

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

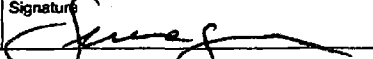
DO NOT WRITE IN THIS SPACE

Case No.
19-RC-226955

Date Filed
9-7-2018

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-503); 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: Alaska Communications		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 600 Telephone Avenue, Anchorage, AK 99503	
3a. Employer Representative - Name and Title: Diedre Williams		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 907-564-3325	3d. Cell No.	3e. Fax No. 907-564-7330	3f. E-Mail Address diedre.williams@acsalaska.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Telecommunications Utility		4b. Principal Product or Service Telecommunications	
5a. City and State where unit is located: Florence, Nedonna Beach, Pacific City and Hillsboro, OR		5b. Description of Unit Involved: Included: See attached Excluded: All supervisors and guards excluded by the Act.	
6a. Number of Employees in Unit: 12		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) 07/26/18 and Employer declined recognition on or about (Date) 8/22/18 (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): Int'l Brotherhood of Elect. Wrks, Local 1547		8b. Address: 3333 Denali Street, Suite 200, Anchorage, AK 99503	
8c. Tel. No. 907-272-6571	8d. Cell No. 907-317-9554	8e. Fax No. 907-777-7255	8f. E-Mail Address sgreen@ibew1547.org
8g. Affiliation, if any: AFL-CIO		8h. Date of Recognition or Certification approx. Oct. 1998	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/23			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 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 and 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):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Elect. Wrks. Local 1547		12b. Address (street and number, city, State and ZIP code): 3333 Denali Street, Suite 200, Anchorage, AK 99503	
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, AFL-CIO			
12d. Tel. No. 907-272-6571	12e. Cell No. 907-315-9554	12f. Fax No. 907-777-7255	12g. E-Mail Address sgreen@ibew1547.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Serena Green, Associate General Counsel		13b. Address (street and number, city, State and ZIP code): 3333 Denali Street, Suite 200, Anchorage, AK 99503	
13c. Tel. No. 907-272-6571	13d. Cell No. 907-315-9554	13e. Fax No. 907-777-7255	13f. E-Mail Address sgreen@ibew1547.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) Serena Green	Signature 	Title Associate General Counsel	Date 9/6/18

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.

**International Brotherhood of Electrical Workers
Local 1547,**

and

Alaska Communications

19-RC- 226955

ATTACHMENT TO PETITION

IBEW Local 1547 is seeking a self-determination election that would offer Network Operations Specialists, Senior Network Operations Specialists, Network Operations Technicians, Senior Network Technicians, Senior Team Leads, Senior Administrative Assistants, Submarine Cable Operations Technicians and Cable Systems Network Operations Supervisor working for Alaska Communications in Oregon the opportunity to vote on whether to be included in the existing bargaining unit of Alaska Communications employees represented by the International Brotherhood of Electrical Workers Local 1547 in the state of Alaska.

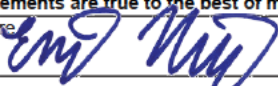
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-227359Date Filed
9-14-18

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: Columbia River Veterinary Specialists		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6607 NE 84th St, Vancouver, WA 98665	
3a. Employer Representative - Name and Title: Suzi Martin, Hospital Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 360-694-3007	3d. Cell No.	3e. Fax No.	3f. E-Mail Address smartin@specializedcare.pro
4a. Type of Establishment (Factory, mine, wholesaler, etc.) veterinary hospital		4b. Principal Product or Service veterinary medicine	
5b. Description of Unit Involved: Included: see attachment Excluded: see attachment		5a. City and State where unit is located: Vancouver, WA 6a. Number of Employees in Unit: 73 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) 09/13/18 and Employer declined recognition on or about (Date) no reply received (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 and election in this matter, state your position with respect to any such election: as early as possible			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Wed and either Tue. or Thur.		11c. Election Time(s): 6 am-9 am, 4 pm-7pm on both days	
11d. Election Location(s): employer's facility			
12a. Full Name of Petitioner (including local name and number): International Longshore and Warehouse Union, Local 5		12b. Address (street and number, city, State and ZIP code): 920 West Burnside Portland, OR 97209	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Longshore and Warehouse Union			
12d. Tel. No. 503-933-7550	12e. Cell No.	12f. Fax No.	12g. E-Mail Address local5@ilwulocal5.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Emily M. Maglio, Attorney		13b. Address (street and number, city, State and ZIP code): 1188 Franklin St., Ste. 201 San Francisco, CA 94109	
13c. Tel. No. 415-771-6400	13d. Cell No.	13e. Fax No. 415-771-7010	13f. E-Mail Address emaglio@leonardcarder.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) Emily M. Maglio		Signature 	Title Attorney
			Date 09/14/18

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 TO RC PETITION

5b. Description of Unit Involved:

Included:

All employees, including, but not limited to Credentialed Veterinary Technicians, Veterinary Assistants, Technician Assistants, Doctor's Assistants, Kennel Assistants, Client Service Representatives, Referral Coordinators, Facility Maintenance, Veterinary Technician Specialists, Triage Coordinators, Surgical Assistants, Imaging Technicians at the Employer's Vancouver, WA location.

