

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-240619

Date Filed

5-1-2019

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:
THE WAPATO POINT MANAGEMENT
COMPANY, INC.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
901 5TH AVE, SUITE 550, SEATTLE, WA, 98164-2060,

3a. Employer Representative - Name and Title:
Karen Bland
Director of Human Resources

3b. Address (if same as 2b - state same):
1 WAPATO WAY, MANSON, WA, 98831-9210.

3c. Tel. No.
509-687-9511

3d. Cell No.
N/A

3e. Fax No.
N/A

3f. E-Mail Address
Karen@wapatopoint.com

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

4b. Principal Product or Service
Tourism

5a. City and State where unit is located:
Manson WA

5b. Description of Unit Involved:

Included:
See attachment
Excluded:
See attachment

6a. Number of Employees in Unit:
25

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) 04/17/2019 and Employer declined recognition on or about (Date) 04/17/2019 (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)
Washington Northern Idaho District Council Laborers

8b. Address:
12101 Tukwila International Blvd. Suite 300 Seattle WA 98168

8c. Tel. No.
425-741-3556

8d. Cell No.
360-269-2779

8e. Fax No.
N/A

8f. E-Mail Address
jross@nwlaborers.org

8g. Affiliation, if any:
Laborers International Union of North America

8h. Date of Recognition or Certification
04/2009 3/2019

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/31/2019

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)
N/A

10a. Name
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

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

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

11b. Election Date(s):
Anytime established by NLRB

11c. Election Time(s):
Anytime established by NLRB

11d. Election Location(s):
Wapato Point

12a. Full Name of Petitioner (including local name and number):
Washington & Northern Idaho District Council of Laborers

12b. Address (street and number, city, State and ZIP code):
12101 Tukwila International Blvd. Suite 300 Seattle WA 98168

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

12d. Tel. No.
206-777-8099

12e. Cell No.
N/A

12f. Fax No.
N/A

12g. E-Mail Address
N/A

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

13a. Name and Title:
Jared Ross Director of Organizing

13b. Address (street and number, city, State and ZIP code):
12101 Tukwila International Blvd. Suite 300 Seattle WA 98168

13c. Tel. No.
425-741-3556

13d. Cell No.
360-269-2779

13e. Fax No.
N/A

13f. E-Mail Address
jross@nwlaborers.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)
Jared Ross

Signature

Title
Director of Organizing

Date
05/01/2019

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

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

Include

All part-time, full-time, and seasonal employees of Wapato Point Management Company, Inc. performing maintenance and groundskeeping work.

Excluded

All office clerical supervisors, and guards, as defined by the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

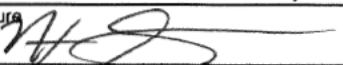
19-RC-240792

Date Filed

5-3-19

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 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: EP Minerals | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2630 Graham Blvd. Vale, OR 97918 Altnow-Beulah Rd Drewsey, OR 97904 | |
| 3a. Employer Representative - Name and Title: Scott Donahoo, Mine Manager | | 3b. Address (if same as 2b - state same): 2630 Graham Blvd. Vale, OR 97918 | |
| 3c. Tel. No. | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address scott.donahoo@epminerals.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mine | | 4b. Principal Product or Service Diatomaceous Earth | |
| 5b. Description of Unit Involved: Included: Permanent and seasonal employees working at the employer's Celatom Mine on the border of Malheur and Harney Counties and Celatom Plant in Vale, OR, who are employed to operate heavy equipment, including but not limited to on-highway trucks, loader, dorer, excavator, water truck, off-road haul truck, and employees employed as mechanics, welders, oilers, and assistants who maintain aforementioned equipment and trucks. Excluded: All other employees, including but not limited to temporary employees, guards, employees whose duties are primarily supervisory and/or clerical in nature as defined by the Act, and employees other than truck drivers, equipment operators, and mechanics who work at the Celatom Plant in Vale, OR. | | 5a. City and State where unit is located: Drewsey, OR | |
| | | 6a. Number of Employees in Unit: 38 | |
| | | 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) 05/01/19 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) 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| 11b. Election Date(s): 5/30/19 | | 11c. Election Time(s): 8:00AM | 11d. Election Location(s): 2630 Graham Blvd, Vale OR 97918 |
| 12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 701 | | 12b. Address (street and number, city, State and ZIP code): 555 E First St Gladstone, OR 97027 | |
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, Affiliated with AFL-CIO | | | |
| 12d. Tel. No. 503-650-7701 | 12e. Cell No. | 12f. Fax No. 503-650-7715 | 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: Nathan Stokes, Field Rep Supervisor | | 13b. Address (street and number, city, State and ZIP code): 555 E First St Gladstone, OR 97027 | |
| 13c. Tel. No. 503-650-7701 | 13d. Cell No. | 13e. Fax No. 503-650-7715 | 13f. E-Mail Address nathan@iuoe701.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) Nathan Stokes | | Signature  | Title Field Rep Supervisor |
| | | | Date 05/01/19 |

