregory newman@firstgroup com (206) 379-6391 (360) 896-6013 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Home to school & Charter busing Tacoma, WA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 9 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/09/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 3212 So. Sprague Ave. Tacoma Wa. 98409 and 1128 St. Paul Ave. Ta am 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood Of Teamsters Local 313 12g. E-Mail Address bdahl@teamsters313.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (253) 229-7976 (253) 627-0106 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **Bob Dahl** Organizer 07/11/2019 11:09:16 **Bob Dahl**

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-RC-244706	7-11-2019		

Employees Included

All part time and full time Dispatchers, Payroll/AR, Charter rep & Field Trainers/Student Management

Employees Excluded

All others including managerial,tempory,condfidential and statutory supervisory employees.

Name (Print)

Michael Filibeck

Signature

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

PETITION RM

DO NOT W	/RITE IN THIS SPACE
19-RM-245041	Date Filed 7_17_2010

Date

07/15/2019 13:23:35

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6747 ACADEMY RD NE STE A NM ALBUQUERQUE 87109-2a. Name of Employer/Petitioner **Xcel Protective Services** 3b. Address (If same as 2b – state same) 6747 ACADEMY RD NE STE A 3a. Employer/Petitioner Representative - Name and Tile Michael Filibeck SVP / COO NM ALBUQUERQUE 87109-3d. Cell No. 3f. E-Mail Address 3c. Tel. No (505) 217-9985 michael.filibeck@xcelprotective.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Security Systems & Services **Government Contract Security** 5a. Description of Unit Involved 5b. City and State where unit is located: Included: See Attached Page 2 for additional details Port Hadlock, WA 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 63 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative. 8a. Recognized or Certified Bargaining Agent - Name Ryan Kelly 8b. Affiliation, if any SPFPA 8c. Address 8d. Tel. No 8e. Cell No. (586) 879-5087 PO Box 16914 8g. E-Mail Address TX Fort Worth 76162ryan@spfpa.org 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11. Is there now a strike or picke ing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Pe itioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 13d. Election Location(s): 13b. Election Date(s): 13c. Election Time(s): 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 14a. Name and Title 14c. Tel No. 14e. Fax No. 14f. E-Mail Address 14d. Cell No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

SVP / COO

Title

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-RM-245041	7-17-2019		

Employees Included All regular FT/PT employees of the employer engaged in security services - Naval Magazine - Indian Island

Employees Excluded Clerical / Confidential / Managerial / Supervisory persons as defined in the NLR Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

Case No.	
19-RC-245161	

DO NOT WRITE IN THIS SPACE			
o	Date Filed		
RC-245161	7/19/2019		

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 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)						
7000tov, LLC 3760 N. Charles Porter Avenue Building 386, Hangar 5, Suite 137						
3a. Employer Representative – Name	and Title	N	/A Oak Harbor 98278- 3b. Address (If same as	2b – state same)	•	<u></u>
Lydia Corum			2001 L Street, Sui DC Washington 20			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess
(619) 607-3011					lydia.corum@zer	
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	and State where unit is located:
Aerospace & Defense	•		Aircraft Maintenand	ce .		Oak Harbor, WA
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for ac	ditional details				-	10 6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ac	ditional details	i		·		or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []
Check One: 7a. Request f	or recognition as Ba	rgaining Representa	tive was made on (Date)	and	Employer decli	ned recognition on or about
	(Date	(If no reply receive	d, so state).	:		.
8a. Name of Recognized or Certified			epresentative and desires	certification under the A	ACI.	
ou. Hame of Recognized of Germines	20.9497.90	(1. 1.01.0) 00 01410)1	05.71441035			
8c. Tel No.	8d Cell No.	 	8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?						
(Name of labor organization)				Month, Day, Year)		
Organizations or individuals other the known to have a representative interest	nan Petitioner and th	ose named in items	8 and 9, which have claim	ed recognition as repre		
10a. Name 10b. Address 10c. Tel. No. 10d. 6			10d. Cell No.			
			10e. Fax No.		10f. E-Mail Address	
State your position and such election. It is matter, state your position and such election.			r position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): August 13, 2019 12:00 - 1:30 p.m.				11d. Election Location(s): Lunch Room or Board Room		
12a. Full Name of Petitioner (including local name and number) Jesse Cote Aerospace Machinists Industrial District Lodge No. 751 12b. Address (street and number) 9125 - 15th Place South WA Seattle 98108-			and number, c	ity, state, and ZIP code)		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO						
12d. Tel No. 12e. Cell No. 12f. (206) 764-3308			12f. Fax No.	12g. E-Mail Address jessec@iam751.org		
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) Spencer Nathan Thai Staff Attorney 9125 - 15th Place South Aerospace Machinists Industrial District Lodge 751 WA Seattle 98108						
13c. Tel No. (206) 764-0338	13d. Cell No.		WA Seattle 98108- 13e. Fax No. 13f. E-Mail Address spencerl@iam751.org			
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						
Name (Print)	Signature	•	Title	-	Date	
Spencer Nathan Thal	Spencer Nathan 1	hal	Staff Attorney		07/19/2019	11:34:44

