FORM NLRB-502 (RC)		D STATES OF			0		DO NOT WRITE IN THIS SPACE Case No. Date Filed					
(2-18)		RC PETITIC		UAR	U		19-RC-259305 4/17/20					
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition r named in th	nust be accom he petition of:	panied t (1) the pe	by be etitic	oth a sh on; (2) S	owing of interest ( tatement of Positio	see 6b on form	below) and n (Form NL	d a certificat RB-505); an	e of service sho d (3) Descriptio	owing so n of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labor	tioner desires	to be certified a	as repres	enta	tive of th	e employees. The f	Petitio	ner alleges	that the foll	owing circumst	ances e	
2a. Name of Employer:		Com				Establishment(s) inv					e):	
Community and Shelter A (CASA of Oregon)	issistance	e Corp.	2050	18 2	W KC	y Rogers Rd.	#15:	5, Snerw	00d, OR,	9/140		
3a. Employer Representative - Nar Peter Hainley	me and Title:		3b. Add Same		s (if sam	e as 2b - state same	e):					
3c. Tel. No. (503) 687-3311	3d. Cell No. (503) 93				Fax No 03) 5	37-0558		3f. E-Mail A		foregon.org	55	
4a. Type of Establishment (Factory, Nonprofit	Acres Acres			4b	Princip	al Product or Servic g and financia			5a. City an	d State where up ood, OR		ated:
5b. Description of Unit Involved:						5			6a. Numbe	r of Employees	in Unit	
All employees									21			
Excluded: Staff with supervisory fur	actions; co	ontractors;	confid	lent	ial en	ployees			of the e	ubstantial numbe mployees in the nted by the Peti	unit wis	h to be
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu	03/24	¥/20 (lf	no reply r	recei	ved, so	state).	3/18/2		d Employer o	leclined recognit	tion	
8a. Name of Recognized or Certific				_	8b. Ad		JOH UN	der die Act.				
None												
8c. Tel. No.	8d. Cell No.	6		8e	Fax No			8f. E-Mail A	Address			
8g. Affiliation, if any:			8	sh. D	ate of Re	ecognition or Certific	cation			irrent or Most Month, Day, Ye	ar)	
9. Is there now a strike or picketing a	at the Employ	er's establishm	ent(s) inv	olve	d? No	If so, appr	roximat	tely how ma	ny employee	s are participatin	ig?	
(Name of Labor Organization)							. 1	has picketed	the Employe	er since (Month,	Day, Ye	ar)
<ol> <li>Organizations or individuals othe individuals known to have a representation</li> </ol>								-	Contraction of the Contraction o	es and other orga	anization	s and
10a. Name		10b. Address						10c. Tel. N	0.	10d. Cell No.		
							1	10e. Fax N	0.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and e	lection in this m	natter, sta	ate yo	our posit	ion with respect to a	any suc	h election:	11a. Election		ali i	
As soon as may be schedule									Manua		Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Ti	ime(s):					11d. Election	on Location(s	):		
12a. Full Name of Petitioner (include Communications Workers						12b. Address (stree 3645 SE 32nd	et and d Av	number, city e, Portla	nd, OR 9	7202		
12c. Full name of national or internat Communications Workers			hich Peti	tione	r is an a	ffiliate or constituen	it (if noi	ne, so state)	a 8			
12d. Tel. No. (503) 238-6666	12e. Cell No (503) 45			12	f. Fax N	D.		12g. E-Mai presider	I Address nt@cwa7	901.org		
13. Representative of the Petitione 13a. Name and Title: A.J. Mendoza, President	er who will a	ccept service o	of all pap	13	b. Addre	ss (street and numb 32nd Ave, Por	ber, city	y, State and	ZIP code):			
13c. Tel. No. (503) 238-6666	13d. Cell No (503) 45	9-7177			e. Fax N			-	Address nt@cwa7	901.org		
I declare that I have read the abov Name (Print)	e petition an			are t	rue to th	e best of my know	vledge					Date
A.J. Mendoza		Signatu	4	N	-			esident				04/16/20

