

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-257250

Date Filed
3/2/2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Lourdes Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 520 N 4th Ave WA Pasco 99301-	
3a. Employer Representative - Name and Title Linda Miller		3b. Address (If same as 2b - state same) 520 N 4th Ave WA Pasco 99301-	
3c. Tel. No. (509) 547-7704	3d. Cell No.	3e. Fax No.	3f. E-Mail Address linda.miller@lourdesonline.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Healthcare		5a. City and State where unit is located: Pasco, WA

5b. Description of Unit Involved		6a. No. of Employees in Unit: 100
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). United Food and Commercial Workers Local 21 Matt Loveday		8b. Address 5030 1st Ave S, Ste 200 WA Seattle 98134-	
8c. Tel No. (206) 419-0433	8d. Cell No.	8e. Fax No.	8f. E-Mail Address mloveday@ufcw21.org
8g. Affiliation, if any		8h. Date of Recognition or Certification 12/31/2021	

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 any such election.

11b. Election Date(s): March 25, 2020	11c. Election Time(s): 6am-8am, 11am-1pm, 6pm-8pm	11d. Election Location(s): on-site at Lourdes Medical Center
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12a. Full Name of Petitioner (including local name and number)
Matt Loveday
United Food and Commercial Workers Local 21

12b. Address (street and number, city, state, and ZIP code)
5030 1st Ave S, Ste 200
WA Seattle 98134-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers, AFL-CIO

12d. Tel No. (206) 419-0433	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mloveday@ufcw21.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Matt Loveday	Signature Matt Loveday	Title Organizer	Date 03/2/2020 08:55:07
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE	
Case 19-RC-257250	Date Filed 3/2/2020

Employees Included

All full-time, regular part-time, and per diem nonprofessional employees, including the following job classes: Central Supply Technicians, Emergency Technicians, Endoscopy Aides, Endoscopy Technicians, Financial Counselors, Health Unit Coordinators, Nursing Assistants, Nursing Assistants—Certified, Patient Transporters, Sterile Processing Aides, Sterile Processing Technicians, Surgical Support Aides, Radiology Aides, Rehab Aides, Registration Specialists, and Telemetry Technicians, employed by the Employer at Lourdes Medical Center, 520 N 4th Ave, Pasco, WA 99301.

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-257499

Date Filed
3/5/2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Kay & Associates, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 165 N. Arlington Heights Road Suite 150 IL Buffalo Grove 60089-	
3a. Employer Representative - Name and Title Brad Kay		3b. Address (If same as 2b - state same) 165 N. Arlington Heights Road Suite 150 IL Buffalo Grove 60089-	
3c. Tel. No. (847) 255-8444	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bradkay@kayinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aerospace & Defense		4b. Principal product or service Military Aircraft Maintenance and Repair	
5a. City and State where unit is located: Oak Harbor, WA			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 30
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Tuesday, March 24, 2020		11c. Election Time(s): 11:00 a.m. - 1:00 p.m.		11d. Election Location(s): Break room or board room.			
12a. Full Name of Petitioner (including local name and number) Jesse Cote Aerospace Machinists Industrial, District Lodge 751, AFL-CIO				12b. Address (street and number, city, state, and ZIP code) 9125 - 15th Place South WA Seattle 98108-			
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 & Aerospace Workers, AFL-CIO							
12d. Tel No. (206) 763-1300		12e. Cell No.		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 Spencer Nathan Thal Staff Attorney Aerospace Machinists Industrial, District Lodge 751		13b. Address (street and number, city, state, and ZIP code) 9125 - 15th Place South WA Seattle 98108-	
13c. Tel No. (206) 764-0338	13d. Cell No.	13e. Fax No. (206) 764-0303	13f. E-Mail Address spencert@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) Spencer Nathan Thal	Signature Spencer Nathan Thal	Title Staff Attorney	Date 03/5/2020 06:01:43
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-257499	Date Filed 3/5/2020

Employees Included

All full time and regular part-time aircraft mechanics 1, aircraft mechanics 2, aircraft mechanics 3, inspectors, supply technicians, logs and records and leads working for Kay and Associates, Inc. out of 950 West Essex Road, Oak Harbor WA 98278.