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE

Case

19-RC-245161

Date Filed 7/19/2019

Employees Included

All full-time and regular part-time hourly aircraft mechanic I, aircraft mechanic II, aircraft mechanic III and leads working out of Hangar 5 in the Fleet Readiness Center-In Service Repair at Naval Air Station Whidbey Island

Employees Excluded As defined in the Act

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

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

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RD-245166	7-19-2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, [WWW.nirth.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 not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Cedar Grove Composting 7473 E. Marginal Way S Seattle, WA 98108 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Clue Westmoreland, Executive Vice President Same 3c. Tel. No. 3d. Fax No. 3e. Cell No. 3f F-Mail Address 877-764-5748 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Recycling facility Compost 5a. Description of Unit Involved 5b. City and State where unit Included: is located: Seattle, WA Journeyperson mechanics, welders, fuel/lube technicians, working forepersons Maple Valley, WA Excluded: Everett, WA 6. No. of Employees in Unit 18 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any AFL-CIO, CLC Int'l Ass'n of Machinists & Aerospace Workers, District Lodge 160, Local Lodge 289 Be. Cell No. 8c. Address 8d Tel No. (206) 762-7990 9135 15th P1 S 8f. Fax No. 8g. E-Mail Address Seattle, WA 98108 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 1, 2016 May 31, 2020 X No 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state) 12a. Name 12b. Address 12c. Tel. No. 12d. Fax No. N/A N/A 12e. Cell No. 12f. E-Mail Address 🗶 Mail 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: Manual Mixed Manual/Mail matter, state your position with respect to any such election 13d. Election Location(s) 13b. Election Date(s) 13c. Election Time(s) 11AM-2PM July 24, 2018 Lunch room/break room (See address in Box 2b) 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14b. Tel. No. 14c. Fax No. <u>and number,</u> city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14d. Cell No. 14e. E-Mail Address (b) (6), (b) (7)(C) 14f. Affiliation, if any 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)(o) (6), (b) (7)(15c. Address (Street and number, city, state, ZIP code) 15e. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15f. Cell No. (b) (6), (b) (7)(C) I declare that I have read the above petition and that (b) (6), (b) (7)(C) he best of my knowledge and belief. Name (Print) Title Date Filed Signat (b) (6), (b) (7)(C 7-18-19 HED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS ON TH

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-245407	Date Filed 7-24-19			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 335 SE 8th Ave OR Hillsboro 97123 Tualatiy Healthcare 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kelley Frengle 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Healthcare Hillsboro, OR 6a. No. of Employees in Unit: 5b. Description of Unit Involved 20 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/15/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 210 SW Morrison Street OR Portland 97204-Oregon Nurses Association Thomas Doyle 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 8/6/2019 6 a.m.-8 a.m. 11-2:30 and 5-7 pm **Tuality Hospital** 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 18765 SW Boones Ferry Rd # 200 OR Tuals in 97062-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Teachers 12g. E-Mail Address doviet@bennetthartman.com 12d. Tel No. 12e. Cell No. 12f. Fax 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) Thomas Doyle Bennett Hartman Morris and Kaplan 210 SW Morrison Street OR Portland 97204-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address tom@bennetthartman.com (503) 333-5975 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Thomas Dovle Thomas Doyle 07/22/2019 12:35:29

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-RC-245407	7-24-19		

Employees Included

All Registered Nurses employed in Geriatric Psychology unit of Tuality Hospital in self-determination election to be included in existing ONA represented bargaining unit.

Employees Excluded Supervisors, managers, guards.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-245539	7-26-19			

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 511 SW 10th Ave. OR Portland 97205 Disability Rights Oregon 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 511 SW 10th Ave. OR Por land 97205 Jake Cornett 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (503) 243-1738 jcornett@droregon org (503) 243-2081 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Legal and Immigration Services Portland, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 18 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/08/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Loca ion(s): 11b. Election Date(s): August 26, 2019 10:00 AM to 2:00 PM 511 SW 10th Ave. Portland, OR 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Donis Borks National Organization of Legal Services Workers / United Auto Workers Local 2320 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Auto Workers 12g. E-Mail Address dborks@gmail.com 12d Tel No 12e, Cell No. 12f. Fax No. (951) 318-6601 (951) 318-6601 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Regional Organizer Donis Borks Donis Borks 07/25/2019 08:53:39

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

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case 19-RC-245539	Date Filed 7-26-19			

Employees Included

All Non-management, non-supervisory and non confidential employees including but not limited to Attorneys, Intake advocates, Coordinators, Advocates, Analyst, Administrative Assistant, communications Specialist

Employees Excluded
Management, Supervisory and confidential employees

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 19-RD-245639 Date Filed 7/29/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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.