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

ν				reamsters	LOCAI 039	U	1:20:19 p.m	. 04-21-20	020	214	
FORM NLRB-502 (RC)							DO NOT WRITE IN THIS SPACE				
(2-18)	NATIONAL	RC PETITIO				Date Filed					
<b>3</b>	121	norenno		Vale		19-RC-2	259373		4-2	1-2020	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48)	he petition named in	must be accomp the petition of: (1	anied b ) the pe	y both a sh tition; (2) S	owing of Interest (s tatement of Position	ee 6b below) a n form (Form )	and a certifica NLRB-505); ai	te of service sh nd (3) Descriptio	owing s on of Re	ervice on presentation	
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desire	s to be certified as	s represe	entative of th	employees. The Pa	etitioner alleg	es that the fol	lowing circumst	tances e		
2a. Name of Employer:					Establishment(s) invo	and the second second second second			e):		
Ferrellgas			306	N. Fru	iitland St., Ke	ennewicł	k, WA 99	336			
3a. Employer Representative - Nar Jim Klochn, District Mar			3b. Add Same	Address (if same as 2b - state same): ame							
2- Tot No.	Ind Call Ma			3e, Fax No		26 5 140	il Address				
3c. Tel. No. 509-586-0959	3d. Cell No			509-582		ST. E-IVIA	II Address				
4a. Type of Establishment (Factory, 1	mine, whole	saler, etc.)			al Product or Service		5a. City a	nd State where u	nit is loc	ated:	
Propane Supplier	14.0404759195964398	1993 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		Propane			Kenney	vick, WA			
5b. Description of Unit Involved:						n an	6a. Numb	er of Employees	in Unit:		
Included:		1. 11/1					5				
Full-Time and Part-Time Driv Excluded:	ers and Do	ock workers					6h Do a s	ubstantial numbe	ar /30%	or more)	
Office Staff, Service Technicia	ans Super	visors Manage	rs and a	ll other er	nnlovees		of the	employees in the	unit wis	h to be	
Check One: [x] 7a. Request for rec						1/2020		ented by the Petil declined recognit		× Yes No	
on or about (Date)	999 <del>9</del> 2993 6296 12986 9	(if no	o reply re	ceived, so	state).				854C)		
7b. Petitioner is cui 8a. Name of Recognized or Certifie		the second se		and the second se		n under the Ac	t				
Austin DePaolo	ru Dai yann	ng Agent (it note	, 20 3181		3 W. Sylvester	St., Pasco	, WA 9930	)1			
8c, Tel, No,	8d. Cell No	h.		8e. Fax No	l.		Address				
509-547-7513	509-551	-9212		509-546				@outlook.con	1	100000000000000000000000000000000000000	
8g. Affiliation, if any:			Bh	h. Date of Re	acognition or Certifica		tion Date of C contract, if any	urrent or Most (Month, Day, Ye	ar)		
Teamsters Local 839								4	1.000		
9. Is there now a strike or picketing a	t the Employ	/er's establishmer	nt(s) invo	lved? No	If so, approx		10.20 EV.0072-1554	s are participatin	-		
(Name of Labor Organization)		- And the second se				-		er since (Month,	- Store Construction	pilden and a second sec	
10. Organizations or individuals other individuals known to have a repre	r than Petitic esentative in	oner and those na terest in any empl	med in it loyees in	ems 8 and 9 the unit de	9, which have claimed scribed in item 5b abo	ve. (If none, s	s representativ o state)	es and other orga	Inization	is and	
10a. Name		10b. Address				10c. Tel.	No.	10d. Cell No.			
						10e. Fax	No.	10f. E-Mail Add	ress		
11. Election Details: If the NLRB co	nducts and	election in this ma	tter, stat	e your posit	ion with respect to an	y such election					
11b. Election Date(s):		11c. Election Tim	0/01-			11d Eler	tion Location(		Mixed	Manual/Mail	
11.5			10(0).								
12a. Full Name of Petitioner (includ	and the state of t				12b. Address (street 1103 W. Sylv						
Austin DePaolo, Teamste								99301			
12c. Full name of national or internati International Brotherhood of T		rganization of whi	ich Petitii	oner is an a	Initiate or constituent (	it none, so sta	e):				
12d. Tel. No.	12e. Cell N 509-551	Ensemble		12f. Fax No 509-546		1.155	ail Address	@outlook.com			
509-547-7513 x13 13. Representative of the Petitione			all nane	and the second s	The second	Company of the state of the sta		Gontook.com	1		
13a. Name and Title:					ss (street and numbe						
Austin DePaolo, Business A	1999 <del>- 1</del> 999 - 1999 -				7. Sylvester St., P						
13c. Tel. No.	13d. Cell N			13e, Fax N			ail Address	Quillast			
509-547-7513 x13 I declare that I have read the above	509-551		nonte ar	509-547				@outlook.com	1		
Name (Print)	pennon a	Signature		- 1	A Sear of my knowle	Title			- 1	Date	
Austin DePaolo		Un	t	212		Business A	gent			4/21/2020	
						00000				74)	