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|---------------------|
| Case No. 19-RC-241066 | Date Filed 5/8/2019 |

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 Avista Utilities | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1411 E Mission Ave WA Spokane 99252-0001 | |
| 3a. Employer Representative - Name and Title George Brown | | 3b. Address (If same as 2b - state same) 1411 E Mission Ave WA Spokane 99252-0001 | |
| 3c. Tel. No. (800) 227-9187 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address george.brown@avistacorp.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utilities | | 4b. Principal product or service Energy, (mostly gas and electrical) | |
| 5a. City and State where unit is located: Noxon, MT | | 5b. Description of Unit Involved | |
| Included: See Attached Page 2 for additional details | | 6a. No. of Employees in Unit: 2 | |
| 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). No reply received
☐ 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): 6/13/2019 | 11c. Election Time(s): 2:00 PM | 11d. Election Location(s): 33 Avista Village Rd, Noxon, MT, 59853 |
|--|--|---|

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

12b. Address (street and number, city, state, and ZIP code)
19415 International BLVD
WA Seatac 98188

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers

| | | | |
|---------------------------------------|--|---------------------|---|
| 12d. Tel No. (206) 735-0748 | 12e. Cell No. (206) 735-0748 | 12f. Fax No. | 12g. E-Mail Address matreese@ibew77.com |
|---------------------------------------|--|---------------------|---|

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

| | | | |
|---|--|--|---|
| 13a. Name and Title SaNni Lemonidis Attorney Robblee Detwiler PLLP | | 13b. Address (street and number, city, state, and ZIP code) 2101 4th Ave # 1000 WA seattle 98121- | |
| 13c. Tel No. (206) 355-3572 | 13d. Cell No. (206) 355-3572 | 13e. Fax No. | 13f. E-Mail Address slemonidis@unionattorneysnw.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) Matthew M Reese | Signature Matt Reese | Title Organizer | Date 05/8/2019 14:00:54 |
|--|--------------------------------|---------------------------|-----------------------------------|

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-241066 | Date Filed 5/8/2019 |

Employees Included

All regular full-time and part-time Cooks, working for Avista Utilities at the Noxon and Cabinet locations to be added to the existing bargaining unit of employees affiliated with International Brotherhood of Electrical Workers Local 77, AFL-CIO. Please consider this a notice of IBEW's intent to pursue an Amour-Globe type self-determination election.

Employees Excluded

All job classifications not incorporated in the description above including confidential employees, 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-241205 | Date Filed 5/10/2019 |
|--------------------------|-------------------------|

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 Seattle Children's Hospital | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4800 Sand Point Way NE WA Seattle 98105 | |
| 3a. Employer Representative - Name and Title Devnee Gadbois | | 3b. Address (If same as 2b - state same) 4800 Sand Point Way NE WA 98105 98105- | |
| 3c. Tel. No. (206) 987-2554 | 3d. Cell No. | 3e. Fax No. (206) 987-4820 | 3f. E-Mail Address devnee.gadbois@seattlechildrens.org |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare | | 4b. Principal product or service Healthcare | |
| 5a. City and State where unit is located: Seattle, WA | | | |
| 5b. Description of Unit Involved | | | 6a. No. of Employees in Unit: 17 |
| 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: <input type="checkbox"/> 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). <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). United Food and Commercial Workers Local 21 Matthew Loveday | | 8b. Address 5030 1st Ave S Suite 200 WA Seattle 98134- | |
| 8c. Tel No. (206) 419-0433 | 8d. Cell No. | 8e. Fax No. (206) 436-6700 | 8f. E-Mail Address mloveday@ufcw21.org |
| 8g. Affiliation, if any | | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/31/2022 |
| 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 11b. Election Date(s): 5/30/19 | 11c. Election Time(s): 11:30am--1:30pm | | 11d. Election Location(s): At Seattle Children's, room TBD |
| 12a. Full Name of Petitioner (including local name and number) Matthew Loveday United Food and Commercial Workers Local 21 | | 12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S Suite 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. (206) 436-6700 | 12g. E-Mail Address mloveday@ufcw21.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) | |
| 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) Matthew Loveday | Signature Matthew Loveday | Title | Date 05/10/2019 09:29:26 |

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-241205 | Date Filed 5/10/2019 |

Employees Included

The Petitioner seeks to add through a self-determination election all full-time and regular part-time END (Electroneurodiagnostic) Technologists I, END Technologists II, END Technologists III, and END Technologist Leads, employed by Seattle Children's at 4800 Sand Point Way NE, Seattle WA 98105, to the existing technical bargaining unit.