Case Procedures (Form NLRB 4812). The showing of interest	should only be file	d with the NL	RB and sho	uld <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(s) involved (Street and number, city, state, ZIP code) 140 47h AVE N SEATTLE WA 98109							
	3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state name)						
STEVHANIE JUART	Z-HRM6K.	3e. Cell No.	EAS 1	3f. E-Mail			
2064044117 2	067062681	NA		Sin	Jarez es	sbat.	6M
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	•		4b, Principa	al product or service	e	
5a. Description of Unit Involved					200 KI 4 K [5b. City a	nd State where unit
ON-ANZ TAL	-NT					is loca	ited:
Excluded:						SEA	MEWA
6. No. of Employees in Unit	7. Do a substantial numbe recognized bargaining r			the unit no	longer wish to be r	epresented by the	certified or currently
8a. Name of Recognized or Certified Ba	rgaining Agent	TILEN)			8b. Affiliation, if an	у	
8c. Address BoyLSTON	_		8d. Tel. No.	2001	8e. Cell No.	012177	
SEATTLE WA	Me C SUI	IC A	8f. Fax No.	-2306	8g. E-Mail Address	843177	
	90102	Tab Englished Date	206282	27673	Shellea.		agatra, um
9. Date of Recognition or Certification		10. Expiration Date	(2/2	5(7	Contract, if any (W	ontn, Day, Year)	
11a. Is there now a strike or picketing at			Yes 💢 No	11b. If so, a	approximately how	many employees	
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of							
(Insert Address) since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations							
and individuals known to have a rep 12a. Name	resentative interest in any er 12b. Address	nployees in the unit	described in ite	m 5 above. 12c. Tel. N		12d. Fax No.	
)	NA						
MA	NIA			12e. Cell N	0.	12f. E-Mail Add	ress
13. Election Details: If the NLRB cond matter, state your position with respe				13a, Election	on Type: Manu	al 🗌 Mail 🕽	Mixed Manual/Mail
13b. Election Date(s)	13c. Election Tir	me(s)		13d. Election	on Location(s)	۸./ ۵.	
14. Full Name (15 Pro)	Ofe	- N		X	mit,	Wπ	
(b) (6), (b) (7)(C)							
(b) (6), (b) (7)(C)	narc, zn coac)			(b) (6),	(b) (7)(C)	14c. Fax No.	
				(b) (6),	(b) (7)(C)	(b) (6), (b)	
14f. Affiliation, if any							
15. Representative of the Petitioner w	no will accept service of a	ii papers for purpos	ses of the repr	15b.Title	proceeding.		
NIX				~	IA		
15c. Address (Street and number, city, s	tate, ZIP code)			15d. Tel. N	0.	15e. Fax No.	
NK				15f. Cell No	D.	15g. E-Mail Add	ress
I declare that I have read the above po	· · · · · · · · · · · · · · · · · · ·		best of my kn		d belief.	l	7-
(b) (6), (b) (7)(C)	Sign(b) (6), (b)	(7)(C)		Title (b) (6), ((b) (7)(C)		7/29/19
	MENTS ON T		AN				TION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-245762	Date Filed 7-30-19			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1700 E 19th St OR The Dalles 97058-Mid-Columba Medical Cener 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 222 SW Columbia St OR Por land 97201-Jackie Damm 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address jacqueline.damm@ogletree.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: The Dalles, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Oregon Nurses Association 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail ____ Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 8/8/2019 6-8 a.m., 4-7 p.m. TBD 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 210 SW Morrison Street 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 12g. E-Mail Address doviet@bennetthartman.com 12d. Tel No. 12e, Cell No. 12f. Fax 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) Thomas Doyle General Counsel Bennett Hartman Morris and Kaplan 210 SW Morrison Street OR Portland 97204-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address tom@bennetthartman.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 Title Date General Counsel Thomas Dovle 07/29/2019 16:18:54 Thomas Doyle

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-RC-245762	7-30-19		

Employees Included Registered Nurses Care Managers employed by employer

Employees Excluded Supervisors, Managers and Guards