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

UNITED STATE			1		DO NOT	WRITE IN THI	S SPACE	
NATIONAL LABOR				Case No.			Filed	
	RC PETITION 19-RC-259439 4-22-2020							
INSTRUCTIONS: Unless e-Filed us								
	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								
(Form NLRB-505); and (3) Descript					RB 4812). The sl	howing of in	terest should only be filed	
with the NLRB and should not be	served on the	employer or a	ny other	party.				
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d								
requests that the National Labor Rela		ceed under its p	roper autho	rity pursuant to	Section 9 of the Na	ational Labor F	Relations Act.	
2a. Name of Employer		2b. /			t(s) involved (Street a	and number, city	y, State, ZIP code)	
US Foods	4 7.84		3520 E. Frai WA Spokan	e 99207-	Ob state same)			
3a. Employer Representative – Name and	1 The			520 E. Francis A Spokane 9920	s 2b – state same)			
Larry Boyer 3c. Tel. No.	3d. Cell No.		3e. Fax	A Spokane 9920	)7-	3f. E-Mail Add	iress	
(509) 483-7700	(253) 906-28	58	00. T ux			larry_boyer@fs		
4a. Type of Establishment (Factory, mine, 1		4b. Principal p	roduct or ser	rvice		5a. City	and State where unit is located:	
Food Processing				Food			Spokane, WA	
5b. Description of Unit Involved		•					6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal details						5 6b. Do a substantial number (30%	
							or more) of the employees in the	
Excluded: See Attached Page 2 for addition	nal details						unit wish to be represented by the	
							Petitioner? Yes [ Vo [ ]	
Check One: 7a. Request for re		a second a s		Contraction of the second second second	<u>4/21/2020</u> an	d Employer dec	clined recognition on or about	
04/21/2020 (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act.								
Base 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 Add	Irace	
oc. Terno.	ou cell INU.		OC. Fax	NU.		OI. E-IVIAII AUC	11055	
8g. Affiliation, if any			8h. Date o	of Recognition or	Certification		Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's estab	lishment(s) involve	ed? No	If so, approx	imately how many er	nployees are pa	articipating?	
(Name of labor organization)		, has p	icketed the E	Employer since (A	Month, Day, Year)			
10. Organizations or individuals other than							d other organizations and individuals	
known to have a representative interest in a							3	
10a. Name	105 4	ddroes			10c Tol No		10d. Cell No.	
Tua. Name	TOD. A	ddress		10c. Tel. No.			Tod. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
<ol> <li>Election Details: If the NLRB conduct any such election.</li> </ol>	s an election in t	his matter, state y	our position	with respect to	11a. Election Type	: <u> </u>	Mail Mixed Manual/Mail	
11b. Election Date(s): 05/04/2020	the second se	Election Time(s): by 05/11/2020			11d. Election Local Mail Ballot	tion(s):		
12a. Full Name of Petitioner (including lo	Charles and				12b. Address (stree	et and number,	city, state, and ZIP code)	
Larry E Kroetch Teamsters Local Union No. 690		5.52			1912 N. Division St. WA Spokane 99207	Suite 200	2001.5 0X 110.2	
12c. Full name of national or international la International Brotherhood Of Teamsters	abor organizatio	n of which Petition	er is an affilia	ate or cons ituent	t (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax			12g. E-Mail A	ddress	
(509) 455-9410 (208) 659-0511 (509) 326-9507 Ikrõetch@teamsterslocal690.org						Tisterslocalo50.01g		
13. Representative of the Petitioner who 13a. Name and Title	will accept ser	vice of all papers		1.5	d number, city, state,			
			100. Au	diess (street and	mannoci, ony, state,			
13c. Tel No.	13d. Cell No.		13e. Fa	x No.		13f. E-Mail Ad	Idress	
			3					
I declare that I have read the above petit	ion and that the	statements are		best of my know	ledge and belief.			
	gnature		Title	s Agent		Date		
Larry E Kroetch La WILLFUL FALSE STATEME	Arry Kroetch	PETITION CAN BE	2	-	IMPRISONMENT (U		0 09:42:43 E 18. SECTION 1001)	