Excluded:

Doctors, office-clericals, guards, managers, 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-227369

Date Filed

9/14/2018

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
Associated Petroleum Products, INC./ World Fuel Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2330 Milwaukee Way, Tacoma, WA 98421

3a. Employer Representative - Name and Title
Steve Ruff Operation Manager

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

3c. Tel. No.
253-441-4267

3d. Cell No.
253-606-4151

3e. Fax No.
253-627-3637

3f. E-Mail Address
Sruff@gotoapp.com

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

4b. Principal product or service
Propane and Fuel Services

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

5b. Description of Unit Involved

Included: All full time and part time Propane drivers and warehouse employees employed by APP excluding the three (3) propane drivers located in Anacortes WA, service technicians and maintenance.

Excluded: All other employees including, service technicians, maintenance, office clerical, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
18

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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):

11c. Election Time(s):

11d. Election Location(s):

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

General Teamsters Local Union #174

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

14675 Interurban Ave S. Suite 303 Tukwila, WA 98168

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.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title Meaza Ogbe Organizer

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

14675 Interurban Ave S. Suite 303 Tukwila, WA 98168

13c. Tel No.
206-250-2566

13d. Cell No.
206-250-2566

13e. Fax No.
(206) 441-4853

13f. E-Mail Address
mogbe@teamsters174.org

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

Name (Print)
Meaza Ogbe

Signature


Title
Organizer

Date
09-13-2018

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-227801

Date Filed
9/21/2018

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 Technica, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Cool Blow St Ste 201 SC Charleston 29403-4274	
3a. Employer Representative - Name and Title Joanna Jones		3b. Address (If same as 2b - state same) 1 Cool Blow St Ste 201 SC Charleston 29403-4274	
3c. Tel. No. (843) 817-0234	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jjones@technicanow.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Supply and Logistics	
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: Fort Wainwright AK 6a. No. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 09/21/2018 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/3/18 or 10/10/18	11c. Election Time(s): Mail Ballot	11d. Election Location(s): Mail Ballot due to the remote location, multiple work sites, and unpredictable	
12a. Full Name of Petitioner (including local name and number) Alfredo Silva International Association of Machinists and Aerospace Workers, AFL-CIO Local Lodge 1690		12b. Address (street and number, city, state, and ZIP code) 9135 15th Pl S 2nd Floor WA Seattle 98108-5191	
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. (253) 653-5747	12e. Cell No. (253) 653-5747	12f. Fax No.	12g. E-Mail Address alfredo@iam160.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Terry Jensen Special Assistant to District Lodge 160 International Association of Machinists and Aerospace Workers, AFL-CIO District		13b. Address (street and number, city, state, and ZIP code) 9135 15th Pl S 2nd Floor WA Seattle 98108-5191	
13c. Tel No.	13d. Cell No. (425) 442-8412	13e. Fax No. (425) 888-6183	13f. E-Mail Address terrycjensen@comcast.net

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) Alfredo Silva	Signature Alfredo Silva	Title Business Representative/Organizer	Date 09/21/2018 07:46:13
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-227801	Date Filed 9/21/2018

Employees Included

All full time and part time Supply Technicians, Tool and Part Attendants, HSMO Hazmat Warehouse Specialists, Warehouse Specialists and Warehouse Helpers employed by the employer at its operation currently located at the Ft. Wainwright Army Base AK.