Employees Excluded

Excluding all guards, supervisors, managers, and confidential employees, as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-241220

Date Filed

May 10, 2019

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
MultiCare Health Systems d/b/a Immediate Clinic

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
315 S. Martin Luther King Jr. Way, Tacoma, WA 98405

3a. Employer Representative Name and Title
Laura Edwards, Director of Labor Relations

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

3c. Tel. No.
253-403-1372

3d. Cell No.
253-306-0595

3e. Fax No.
253-403-7966

3f. E-Mail Address
ledwards@multicare.org

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

4b. Principal product or service
Urgent/immediate medical care

5a. City and State where unit is located:
Multiple Cities Throughout WA

5b. Description of Unit Involved
Included: See attached.

Excluded:

6a. No. of Employees in Unit:
45

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).
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)
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 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):
As soon as possible

11c. Election Time(s):
N/A

11d. Election Location(s):
Mail

12a. Full Name of Petitioner (including local name and number)
UAPD AFSCME Local 206

12b. Address (street and number, city, state, and ZIP code)
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)
AFSCME AFL-CIO

12d. Tel No.
253-244-7797

12e. Cell No.
206-327-1939

12f. Fax No.
253-244-7819

12g. E-Mail Address
jcrane@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

13c. Tel No.
206-257-6004; 206-257-6012

13d. Cell No.

13e. Fax No.
206-257-6039; 206-257-6048

13f. E-Mail Address
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)
Laura Ewan

Signature

Title
Attorney

Date
5/10/2019

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

PRIVACY ACT STATEMENT

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

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

Petitioner, UAPD, 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.

The Employer has refused demands to bargain with the UAPD and is subject to an unfair labor practice charge (19-CA-231634) pending before the NLRB.

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 Clinics** in Bellevue, Bothell, Burien, Capitol Hill, Crown Hill, Everett, Kirkland, Lake City Lynwood, Queen Anne, Redmond, and Shoreline, WA.

Excluded: All other employees, 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 Indigo 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-241339

Date Filed

5-13-19

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 Unity Center for Behavioral Health | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1225 NE 2nd Avenue OR Portland 97232- | |
| 3a. Employer Representative - Name and Title Gretchen Nichols | | 3b. Address (If same as 2b - state same) 1225 NE 2nd Avenue OR Portland 97232- | |
| 3c. Tel. No. (503) 944-8000 | 3d. Cell No. | 3e. Fax No. (503) 944-8011 | 3f. E-Mail Address |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities | | 4b. Principal product or service Healthcare | 5a. City and State where unit is located: Portland, OR |

| | | |
|---|--|---|
| 5b. Description of Unit Involved | | 6a. No. of Employees in Unit: 195 |
| 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) 05/13/2019 and Employer declined recognition on or about 05/13/2019 (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? _____ 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): 5/30/2019, 5/31/2019 | 11c. Election Time(s): 7-10 am, 11 am-1 pm, 6-8 pm. | 11d. Election Location(s): TBD |
|---|---|--|

| | |
|--|--|
| 12a. Full Name of Petitioner (including local name and number) Thomas Doyle Oregon Nurses Association | 12b. Address (street and number, city, state, and ZIP code) 18765 SW Boones Ferry Road Suite 200 OR Tualatin 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

| | | | |
|---------------------------------------|--|---------------------------------------|---|
| 12d. Tel No. (503) 293-0011 | 12e. Cell No. (503) 333-5975 | 12f. Fax No. (503) 248-6800 | 12g. E-Mail Address tom@bennethartman.com |
|---------------------------------------|--|---------------------------------------|---|

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

| | | | |
|---|--|--|---|
| 13a. Name and Title Thomas Doyle Bennett Hartman Morris and Kaplan | | 13b. Address (street and number, city, state, and ZIP code) 210 SW Morrison Street Suite 500 OR Portland 97204- | |
| 13c. Tel No. (503) 227-4600 | 13d. Cell No. (503) 333-5975 | 13e. Fax No. (503) 248-6800 | 13f. E-Mail Address tom@bennethartman.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) Thomas Doyle | Signature Thomas Doyle | Title | Date 05/13/2019 11:00:51 |
|-------------------------------------|----------------------------------|--------------|------------------------------------|

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 19-RC-241339 | Date Filed 5-13-19 |

Employees Included

All registered nurses employed at Unity Center for Behavioral Health

Employees Excluded

Supervisors, managers, confidential employees.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-241649