## DO NOT WRITE IN THIS SPACE

Attachment

Employees Included Maintenence

Employees Excluded All other employees

Date Filed

Case

UNITED STATES	GOVERNMENT			DO NOT	WRITE IN THIS	SSPACE			
NATIONAL LABOR		ARD	Case No.	0.407	Date				
RC PE			19-RC-259			23-2020			
	INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region								
	in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form								
(Form NLRB-505); and (3) Descript				RB 4812). The si	nowing of int	erest should only be filed			
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CE	erved on the	EMPLOYER OF AN	y other party.	of employees wish to	be represented	for purposes of collective			
bargaining by Petitioner and Petitioner de	esires to be certifi	ed as representa iv	e of the employees. The	Petitioner alleges th	at the following	g circumstances exist and			
requests that the National Labor Relat 2a. Name of Employer	ions Board proc		per authority pursuant to dress(es) of Establishmen						
Providence		91	4 S Scheuber Rd	(S) Involved (Sileer a	ind number, city	, State, ZIP code)			
3a. Employer Representative – Name and	Title	W	A Centralia 98531- 3b. Address (If same as	s 2b – state same)					
Dana Vandewege			413 Lilly Rd NE WA Olympia 9850						
3c. Tel. No.	3d. Cell No.		3e. Fax No.	0-	3f. E-Mail Add	ress			
(360) 493-5534			15 (15 )25		dana.vandewege	e@providence.org			
4a. Type of Establishment (Factory, mine, w	vholesaler, etc)	4b. Principal proc			5a. City	and State where unit is located:			
Healthcare			Healthcare			Centralia, WA			
5b. Description of Unit Involved Included: See Attached Page 2 for addition						6a. No. of Employees in Unit: 160			
Included: See Attached Page 2 for addition	hal details					6b. Do a substantial number (30%			
Excluded: See Attached Page 2 for addition						or more) of the employees in the unit wish to be represented by the			
EXCluded: See Attached Page 2 for addition	hal details					Petitioner? Yes [ No [ ]			
Check One: 7a. Request for re									
	(Date) (If no reply received, so state).								
			epresentative and desires	certification under the	Act.				
8a. Name of Recognized or Certified Bar	gaining Agent (II	r none, so state).	8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress			
8g. Affiliation, if any	2	T	8h. Date of Recognition or	r Certification	8i, Expiration [	Date of Current or Most Recent			
						y (Month, Day, Year)			
			O No Kasara						
9. Is there now a strike or picketing at the E				imately how many en					
(Name of labor organization)						N			
<ol> <li>Organizations or individuals other than I known to have a representative interest in a</li> </ol>					resentatives and	d other organizations and individuals			
50	.,			2					
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
				10e, Fax No.		10f. E-Mail Address			
				ioo. i unito.					
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in thi	is matter, state you	r position with respect to	11a. Election Type	: 📃 Manual 🗔	Mail Mixed Manual/Mail			
11b. Election Date(s):	11c. El	lection Time(s):		11d. Election Locat	tion(s):				
as soon as practicable	12.2012.000000000	n as practicable		as soon as practica	17.1.2 X.2				
12a. Full Name of Petitioner (including lo Matt Loveday United Food and Commercial Workers, Local 21	cal name and n	umber)		12b. Address (stree 5030 1st Ave S. Ste WA Seattle 98134-		city, state, and ZIP code)			
12c. Full name of national or international la United Food and Commercial Workers, AFL-		of which Petitioner	is an affiliate or cons ituen	t (if none, so state)					
12d. Tel No. (206) 419-0433	12e. Cell No.		12f. Fax No.		12g. E-Mail Ac mloveday@ufc	Idress cw21.org			
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	pr purposes of the repres	entation proceeding	1865383				
13a. Name and Title			13b. Address (street and	d number, city, state,	and ZIP code)				
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress			
I declare that I have read the above petiti	on and that the	statements are tru	le to the best of my know	ledge and belief.	2				
	gnature		Title		Date				
maa Lovodaj	Matt Loveday		Organizer		04/22/2020				
WILLFUL FALSE STATEME	N IS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE, TITL	E 18, SECTION 1001)			