Employees Excluded

Office clerk employees, professional employees, managerial employees, guards, supervisors, and other employees 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-227873

Date Filed

9-21-18

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: Cascadia Behavioral Healthcare, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Mailing: PO Box 8459, Portland, OR 97207 Physical: 847 NE 19th Ave., Suite 100, Portland, OR 97232	
3a. Employer Representative - Name and Title: Derald Walker, President and CEO		3b. Address (if same as 2b - state same):	
3c. Tel. No. (503) 963-7729	3d. Cell No.	3e. Fax No. (503) 764-9042	3f. E-Mail Address Derald.walker@cascadiabhc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Behavioral Health Care Services		4b. Principal Product or Service Behavioral Health Care	
5a. City and State where unit is located: Portland, Oregon		5b. Description of Unit Involved: Included: All professional employees of Cascadia at Outpatient clinics. See attached for details. Excluded: Supervisors and non-professional employees of Cascadia at Outpatient clinics. See attached.	
6a. Number of Employees in Unit: 152		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 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) 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 and 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			
11a. Election Date(s): October 10, 2018		11b. Election Time(s): 8-10 AM, 5-730 PM	
11c. Election Location(s): All four outpatient facilities operated by employer.			
12a. Full Name of Petitioner (including local name and number): American Federation of State, County and Municipal Employees, Council 75		12b. Address (street and number, city, State and ZIP code): 1400 Tandem Avenue NE Salem, OR 97301-0380	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state): American Federation of State, County and Municipal Employees, AFL-CIO			
12d. Tel. No. 503-370-2522	12e. Cell No.	12f. Fax No. 503-370-7725	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: Jason Weyand, Attorney		13b. Address (street and number, city, State and ZIP code): Tedesco Law Group, 12780 SE Stark Street, Portland, OR 97233	
13c. Tel. No. 866-697-6015 ext. 703	13d. Cell No. 541-377-1708	13e. Fax No. 503-210-9847	13f. E-Mail Address Jason@miketlaw.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) Jason M. Weyand	Signature Jason M. Weyand	Title Attorney for Petitioner	Date 9/21/18

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

PRIVACY ACT STATEMENT

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

Attachment to Petition:

Proposed Professional Bargaining Unit:

- Included: All full time, regular part-time, and relief professional employees employed by Cascadia Behavioral Healthcare Outpatient Clinics in Oregon, including employees currently working in the following classifications: Counselor III, Counselor II, Counselor, Clinician, Case Manager, Program Coordinators, Therapist, Crisis Clinician, Crisis Responder, Response Therapist, Crisis Counselor III, Mobile Crisis Clinician, Crisis Clinician I, Naturopathic Doctor, Nurse Practitioner, Registered Nurse, Physician Assistant, Licensed Clinical Social Worker, and Psychiatrist.
- Excluded: All supervisors employed by Cascadia Behavioral Healthcare Outpatient Clinics that supervise one or more workers, including employees in the following classifications: Administrative Manager, Clinical Director, Nursing Services Director, Nursing Services Program Manager, Program Medical Director, Program Manager I, Program Manager II, Program Manager III, Program Supervisor I, and Program Supervisor II.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-227874

Date Filed

9-21-18

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: Cascadia Behavioral Healthcare, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Mailing: PO Box 8459, Portland, OR 97207 Physical: 847 NE 19th Ave., Suite 100, Portland, OR 97232	
3a. Employer Representative - Name and Title: Derald Walker, President and CEO		3b. Address (if same as 2b - state same):	
3c. Tel. No. (503) 963-7729	3d. Cell No.	3e. Fax No. (503) 764-9042	3f. E-Mail Address Derald.walker@cascadiabhc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Behavioral Health Care Services		4b. Principal Product or Service Behavioral Health Care	5a. City and State where unit is located: Portland, Oregon
5b. Description of Unit Involved: Included: All non-professional employees of Cascadia at Outpatient Clinics. See attached for details. Excluded: Supervisory and professional employees of Cascadia at Outpatient Clinics. See attached.			6a. Number of Employees in Unit: 64 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 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) 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 and election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): October 10, 2018	11c. Election Time(s): 8-10 AM, 5-730 PM	11d. Election Location(s): All four outpatient facilities operated by employer.	
12a. Full Name of Petitioner (including local name and number): American Federation of State, County and Municipal Employees, Council 75		12b. Address (street and number, city, State and ZIP code): 1400 Tandem Avenue NE Salem, OR 97301-0380	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County and Municipal Employees, AFL-CIO			
12d. Tel. No. 503-370-2522	12e. Cell No.	12f. Fax No. 503-370-7725	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: Jason Weyand, Attorney		13b. Address (street and number, city, State and ZIP code): Tedesco Law Group, 12780 SE Stark Street, Portland, OR 97233	
13c. Tel. No. 866-697-6015 ext. 703	13d. Cell No. 541-377-1708	13e. Fax No. 503-210-9347	13f. E-Mail Address Jason@miketlaw.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) Jason M. Weyand	Signature Jason M. Weyand	Title Attorney for Petitioner	Date 9/21/18

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

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

Attachment to Petition:

Proposed Non-Professional Bargaining Unit:

Included:

All full-time, regular part-time, and relief employees employed by Cascadia Behavioral Healthcare Outpatient Clinics, including employees currently in the following classifications: Administrative Coordinator, Care Coordinator, Case Manager Skills Trainer, Certified Recovery Mentor, Employment Specialist, Information & Referral Specialist, LMP-PMHNP, Medical Assistant, Office Coordinator, Office Specialist, Peer Support Specialist, Program Coordinator, Safety Specialist, and Skills Trainer.