Date Filed

5-16-19

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 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 Veterans Care Centers of Oregon / OVH | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 700 Veterans Drive, The Dalles OR 97085 | |
| 3a. Employer Representative - Name and Title Cheryl Maitland, Administrator | | 3b. Address (If same as 2b - state same) same | |
| 3c. Tel. No. 541-296-7190 | 3d. Fax No. 541-296-7862 | 3e. Cell No. | 3f. E-Mail Address cherylm@oregonveteranshome.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled and Long Term Care Facility | | 4b. Principal product or service Healthcare | |
| 5a. Description of Unit Involved Included: United Steelworkers Excluded: | | | 5b. City and State where unit is located: The Dalles, OR |
| 6. No. of Employees in Unit 189 | 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8a. Name of Recognized or Certified Bargaining Agent United Steelworkers | | 8b. Affiliation, if any | |
| 8c. Address 3313 W 2nd St., The Dalles OR97058 | | 8d. Tel. No. 541-298-5844 | 8e. Cell No. |
| | | 8f. Fax No. | 8g. E-Mail Address |
| 9. Date of Recognition or Certification | | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10-31-2018 | |
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 11b. If so, approximately how many employees are participating? | |
| 11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) | | a labor organization, of 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 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. |
| | | 12e. Cell No. | 12f. E-Mail Address |
| 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. No Union | | 13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 13b. Election Date(s) TBD | 13c. Election Time(s) All day due to 24 hour shifts. | 13d. Election Location(s) Oregon Veteran Home | |
| 14. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) | | | |
| 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) | | 14b. Tel. No. | 14c. Fax No. |
| | | 14d. Cell No. | 14e. E-Mail Address |
| 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 | |
| 15c. Address (Street and number, city, state, ZIP code) | | 15d. Tel. No. | 15e. Fax No. |
| | | 15f. Cell No. | 15g. E-Mail Address |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. | | | |
| (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) | | Sig (b) (6), (b) (7)(C) | Title |
| | | | Date Filed |

FEDERAL GOVERNMENT 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-241806

Date Filed

5-20-2019

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 Community Medical Center | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2827 Fort Missoula Road MT Missoula 59804- | |
| 3a. Employer Representative - Name and Title Robert M Hamilton | | 3b. Address (If same as 2b - state same) 2827 Fort Missoula Road MT Missoula 59804- | |
| 3c. Tel. No. (406) 327-4016 | 3d. Cell No. | 3e. Fax No. (406) 327-4495 | 3f. E-Mail Address rhamilton@communitymed.org |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities | | 4b. Principal product or service Healthcare | 5a. City and State where unit is located: Missoula, MT |

| | | |
|---|--|---|
| 5b. Description of Unit Involved | | 6a. No. of Employees in Unit: 32 |
| 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). | | 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.

| |
|--|
| 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| 11b. Election Date(s): ASAP |
| 11c. Election Time(s): no preference |
| 11d. Election Location(s): Employers site or mail in |

12a. Full Name of Petitioner (including local name and number)
Craig A Davis
International Union of Operating Engineers Local 400

12b. Address (street and number, city, state, and ZIP code)
347 2nd Avenue West
MT Kalispell 59901-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

| | | | |
|---------------------------------------|--|---------------------|--|
| 12d. Tel No. (406) 949-7552 | 12e. Cell No. (406) 949-7552 | 12f. Fax No. | 12g. E-Mail Address craig400@oe400.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) | |
| 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) Craig A Davis | Signature Craig A. Davis | Title Business Agent | Date 05/20/2019 13:36:35 |
|--------------------------------------|------------------------------------|--------------------------------|------------------------------------|

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

PRIVACY ACT STATEMENT

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

Attachment

Employees Included
Housekeeping Staff

Employees Excluded
All others

| DO NOT WRITE IN THIS SPACE | |
|-----------------------------|--------------------------------|
| Case 19-RC-241806 | Date Filed 5-20-2019 |

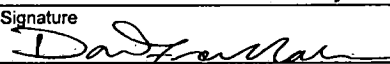
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-241882Date Filed
5/21/2019