#### Attachment

# Employees Included

All full-time, regular part-time, and per diem nonprofessional employees and nonprofessional lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Anesthesia Technicians, Central Services Technicians, Certified Nursing Assistants, Cooks, Dietary Aides, Emergency Department Technicians, Food Service Workers, Environmental Services Technicians, EKG Technicians, Endoscopy Technicians, Health Unit Secretaries, Imaging Assistants, Laboratory Assistant/Phlebotomists, Monitor Technicians, Rehab Aides, Respiratory Therapy Assistants, Sterile Processing Technicians, and Telemetry Technicians.

Case

## **Employees Excluded**

Excluding all other employees, employees represented by other labor organizations, professional employees, technical employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

UNITED STATES	GOVERNMENT			DO NOT	WRITE IN THIS	SSPACE
NATIONAL LABOR	RELATIONS BOA	RD	Case No.		Date	Filed
RC PE	TITION		19-R0	C-259514	4-2	23-2020
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, w	ww.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concerned i						
of service showing service on the			· · · · · · · · · · · · · · · · · · ·			
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s				10 4012j. 1110 01	ioning of inc	creat another any seried
1. PURPOSE OF THIS PETITION: RC-CE				of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner de	esires to be certifi	ed as representa in	ve of the employees. The	Petitioner alleges th	hat the following	g circumstances exist and
requests that the National Labor Relat	tions Board proc					
2a. Name of Employer			Idress(es) of Establishmen 14 S Scheuber Rd	t(s) involved (Street a	and number, city	, State, ZIP code)
Providence 3a. Employer Representative – Name and	Title	Ŵ	A Centralia 98531- 3b. Address (If same as	Ob state same)		
	Thue					
Dana Vandewege 3c. Tel. No.	3d. Cell No.		413 Lilly Rd WA Olympia 9850 3e. Fax No.	6-	3f. E-Mail Add	race
(360) 493-5534	Su. Cell NO.		JE. FAX INU.			e@providence.org
4a. Type of Establishment (Factory, mine, w	wholesaler etc.)	4b. Principal pro	duct or service			and State where unit is located:
Healthcare	moleculer, etc y	-to: T intelpar pro	Healthcare		ou. only t	Centralia, WA
5b. Description of Unit Involved			Todiatoaro			6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	and details					100
See Attached Page 2 for addition	Idi Uetalis				1	6b. Do a substantial number (30%
Fueluded						or more) of the employees in the
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the Petitioner? Yes 7 No 7
Check One: 7a. Request for re	cognition as Bar	aining Depresenta	tive was made on (Date)	an	d Employer dec	lined recognition on or about
		(If no reply receive		a	u Employer deci	incurrecognition on or about
7b Petitioner is c			epresentative and desires	certification under the	Act	
8a. Name of Recognized or Certified Bar			8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	race
00.10110.	ou och No.		00. T ax 10.		or. E-mail Add	1035
8g. Affiliation, if any			8h. Date of Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	imately how many er	nployees are pa	rticipating?
(Name of labor organization)		has pick	keted the Employer since (I	Month Day Year)		
10. Organizations or individuals other than F					recentatives and	-
known to have a representative interest in a					icscillatives and	other organizations and individuals
24						
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				40a Faulta		10f. E-Mail Address
				10e. Fax No.		TUI. E-IMAII Address
11. Election Details: If the NLRB conducts any such election.	s an election in th	is matter, state you	r position with respect to	11a. Election Type	: 📃 Manual 💽	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. E	ection Time(s):		11d. Election Loca	tion(s):	
as soon as practicable	124 19 12 19 19 19 19 19 19 19 19 19 19 19 19 19	as practicable		as soon as practica	191393	
12a. Full Name of Petitioner (including lo Matt Loveday United Food and Commercial Workers, Local 21	ocal name and n	ımber)		12b. Address (stre 5030 1st Ave S, Ste WA Seattle 98134-	et and number, o 200	city, state, and ZIP code)
12c. Full name of national or international la United Food and Commercial Workers, AFL-		of which Petitioner	is an affiliate or cons ituen	t (if none, so state)		
12d. Tel No.         12e. Cell No.         12f. Fax No.         12g. E-Mail Address mloveday@ufcw21.org					ldress cw21.org	
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	entation proceedin	g.	
13a. Name and Title			13b. Address (street and	d number, city, state,	and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress
I declare that I have read the above petiti	on and that the	statements are tru	ue to the best of my know	ledge and belief.	5	
Name (Print) Sig	gnature		Title		Date	
Matt Loveday /s/	Matt Loveday		Organizer		04/22/2020	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U		