Excluded:

All professional employees employed by Cascadia Behavioral Healthcare in the Outpatient Clinics, and supervisors employed by Cascadia Behavioral Healthcare at the Outpatient Clinics, including supervisors in the following classifications: Administrative Manager, Clinical Director, Nursing Services Director, Nursing Services Program Manager, Program Medical Director, Program Manager I, Program Manager II, Program Manager III, Program Supervisor I, and Program Supervisor II.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-227875	Date Filed 9-21-18

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: Cascadia Behavioral Healthcare, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Mailing: PO Box 8459, Portland, OR 97207 Physical: 847 NE 19th Ave., Suite 100, Portland, OR 97232	
3a. Employer Representative - Name and Title: Derald Walker, President and CEO		3b. Address (if same as 2b - state same):	
3c. Tel. No. (503) 963-7729	3d. Cell No.	3e. Fax No. (503) 764-9042	3f. E-Mail Address Derald.walker@cascadiabhc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Behavioral Health Care Services		4b. Principal Product or Service Behavioral Health Care	5a. City and State where unit is located: Portland, Oregon
5b. Description of Unit Involved: Included: All employees of Cascadia's Project Respond and Street Team Programs. See attached for details. Excluded: Supervisory employees of Cascadia at Project Respond and Street Team Programs. See attached.			6a. Number of Employees in Unit: 49
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.			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
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:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): October 10, 2018		11c. Election Time(s): 8-10 AM, 5-730 PM	11d. Election Location(s): 1825 NE Glisan and 310 NW Flanders, Portland
12a. Full Name of Petitioner (including local name and number): American Federation of State, County and Municipal Employees, Council 75		12b. Address (street and number, city, State and ZIP code): 1400 Tandem Avenue NE Salem, OR 97301-0380	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County and Municipal Employees, AFL-CIO			
12d. Tel. No. 503-370-2522	12e. Cell No.	12f. Fax No. 503-370-7725	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: Jason Weyand, Attorney		13b. Address (street and number, city, State and ZIP code): Tedesco Law Group, 12780 SE Stark Street, Portland, OR 97233	
13c. Tel. No. 866-697-6015 ext. 703	13d. Cell No. 541-377-1708	13e. Fax No. 503-210-9847	13f. E-Mail Address Jason@miketlaw.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) Jason M. Weyand	Signature Jason M. Weyand	Title Attorney for Petitioner	Date 9/21/18

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

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

Attachment to Petition:

Proposed Project Respond and Street Team Bargaining Unit:

- Included: All full time, regular part-time and relief employees employed by Cascadia Behavioral Healthcare in its Project Respond and Street Team programs in Oregon, including employees in the following positions: Counselor III, Crisis Counselor III, Crisis Clinician, Mobile Crisis Clinician, Acute Crisis Counselor III, Family Crisis Stabilization Specialist, and Peer Wellness Specialist.
-
- Excluded: All employees of Cascadia Behavioral Healthcare in its Project Respond and Street Team Programs that supervise one or more employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-227877

Date Filed

9-21-18

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

CH2M & Jacobs

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

20015 NE Sandy Blvd
OR Portland 97230-7312

3a. Employer Representative - Name and Title

Jeffrey Williams

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

9191 S Jamaica St
CO Englewood 80112-5946

3c. Tel. No.

(720) 286-1474

3d. Cell No.

(815) 979-3578

3e. Fax No.

(907) 257-2021

3f. E-Mail Address

jeffrey.williams1@jacobs.com

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

Water Utilities

4b. Principal product or service

Wastewater Treatment

5a. City and State where unit is located:

Portland, OR

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:

9

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) 08/28/2018 and Employer declined recognition on or about 09/10/2018 (Date) (If no reply received, so state). Yes



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
10-03-18

11c. Election Time(s):
8:00am

11d. Election Location(s):
20015 NE Sandy Blvd, Portland, OR 97230

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

Nathan Stokes
Nathan Stokes

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

555 E. 1st St
OR Gladstone 97027-2501

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

nathan@iuoe701.com

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

13a. Name and Title

Jacob Stallings In-house Counsel
International Union of Operating Engineers Local 701

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

555 E. 1st St
OR Gladstone 97027-2501

13c. Tel No.