Employees Excluded

As defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-257543

Date Filed

3/5/2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Metalfab Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5302 W. Can Giesen St., West Richland, WA 99353	
3a. Employer Representative - Name and Title: John Springer		3b. Address (if same as 2b - state same): 5302 W. Can Giesen St. West Richland, Wa 99353	
3c. Tel. No. 509-967-2946	3d. Cell No. 509-554-1763	3e. Fax No.	3f. E-Mail Address info@metalfabwa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory and construction		4b. Principal Product or Service Steel fabrication and erection	
5b. Description of Unit Involved: Included: All shop employees. Excluded: All officer clericals, supervisors, guards as defined by the Act, and employees represented by other unions.		5a. City and State where unit is located: Richland, WA 6a. Number of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/5/2020 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) N/A		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> 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) N/A			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: N/A		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 3, 2020		11c. Election Time(s): 10:00 AM	
11d. Election Location(s): 5302 W. Can Giesen St. West Richland, WA 99353			
12a. Full Name of Petitioner (including local name and number): Iron Workers District Council of the Pacific Northwest and its Affiliated Local Union #14		12b. Address (street and number, city, State and ZIP code): 110 Main St., #100, Edmonds, WA 98020	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Bridge, Structural, Ornamental, and Reinforcing Iron Workers, AFL-CIO			
12d. Tel. No. 425-771-4766	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.			
13a. Name and Title: Danielle Franco-Malone		13b. Address (street and number, city, State and ZIP code): 18 West Mercer St., Ste. 400, Seattle, WA 98119	
13c. Tel. No. 206-257-6011	13d. Cell No.	13e. Fax No. 206-257-6047	13f. E-Mail Address franco@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) Danielle Franco-Malone		Signature s/Danielle Franco-Malone	Title Attorney
		Date 3/5/2020	

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PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-257661

Date Filed
3/6/2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Sound Mental Health		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6400 Southcenter Blvd Tukwila, WA 98188	
3a. Employer Representative - Name and Title: Patrick C. Evans President and CEO		3b. Address (if same as 2b - state same): 6400 Southcenter Blvd Tukwila, WA 98188	
3c. Tel. No. 206-901-2000	3d. Cell No.	3e. Fax No. 206-901-2010	3f. E-Mail Address patrick.evans@sound.health
4a. Type of Establishment (Factory, mine, wholesaler, etc.) community behavioral health organization		4b. Principal Product or Service behavioral health services	5a. City and State where unit is located: Washington state
5b. Description of Unit Involved: Included: Please see addendum attached. Excluded: Please see addendum attached.		6a. Number of Employees in Unit: 570 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/06/20 and Employer declined recognition on or about (Date) 03/06/20 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/25/20 - 3/26/20	11c. Election Time(s): TBD	11d. Election Location(s): TBD	
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare 1199NW		12b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Suite 200 Renton, WA 98057	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union (SEIU)			
12d. Tel. No. 202-730-7000	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.			
13a. Name and Title: Akson Mounlamai Field Admin Assistant		13b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Suite 200 Renton, WA 98057	
13c. Tel. No.	13d. Cell No. 425-919-7201	13e. Fax No. 425-971-9707	13f. E-Mail Address aksonm@seiu1199nw.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) Akson Mounlamai	Signature 	Title Field Admin Assistant	Date 3/6/20

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

PRIVACY ACT STATEMENT

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Sound Mental Health
Addendum to attach to Petition (RC)
March 6, 2020

Voting Group A (Non-Professional Employees)

Included: All regular full-time, part-time, on-call and per diem employees in the following classifications employed by the Employer at all of its facilities of Sound Mental Health:

Admissions Service Representative, Benefits Specialist, Call Center Representative, Care Coordinator, Certified Peer Counselor, Cook, Courier, Health Information Technician, Janitorial Technician, Kitchen Aide, Lead Cook, Lead Facilities, LPN, LTC/MH Technician, LTC/Residential Counselor, LTC/Residential Counselor - On-Call, LTC/Residential Counselor - Per Diem, Maintenance Professional, Maintenance Tech, Maintenance Tech II, Medical Assistant, Medical Support Staff, Parent Partner, Resident Specialist, Residential Counselor, RHIT, SSVF Administrative Assistant, Support Staff, WDT Facilitator, WISE Facilitator, WISE Lead Facilitator, WISE Lead Family Peer, WISE Parent Partner, Youth Partner

Excluded: All other employees, managers, confidential employees, and supervisors, as defined in the Act.

Voting Group B (Professional Employees)

Included: All regular full-time, part-time, on-call and per diem employees in the following classifications employed by the Employer at all of its facilities of Sound Mental Health:

ARNP, AS Clinician Lead II, Boundary Spanner, Case Manager – CSS, Clinical Intake Spec & Farestart Counselor, Clinical Intake Specialist, Clinician, Clinician - Lead, Crisis Mental Health Specialist, Crisis Stabilization Counselor, Forensic Clinical Housing Support Specialist, Housing Case Manager, Housing Specialist, LTC/Residential Case Manager, Physician Assistant, Registered Nurse, Residential Nurse, SEP Vocational Specialist, SSVF Case Manager, SUD Clinician, SUD Clinician - Lead, Vocational Specialist, Wraparound Facilitator

Excluded: All other employees, managers, confidential employees, and supervisors, as defined in the Act.

Request for Sonotone Election: Petitioner requests a Sonotone election to ascertain whether or not the Professional Employees in voting group B wish to be included in a single unit with the Non-Professional Employees in voting group A for the purposes of collective bargaining.

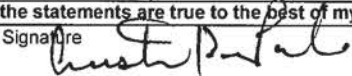
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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Case No.
19-RC-257993Date Filed
3/13/2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: MPF Federal, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 702 Russell Ave, Suite 440, Richland, WA 99354	
3a. Employer Representative - Name and Title: Tyson Bellamy		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 202-266-2441	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tbellamy@mpffederal.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Government Contracting		4b. Principal Product or Service Training and Technical Services	
5a. City and State where unit is located: Richland, WA		5b. Description of Unit Involved: Included: Patient Registration and Health Information Specialists, and Medical Assistants Excluded: Nurses, supervisors, managers and all other employees	
6a. Number of Employees in Unit: 19		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/12/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Austin DePaolo		8b. Address: 1103 W. Sylvester St.	
8c. Tel. No. 509-547-7513	8d. Cell No. 509-551-9212	8e. Fax No. 509-546-2560	8f. E-Mail Address team839_adepaolo@outlook.com
8g. Affiliation, if any: Teamsters Local 839		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 <input checked="" type="radio"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Austin DePaolo, Teamsters Local 839		12b. Address (street and number, city, State and ZIP code): 1103 W. Sylvester St., Pasco, WA 99301	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 509-547-7513 x 13	12e. Cell No. 509-551-9212	12f. Fax No. 509-546-2560	12g. E-Mail Address team839_adepaolo@outlook.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Austin DePaolo, Business Agent		13b. Address (street and number, city, State and ZIP code): 1103 W. Sylvester St. Pasco, WA 99301	
13c. Tel. No. 509-547-7513 x 13	13d. Cell No. 509-551-9212	13e. Fax No. 509-546-2560	13f. E-Mail Address team839_adepaolo@outlook.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) Austin DePaolo	Signature 	Title Business Agent	Date 3/12/20

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-258038

Date Filed
3-13-2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Family Centered Services of Alaska		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3101 Lathrop Street AK Fairbanks 99701-	
3a. Employer Representative - Name and Title John W. Regitano		3b. Address (If same as 2b - state same) 1825 Marika Road AK Fairbanks 99709-	
3c. Tel. No. (907) 474-0890	3d. Cell No.	3e. Fax No. (907) 474-3621	3f. E-Mail Address johnr@fcsa-ak.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service Behavioral Health Residential Treatment	5a. City and State where unit is located: Fairbanks, AK

5b. Description of Unit Involved		6a. No. of Employees in Unit: 50
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 03/05/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Yes
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 any such election.