\_\_\_\_

Case

Date Filed

## Attachment

# Employees Included

All full-time, regular part-time, and per diem technical employees and technical lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Cardiovascular Technicians, CT Technicians, Echo Technicians, Interventional Radiology Technicians, Mammography Technicians, MRI Technicians, Pharmacy Technicians, Radiology Technicians, Respiratory Therapists, Surgical Technicians, Ultrasound Sonographers, and X-Ray Technicians.

# **Employees Excluded**

Excluding all other employees, employees represented by other labor organizations, professional employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

30			1	eamsters Local 009		n.q cc:vc:cu			214
FORM NLRB-502 (RC) (2-18)		ED STATES OF A L LABOR RELATION	ONS BOA	ARD	Case No. 19-R	C-259640	WRITE IN THIS SI	Date Filed 4-24-20	)20
INSTRUCTIONS: Unless e-File employer concerned is locale the employer and all other par Case Procedures (Form NLRE	d. The petition ties named in	must be accomp the petition of: (1	anied by ) the pet	both a showing of Interest ( Won; (2) Statement of Positi	(see 6b bela on form (Fo	w) and a certific rm NLRB-505); e	ate of service sho nd (3) Description	wing service of Represent	on tation
	Petitioner desire	es to be certified as	s represer	ATIVE - A substantial number ntative of the employees. The I proper authority pursuant to	Petitioner a	lleges that the fo	llowing circumsta	nces exist an	
2a. Name of Employer:			2b. Addr	ess(es) of Establishment(s) inv	volved (Stree	at and number, Ci	y, State, ZIP code)	:	
Ferrellgas		54	306	N. Fruitland St., K	Cennew	ick, WA 99	336		
3a. Employer Representative -	Name and Title	E	3b. Addr	ess (if same as 2b - state same	e):			4.1	
Tim Davis, A	Horne	Y	same	8 - 2 					
3c. Tel. No. 509-586-0959	3d. Cell N			3e. Fax No. 509-582-6357	10		constan		M
4a. Type of Establishment (Facto	ory, mine, whole	esaler, etc.)		4b. Principal Product or Servic	8		nd State where uni	Tis located:	
Propane Supplier		-		Propane			wick, WA		
5b. Description of Unit Involved Included: Full-Time and Part-Time D	24	ook Workers	- 1 c	ervice techs.	*	6a. Numb 5	er of Employees in	Unit:	
Excluded:	) Divers	OCK WORKERS &	na 21	ervice reens.		6h Do at	substantial number	(30% of more)	1
Office Staff, Service Techn	icians, Super	visors, Manager	s and al	l other employees		of the	employees in the usented by the Petitio	init wish to be	
Check One: x 7a. Request for					21/2020	and the second s	declined recognitio		
on or about (Da	STATISTICS IN THE REPORT OF	the second se		eived, so state). sentative and desires certificati	ion under the	-			
Ba. Name of Recognized or Cer				the second se	ion under un	S ALL			
Austin DePaolo				1103 W. Sylveste	r St., Pas	co, WA 9930	01		
Bc. Tel. No.	Bd. Cell No	o.	1	Be Fax No.	8f. E-	Mail Address			
509-547-7513	509-551	1-9212		509-546-2560	tea	m839_adepaolo	@outlook.com		
8g. Affiliation, if any: Teamsters Local 839			8h.	Date of Recognition or Certific		piration Date of C nt Contract, if any	urrent or Most (Month, Day, Year	)	
9. Is there now a strike or picketin	g at the Emplo	yer's establishment	t(s) involv	ed? No 🗘 If so, appro	oximately ho	w many employed	s are participating	?	
(Name of Labor Organization)					, has pi	cketed the Employ	er since (Month, D	ay, Year)	
10. Organizations or individuals o individuals known to have a re				ms 8 and 9, which have claime he unit described in item 5b ab			es and other organ	izations and	
10a. Name		10b. Address			10c.	Tel. No.	10d. Cell No.		
92 TS	50				10e. I	Fax No.	10f. E-Mail Addre	55	