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: The Wapato Point Management Company Inc. | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 901 5th Ave, Suite 550, Seattle, WA 98164 | |
| 3a. Employer Representative - Name and Title: Scott Hutchinson | | 3b. Address (if same as 2b - state same): 1 Wapato Way, Manson, WA 98831 | |
| 3c. Tel. No. 509-687-9511 | 3d. Cell No. N/A | 3e. Fax No. N/A | 3f. E-Mail Address scott@wps-1.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Tourist Resort | | 4b. Principal Product or Service Tourism | 5a. City and State where unit is located: Manson, WA |
| 5b. Description of Unit Involved: Included: See attached Excluded: See attached | | | 6a. Number of Employees in Unit: 20 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) 05/01/2019 and Employer declined recognition on or about (Date) 05/01/2019 (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) Washington Northern Idaho District Council Laborers ("WNIDCL") | | 8b. Address: 12101 Tukwila International Blvd., Suite 300, Seattle, WA 98168 | |
| 8c. Tel. No. 425-741-3556 | 8d. Cell No. 360-269-2779 | 8e. Fax No. N/A | 8f. E-Mail Address jross@nwlaborers.org |
| 8g. Affiliation, if any: Laborers International Union of North America | | 8h. Date of Recognition or Certification 04/2009 03/2019 | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/31/2019 |
| 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) N/A, 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 N/A | 10b. Address N/A | 10c. Tel. No. N/A | 10d. Cell No. N/A |
| | | 10e. Fax No. N/A | 10f. E-Mail Address N/A |
| 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: In person election | | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 11b. Election Date(s): As soon as possible | | 11c. Election Time(s): 7:30 a.m. - 8:30 a.m. | |
| | | 11d. Election Location(s): Wapato Point, Manson, WA | |
| 12a. Full Name of Petitioner (including local name and number): Washington Northern Idaho District Council Laborers ("WNIDCL") | | 12b. Address (street and number, city, State and ZIP code): 12101 Tukwila International Blvd., Suite 300, Seattle, WA 98168 | |
| 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 | | | |
| 12d. Tel. No. 206-777-8099 | 12e. Cell No. N/A | 12f. Fax No. N/A | 12g. E-Mail Address N/A |
| 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 and Benjamin Berger, attorneys for WNIDCL | | 13b. Address (street and number, city, State and ZIP code): Barnard Iglitzin & Lavitt LLP, 18 West Mercer St., Suite 400, Seattle, WA 98119 | |
| 13c. Tel. No. 206-257-6011 Franco | 13d. Cell No. 206-257-6006 Berger | 13e. Fax No. 206-378-4132 | 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  | Title Attorney for WNIDCL | Date 05/21/19 |

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

PRIVACY ACT STATEMENT

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

Inclusion:

All part-time, full-time, and seasonal employees of Wapato Point Management Company, Inc. performing grounds or maintenance work.

Exclusion:

All office clerical, supervisors, and guards, as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-241970

Date Filed

5-22-2019

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

Western Montana Mental Health Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

140 N. Russell Street
MT Missoula 59801-

3a. Employer Representative - Name and Title

Levi Anderson

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

140 N. Russell Street
MT Missoula 59801-

3c. Tel. No.

(406) 532-8400

3d. Cell No.

3e. Fax No.

(406) 356-5213

3f. E-Mail Address

landerson@wmmhc.org

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

Others

4b. Principal product or service

school and community based mental health

5a. City and State where unit is located:

Missoula, MT

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:

93

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).

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):
Mail ballots on 5/28/2019

11c. Election Time(s):
N/A mail ballot election requested

11d. Election Location(s):
Mail Ballot Election Requested

12a. Full Name of Petitioner (including local name and number)
Morgan Smith
Federation of Western Montana Comprehensive School and Community Treatment Employees

12b. Address (street and number, city, state, and ZIP code)
1232 E. 6th Ave
MT Helena 59601-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Montana Federation of Public Employees, AFT, NEA, AFL-CIO

12d. Tel No.

(406) 442-4250

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

msmith@mfpe.org

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

13a. Name and Title

Jim Molloy Attorney
Gallik, Bremer & Molloy, P.C.

13b. Address (street and number, city, state, and ZIP code)

777 E. Main Street, Suite 203
MT Bozeman 59711-

13c. Tel No.

(406) 404-1728

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

jim@galliklawfirm.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)

Morgan Smith

Signature

Morgan Smith

Title

Organizing Director

Date

05/22/2019 14:50:01

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 |
| 19-RC-241970 | 5-22-2019 |

Employees Included

All Behavior Specialists, Therapist I, & Therapist II employed by the employer in Missoula County Comprehensive School and Community Treatment Program.

Employees Excluded

All other employees and managerial employees, 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.