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

11b. Election Date(s): April 2, 2020	11c. Election Time(s): 6:00 - 8:00 a.m. & 2:00 - 4:00 p.m.	11d. Election Location(s): Medical Room, Chugach Wing, 3101 Lathrop Street, Fairbanks, AK 99701
12a. Full Name of Petitioner (including local name and number) John Corbett Laborers' International Union of North America (LIUNA), Local 942 affiliated with Alaska District Council of Laborers		12b. Address (street and number, city, state, and ZIP code) 2740 Davis Road AK Fairbanks 99709-5231

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Laborers' International Union of North America (LIUNA)

12d. Tel No. (907) 456-4584	12e. Cell No. (907) 378-1710	12f. Fax No. (907) 452-6285	12g. E-Mail Address jcorbett@local942.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Khalial Leigh Withen General Counsel Alaska District Council of Laborers		13b. Address (street and number, city, state, and ZIP code) 2501 Commercial Drive AK Anchorage 99501-	
13c. Tel No. (907) 276-1640	13d. Cell No. (907) 341-7295	13e. Fax No. (907) 274-7289	13f. E-Mail Address kwithen@alaskalaborers.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) Khalial Leigh Withen	Signature Khalial Withen	Title General Counsel	Date 03/13/2020 10:43:29
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
Mental Health Technicians

Employees Excluded
All other employees, confidential employees, clerical employees, and guards and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-258041

Date Filed

3/13/2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
ANNING-JOHNSON COMPANY

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
14700 NE 95th Suite #201, Redmond, WA. 98052

3a. Employer Representative - Name and Title
Ryan Till - District Manager & Vice President

3b. Address (If same as 2b - state same)
Same as above

3c. Tel. No.
425-885-1990

3d. Cell No.
N/A

3e. Fax No.
425-869-5824

3f. E-Mail Address
RTill@anningjohnson.com

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

4b. Principal product or service
PLASTERING / FIREPROOFING

5a. City and State where unit is located:
Redmond, Washington

5b. Description of Unit Involved

Included: SEE ATTACHED PAGE #2 FOR ADDITIONAL DETAILS

Excluded: SEE ATTACHED PAGE #2 FOR ADDITIONAL DETAILS

6a. No. of Employees in Unit:
24

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

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
CEMENT MASONS AND PLASTERERS LOCAL 528

8b. Address
6362 6TH AVE SOUTH, SEATTLE, WA. 98108

8c. Tel No.
206-441-9386

8d. Cell No.
206-919-5240

8e. Fax No.
206-441-9018

8f. E-Mail Address
SPELOQUIN@OPCMIALOCAL528.ORG

8g. Affiliation, if any
OPCMIA-AFL-CIO

8h. Date of Recognition or Certification
7-1-2019

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
5-31-2022

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 any such election.

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

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)

STEVEN PELOQUIN - CEMENT MASONS AND PLASTERERS LOCAL #528

12b. Address (street and number, city, state, and ZIP code)

6362 6TH AVE SOUTH, SEATTLE, WA. 98108

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
OPERATIVE PLASTERERS AND CEMENT MASONS INTERNATIONAL ASSOCIATION #528

12d. Tel No.
206-441-9386

12e. Cell No.
206-919-5240

12f. Fax No.
206-441-9018

12g. E-Mail Address
SPELOQUIN@OPCMIALOCAL528.ORG

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

13a. Name and Title STEVEN PELOQUIN-BUSINESS AGENT

13b. Address (street and number, city, state, and ZIP code)
6362 6TH AVE SOUTH, SEATTLE, WA. 98108

13c. Tel No.
206-441-9386

13d. Cell No.
206-919-5240

13e. Fax No.
206-441-9018

13f. E-Mail Address
SPELOQUIN@OPCMIALOCAL528.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)
STEVEN PELOQUIN

Signature



Title
BUSINESS AGENT

Date

3-13-20

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

PRIVACY ACT STATEMENT

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PCMIA

*America's Oldest Building and Construction Trades
International Union, Established 1864*

Cement Masons & Plasterers Local 528

ATTACHMENT to 5b: Description of Unit involved

EMPLOYEES INCLUDED

All full and regular part time Plasterers Journeyman and apprentices employed by the employer, in the territorial jurisdiction of Local No. 528 which includes: Chelan, Clallam, Douglas, West half of Ferry, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Whatcom and Yakima.