(503) 650-7701

13d. Cell No.

13e. Fax No.

(503) 650-7715

13f. E-Mail Address

jacob@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)

Jacob Stallings

Signature

Jacob Stallings

Title

In-house Counsel

Date

09/20/2018 15:38:18

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-227877	Date Filed 9-21-18

Employees Included

Maintenance technicians & maintenance tech leads, operators & operator leads, utility workers, and bio solids equipment operators.

Employees Excluded

Any not listed above.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-227917	Date Filed 9/24/2018

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 CASCADIA HEALTHCARE		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) LIBBY CARE CENTER, 308 E. 3RD ST, LIBBY, MT	
3a. Employer Representative - Name and Title STEVE LAFORTE, GENERAL COUNSEL		3b. Address (If same as 2b - state same) 408 S EAGLE RD, EAGLE ID 83616 59923	
3c. Tel. No. 206.351.4535	3d. Cell No.	3e. Fax No.	3f. E-Mail Address SLaForte@cascadiashc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) LONG-TERM CARE CENTER		4b. Principal product or service HEALTHCARE SERVICES	
5b. Description of Unit Involved Included: MED AIDE I & II, CNAS, DIETARY, LAUNDRY & LINEN, Excluded: PROFESSIONAL, ADMINISTRATIVE, OR OTHERWISE LICENSED STAFF		5a. City and State where unit is located: LIBBY, MT	
		6a. No. of Employees in Unit: HOUSEKEEPING	
		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) **7/27/18** and Employer declined recognition on or about (Date) **NO REPLY** (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). UNITE HERE LOCAL 427		8b. Address 208 E MAIN ST, MISSOULA, MT 59801	
8c. Tel. No. 406.549.5931	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification 3/1/2020	
		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 UNITE HERE LOCAL 427		10b. Address 208 E MAIN ST. MISSOULA, MT 59801		10c. Tel. No. 406.549.5931		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): 10/16/18, 10/17/18, OR 10/18/18		11c. Election Time(s): 5:30-6:30AM, 1:30-2:30PM		11d. Election Location(s): CSEE ADDRESS			
12a. Full Name of Petitioner (including local name and number) SEIU 775 NW				12b. Address (street and number, city, state, and ZIP code) 215 COLUMBIA ST, SEATTLE, WA 98104			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SERVICE EMPLOYEES INTERNATIONAL UNION 775							
12d. Tel. No. 866.371.3200		12e. Cell No.		12f. Fax No.		12g. E-Mail Address	

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

13a. Name and Title LORI GENDRON, ORGANIZER		13b. Address (street and number, city, state, and ZIP code) 208 E MAIN ST, MISSOULA, MT 59801	
13c. Tel. No. 406.926.6377	13d. Cell No. 406.207.8157	13e. Fax No. 406.926.6378	13f. E-Mail Address lori.gendron@seiu775.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) LORI GENDRON	Signature 	Title ORGANIZER	Date 9/24/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-228197	Date Filed 9-27-2018
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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 Americold		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1301 E 26th Ave, Tacoma WA, 98424	
3a. Employer Representative - Name and Title Victor Chu		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 253-620-7261 54761	3d. Cell No. 404-545-8523	3e. Fax No. 253-926-2388	3f. E-Mail Address victor.chu@americold.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cold Storage		4b. Principal product or service Distribution	
5a. City and State where unit is located:		5b. Description of Unit Involved	
		Included: All regularly scheduled Inventory, Inventory Clerk and Wave Planners Excluded: All other employees.	
6a. No. of Employees in Unit: 9		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) 9/27/2018 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)
 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.

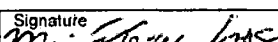
11b. Election Date(s): 10/12/2018	11c. Election Time(s): 6:00am - 9:00am	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): Training Room - Above the shipping office		12a. Full Name of Petitioner (including local name and number) Teamsters Local Union 117
12b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave South, Tukwila, WA 98168		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. 206-441-4860 x1278	12e. Cell No. 206-854-1442	12f. Fax No. 206-441-3153	12g. E-Mail Address maria.torres@teamsters117.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Maria Torres, Organizer		13b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave South, Tukwila, WA 98168	
13c. Tel No. 206-441-4860 x1278	13d. Cell No. 206-854-1442	13e. Fax No. 206-441-3153	13f. E-Mail Address maria.torres@teamsters117.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) Maria Francisca Torres	Signature 	Title Organizer	Date 9/26/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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