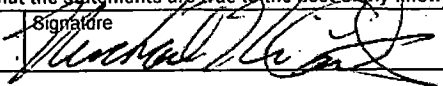
19-RC-241968

Date Filed

5/22/2019

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: Waste Management | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9300 Barney White RD Bremerton, WA 98312 | |
| 3a. Employer Representative - Name and Title: Robert Rutledge - District Manager | | 3b. Address (if same as 2b - state same): 9300 Barney White RD Bremerton, WA 98312 | |
| 3c. Tel. No. 360-415-2751 | 3d. Cell No. 206-200-4539 | 3e. Fax No. | 3f. E-Mail Address rrutlege@wm.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Collections | | 4b. Principal Product or Service Waste Collection | |
| 5a. City and State where unit is located: Bremerton, Washington | | 5b. Description of Unit Involved: Included: Recycling Drivers, Cart Delivery Drivers, Container Delivery Drivers Excluded: | |
| 6a. Number of Employees in Unit: 13 | | 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) <u>Petitioner's Demand</u> and Employer declined recognition on or about (Date) <u>no reply</u> (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) 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? <u>No</u> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | | | |
| 11b. Election Date(s): Any day Monday - Friday | | 11c. Election Time(s): 12pm - 5pm | |
| 11d. Election Location(s): 9300 Barney White Rd, Bremerton, WA 983 | | | |
| 12a. Full Name of Petitioner (including local name and number): Teamsters Local 589 | | 12b. Address (street and number, city, State and ZIP code): P.O. Box 4043 Port Angeles, WA 98363 | |
| 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. 360-613-4062 | 12e. Cell No. | 12f. Fax No. 360-698-0629 | 12g. E-Mail Address bretd@teamsters589.org |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Michael R. McCarthy | | 13b. Address (street and number, city, State and ZIP code): 100 W. Harrison St. N. Tower Ste 300 Seattle, WA 98119 | |
| 13c. Tel. No. 206-285-3610 | 13d. Cell No. | 13e. Fax No. 206-285-8925 | 13f. E-Mail Address mike@rmbllaw.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) Michael R. McCarthy | | Signature  | Title Attorney for Teamsters Local 589 |
| | | Date 5/20/19 | |

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will not release the information to any other agency or to the public, except as may be required by law.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-242116

Date Filed

5-24-2019

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

Intratek Computer, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

9950 Irvine Center Drive
CA Irvine 92618-4357

3a. Employer Representative - Name and Title

Anthony Battey

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

9950 Irvine Center Drive
CA Irvine 92618-4357

3c. Tel. No.

(939) 334-4239

3d. Cell No.

3e. Fax No.

(949) 334-0009

3f. E-Mail Address

abattey@intrac.com

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

Personal Services

4b. Principal product or service

Computer and Technology Support

5a. City and State where unit is located:

Richland, WA

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:

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) _____ 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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
June 19, 2019

11c. Election Time(s):
11:00 a.m. to 1:00 p.m.

11d. Election Location(s):
Break Room or Board Room

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

Jesse Nathan Cote
Aerospace Machinists Industrial District Lodge 751

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 and Aerospace Workers

12d. Tel No.

(206) 764-3308

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) 764-0308

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

05/24/2019 08:14:39

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 |
| 19-RC-242116 | 5-24-2019 |

Employees Included

All full-time and regular part-time customer service representatives, telephone support, help desk agents, programmers, net developers, analysts, field tech and lead support personnel working for the Employer at 1981 Snyder Street, Richland WA 99354 and/or on the Hanford site.

Employees Excluded

All other employees, 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-242113

Date Filed

5-24-2019

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 Phoenix Logistics, Inc. | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1405 N. Fiesta Blvd Suite 130 AZ Gilbert 85233 | |
| 3a. Employer Representative - Name and Title Tara Broughton | | 3b. Address (If same as 2b - state same) 1405 N. Fiesta Blvd Suite 130 AZ Gilbert 85233 | |
| 3c. Tel. No. (602) 231-8616 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address tbroughton@phxlogistics.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services | | 4b. Principal product or service Simulation Training | |
| 5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details | | 5a. City and State where unit is located: Lakewood, WA | |
| | | 6a. No. of Employees in Unit: 2 | |
| | | 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.

| | | |
|---|---|--|
| 11b. Election Date(s): June 18, 2019 | 11c. Election Time(s): 11:30 a.m. to 12:30 a.m. | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| 11d. Election Location(s): Break Room or Board Room | | 12b. Address (street and number, city, state, and ZIP code) 9125 - 15th Place South WA Seattle 98108 |

12a. Full Name of Petitioner (including local name and number)
Jesse Cote
Aerospace Machinists Industrial, District Lodge 751

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

| | | | |
|---------------------------------------|----------------------|---------------------|---|
| 12d. Tel No. (206) 764-3308 | 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 05/24/2019 08:43:09 |
|--|---|--------------------------------|------------------------------------|

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 19-RC-242113 | Date Filed 5-24-2019 |

Employees Included

All full-time and regular part-time Technical Instructors and leads working at BLDG 14A91 Smith Road, Joint Base Lewis McChord WA 98433 at the Medical Simulation Training Center.

Employees Excluded

All other employees, 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-242122

Date Filed

5-24-2019

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 Bradken-Atlas LP | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3021 S Wilkenson St, Tacoma, WA 98409 | |
| 3a. Employer Representative - Name and Title Allison Adam, Human Resources Director | | 3b. Address (If same as 2b - state same) Same as 2b | |
| 3c. Tel. No. 253-475-4600 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address aadam@bradken.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Foundry | | 4b. Principal product or service Fabricated Metal and Hardware | |
| | | 5a. City and State where unit is located: Tacoma, WA | |

| | | |
|--|--|---|
| 5b. Description of Unit Involved | | 6a. No. of Employees in Unit: 130 |
| Included: Burner, Core Maker, Crane operator, Fork Lift Drivers, Grinders, Inspectors, Heat Treatment Employees, Ladleman, Maintenance Worker, Melter, Molder, Pattern Maker, shake out, RE (x-ray of castings), Sand Blaster, Welder, Machinist, Non-Supervisory Leads | | 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: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act. | | |

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 5/24/2019 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.