EMPLOYEES EXCLUDED

All other employees including those represented by other unions, guards and supervisors as defined in the Act.



UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-258057

Date Filed
3/16/2020

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: Asplundh Trees	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10985 S.W. Clutter Rd. Sherwood Oregon 97140
3a. Employer Representative - Name and Title: DeWayne Emerson	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 530-514-3312	3d. Cell No.	3e. Fax No.	3f. E-Mail Address demerson@Asplundh.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Tree Trimmers		4b. Principal Product or Service Trim Trees	5a. City and State where unit is located: Sherwood Oregon
5b. Description of Unit Involved: Included: Forest Technician to be included with the existing bargaining agreement. Excluded: Managers, Supervisors and all other employees			6a. Number of Employees in Unit: 1
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3-12-2020 and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **As soon as possible**
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Tim Titus - IBEW Local 125	12b. Address (street and number, city, State and ZIP code): 17200 N.E Sacramento St. Portland Oregon 97230
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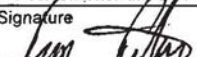
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
IBEW Local 125

12d. Tel. No. 503-262-9125	12e. Cell No. 503-360-7404	12f. Fax No. 503-262-9947	12g. E-Mail Address tim@ibew125.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Tim Titus - Organisior

13b. Address (street and number, city, State and ZIP code): 17200 N.E. Sacramento St. Portland Oregon 97230			
13c. Tel. No. 503-262-9125	13d. Cell No. 503-360-7404	13e. Fax No. 503-262-9947	13f. E-Mail Address tim@ibew125.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) Tim Titus	Signature 	Title Organisior	Date 3-12-2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-258144

Date Filed
3-17-2020

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

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Intercontinental Truck Body

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
78 Gold Street Anaconda, MT 59711

3a. Employer Representative - Name and Title
Cory Riley, Operations Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
406-797-7900

3d. Cell No.
406-581-5753

3e. Fax No.

3f. E Mail Address
coryr@itbusa.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Manufacturing/Fabrication Facility

4b. Principal product or service
Manufacturing and Fabricating equipment for loading ramps and tow vehicles

5a. City and State where unit is located:
Anaconda, MT

5b. Description of Unit Involved

Included: All full time and regular part time production, fabrication, maintenance and facilities maintenance employees of the employer at the facility located at 78 Gold Street, Anaconda, MT 58711

Excluded: Temps, Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the Act.

6a. No. of Employees in Unit:
18

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/17/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No Reply**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
APRIL 6, 2020

11c. Election Time(s):

11d. Election Location(s):
Lunch room, 78 Gold Street Anaconda, MT 59711

12a. Full Name of Petitioner (including local name and number)

International Association of Machinists and Aerospace Workers, Local Lodge 88

12b. Address (street and number, city, state, and ZIP code)
156 West Granite Street Butte, MT 59701

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.
406-723-8044

12e. Cell No.
406-565-0062

12f. Fax No.

12g. E-Mail Address
troy@iamw24.org

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

13a. Name and Title
Jason Hardwick, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)
620 Coolidge Rd., Suite 130, Folsom, CA 95630

13c. Tel No.
916-985-8101

13d. Cell No.
916-936-6013

13e. Fax No.
916-985-8121

13f. E-Mail Address
jhardwick@iamaw.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)
Jason Hardwick

Signature

Title
Grand Lodge Representative

Date
3/17/2020

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

PRIVACY ACT STATEMENT

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