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

| | | |
|--|---|--|
| 11b. Election Date(s): 6/18/2019 | 11c. Election Time(s): 11:00am - 1:00pm and 6:00pm - 8:00pm | 11d. Election Location(s): 3021 S Wilkenson St, Tacoma, WA 98409 |
|--|---|--|

| | |
|--|---|
| 12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 160 | 12b. Address (street and number, city, state, and ZIP code) 9135 15th Place South Seattle, WA 98108 |
|--|---|

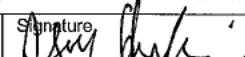
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
 International Association of Machinists and Aerospace Workers, AFL-CIO

| | | | |
|---------------------|--------------------------------------|---------------------|--|
| 12d. Tel No. | 12e. Cell No. 206-295-4360 | 12f. Fax No. | 12g. E-Mail Address steve@iam160.com |
|---------------------|--------------------------------------|---------------------|--|

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 5/24/2019 |
|---------------------------------------|---|--|--------------------------|

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

| DO NOT WRITE IN THIS SPACE | |
|---------------------------------|------------------------------|
| Case No. 19-RM-242193 | Date Filed 5-24-19 |

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 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.

| | | | |
|---|---------------------------------------|---|---|
| 2a. Name of Employer/Petitioner Chanticleer Holdings, Inc. | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Please see Exhibit A ("Bargaining Unit List") | |
| 3a. Employer/Petitioner Representative – Name and Title Fred Glick, President | | 3b. Address (If same as 2b – state same) 7621 Little Avenue, Suite 414, Charlotte, NC 28226 | |
| 3c. Tel. No. (704) 366-5122 | 3d. Cell No. (760) 521-4138 | 3e. Fax No. | 3f. E-Mail Address fred@chanticleerholdings.com |

| | |
|--|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Fast Casual Restaurant | 4b. Principal product or service Food & Beverage |
|--|--|

| | | |
|--|--|--|
| 5a. Description of Unit Involved | | 5b. City and State where unit is located. Please see Exhibit A |
| Included: All Oregon full-time and regular part-time employees, including employees working key shifts. | | 6. No. of Employees in Unit: 154 |
| Excluded: All other employees, office clerical employees, managers, guards and supervisors as defined in the Act. | | |

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

| |
|--|
| 7a. <input checked="" type="checkbox"/> A labor organization made a demand for recognition on the Employer/Petitioner on (Date) <u>March 16, 2019</u> |
| 7b. <input type="checkbox"/> The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. |

| | | | |
|--|--|--------------------------------|---------------------------|
| 8a. Recognized or Certified Bargaining Agent - Name | | 8b. Affiliation, if any | |
| 8c. Address | | 8d. Tel. No. | 8e. Cell No. |
| | | 8f. Fax No. | 8g. E-Mail Address |

| | |
|--|--|
| 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 picketing at the Employer's establishment(s) involved? <u>NO</u> 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/Petitioner 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 Little Big Union, IWW | 12b. Address 2249 E Burnside, Portland, OR 97214 | 12c. Tel. No. 760-994-7081 | 12d. Cell No. |
| | | 12e. Fax No. | 12f. E-Mail Address together@littlebigunion.org |

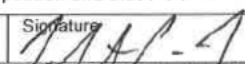
| | |
|--|--|
| 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. | 13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|--|

| | | |
|---|--|--|
| 13b. Election Date(s): June 12, 13 and 14 | 13c. Election Time(s): Please see Exhibit B ("Election Dates & Times") | 13d. Election Location(s): Please see Exhibit B ("Election Dates & Times") |
|---|--|--|

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

| | | | |
|--|----------------------|--|---|
| 14a. Name and Title J. Kent Pearson, Jr., Attorney | | 14b. Address (street and number, city, state, and ZIP code) Bullard Law / 200 S.W. Market St. / Ste. 1900 / Portland, OR 97201 | |
| 14c. Tel. No. (503) 248-1134 | 14d. Cell No. | 14e. Fax No. (503) 224-8851 | 14f. E-Mail Address kpearson@bullardlaw.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) J. Kent Pearson, Jr. | Signature  | Title Attorney | Date 5/24/19 |
|---|---|--------------------------|------------------------|

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 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.

EXHIBIT A: Bargaining Unit Locations

The Employer understands Little Big Union's demand to encompass all associates and key employees at its Oregon Little Big Burger stores and agrees that this is the appropriate bargaining unit. The stores comprising the bargaining unit include the following:

Little Big Burger
7705 S.W. Capitol Highway
Portland, OR 97219

Little Big Burger
787 N.E. Holladay Street
Portland, OR 97232

Little Big Burger
122 N.W. 10th Avenue
Portland, OR 97209

Little Big Burger
930 23rd Avenue
Portland, OR 97210

Little Big Burger
3747 N. Mississippi Avenue
Portland, OR 97227

Little Big Burger
2038 N.E. Alberta Street
Portland, OR 97211

Little Big Burger
2028 S.E. Hawthorne Boulevard
Portland, OR 97214

Little Big Burger
3810 S.E. Division Street
Portland, OR 97202

Little Big Burger
3704 S.W. Bond Avenue
Portland, OR 97239

Little Big Burger
1404 Orchard Street
Eugene, OR 97403

Little Big Burger
940 N.E. Orenco Station Loop, #41
Hillsboro, OR 97124

Little Big Burger
12345 S.W. Horizon Boulevard
Beaverton, OR 97007

Little Big Burger
3 Monroe Parkway, Suite T
Lake Oswego, OR 97035

EXHIBIT B: Election Dates and Times

June 12, 2019 – 3:00 – 5:00 pm

Little Big Burger
122 N.W. 10th Avenue
Portland, OR 97209

Little Big Burger
2038 N.E. Alberta Street
Portland, OR 97211

Little Big Burger
3747 N. Mississippi Avenue
Portland, OR 97227

Little Big Burger
930 23rd Avenue
Portland, OR 97210

Little Big Burger
787 N.E. Holladay Street
Portland, OR 97232

June 13, 2019 – 3:00 – 5:00 pm

Little Big Burger
3704 S.W. Bond Avenue
Portland, OR 97239

Little Big Burger
2028 S.E. Hawthorne Boulevard
Portland, OR 97214

Little Big Burger
7705 S.W. Capitol Highway
Portland, OR 97219

Little Big Burger
3 Monroe Parkway, Suite T
Lake Oswego, OR 97035

Little Big Burger
3810 S.E. Division Street
Portland, OR 97202

June 14, 2019 – 3:00 – 5:00 pm

Little Big Burger
940 N.E. Orenco Station Loop, #41
Hillsboro, OR 97124

Little Big Burger
12345 S.W. Horizon Boulevard
Beaverton, OR 97007

Little Big Burger
1404 Orchard Street
Eugene, OR 97403

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-242477

Date Filed

5-31-2019

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 <u>Charles and Emma Frye Free Public Art Museum</u> | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <u>704 Terry Ave, Seattle, WA 98104</u> | |
| 3a. Employer Representative - Name and Title <u>Joseph Rosa, CEO and Director</u> | | 3b. Address (If same as 2b - state same) <u>Same</u> | |
| 3c. Tel. No. <u>206-432-8220</u> | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address <u>director@fryemuseum.org</u> |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) <u>Art Museum</u> | | 4b. Principal product or service | |
| 5a. City and State where unit is located: <u>Seattle, WA</u> | | 5b. No. of Employees in Unit: <u>12</u> | |
| 5c. Description of Unit Involved <u>Included: All regular full - and part time security employees</u> <u>Excluded:</u> | | 5d. 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) 5/30/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No Reply Received
☐ 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). <u>None</u> | | 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 11b. Election Date(s): <u>6/20/19</u> | 11c. Election Time(s): <u>12:30-1:30pm</u> | 11d. Election Location(s): <u>704 Terry Ave, Seattle WA 98104</u> | |
| 12a. Full Name of Petitioner (including local name and number) <u>Art Workers Union</u> | | 12b. Address (street and number, city, state, and ZIP code) <u>2312 3rd Ave, #221, Seattle WA 98121</u> | |
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <u>none</u> | | | |

| | | | |
|---|---------------|--|--|
| 12d. Tel No. <u>503-866-3893</u> | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address <u>artworkersunion@protonmail.com</u> |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title <u>CAITLIN LEE, BARGAINING UNIT REP</u> | | 13b. Address (street and number, city, state, and ZIP code) <u>2312 3rd Ave, #221, Seattle, WA, 98121</u> | |
| 13c. Tel No. <u>503-866-3893</u> | 13d. Cell No. | 13e. Fax No. | 13f. E-Mail Address <u>artworkersunion@protonmail.com</u> |

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) <u>CAITLIN LEE</u> | Signature <u>Caitlin Lee</u> | Title <u>BARGAINING UNIT REP</u> | Date <u>5/30/2019</u> |
|------------------------------------|---------------------------------|-------------------------------------|--------------------------|

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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