11. Election Details: If the NLRB	and durate and		las state	www.monition.ulth.comment.to.co		tion: 11a. Electio			
1). Election Details: If the NLHC	conducts and	election in this mat	ter, state	your position with respect to at	ny such elec	Manua		Mixed Manua	Mail
11b. Election Date(s):	15	11c. Election Time	e(s):		11d. I	Election Location(	Factor Contraction Contraction	VIACO MIBRIDO	Distan.
12a. Full Name of Petitioner (inc	luding local na	me and number):		12b. Address (stree	t and numbe	r city. State and	ZIP codel:		
Austin DePaolo, Team			1	1103 W. Sylv					
12c. Full name of national or inter International Brotherhood c		rganization of whic	ch Petilion	her is an alfiliate or constituent	(if none, so	stale):			
12d. Tel. No.	12e. Cell N	10.	1	21. Fax No.	12g. E	-Mail Address			
509-547-7513 x13	509-551			509-546-2560	and the second	n839_adepaolo	@outlook.com		
13. Representative of the Petition 13a. Name and Title: Austin DePaolo, Busines		accept service of a		s for purposes of the represe 3b. Address (street and number 1103 W. Sylvester St., I	er, city, State	and ZIP code):			
13c. Tel. No. 509-547-7513 x13	13d. Cell N 509-551			3e. Fax No. 509-547-2560		-Mail Address n839_adepaolo	Qautlook com		
declare that I have read the ab			1953-1260 - K		and the second s		Gordoor.com		
Name (Print)		Signature	(F	DA	Title			Date	IL
Austin DePaolo		- Un	2	1414	Busines	s Agent		4/2	4/20
WILLFUL FALSE S	TATEMENTS	ON THIS PETITION	N CAN BE	PUNISHED BY FINE AND IN	PRISONME	ENT (U.S. CODE,	TITLE 18, SECTIO	N 1001)	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or filigation. 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.

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INTERCIPE TOTION         Case No.         Date Period           19:42-2-267005         19:42-26700         19:42-26700           INSTRUCTIONS: Unless e-Flied using the Agency's website, yews nh1b, ago, submit an original of this Petition to an INRE office in the Region in which the employer concented is located. The petition runs to be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service in out the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (FGrow NLR8-Statement of Position form (FGrow NLR8-Statement of Position runs) for the employer or any other party.           - PURPOSE CENTREMINON OF REPERSIMENTAR: - A subdatular number of employees with the following of interest showid in the employee or any other party.         - Purpose of calculation interest of the employees of calculation interest of the employee of calculation interest (see calculated as espinested) with the employee of calculation interest of the employee of calculation interest of the employee of calculation interest of the employee of calculation interest (see calculated as espinested) with the employee of calculation interest (see calculated as espinested) with the employee of calculation interest (see calculated as espinested) with the employee of calculation interest (see calculated as calculated as espinested) with the employee of calculation interest (see calculated as calculated as espinested) interest (see calculated as calculated as espinested).           See Test No.         See Central Adverss target in the employee of calculation interest (see calculated as calculated as espinested).           Calculated:         See Adverse Page 2 to additional deash         See Central Central Centrest (see calculated a	UNITED STATES	S GOVERNMENT	Ē		DO NOT	WRITE IN THIS	SPACE			
INSTRUCTIONS: Unless e -Filed using the Agency's website, www.nth.gov. submit an original of this Petition to an ILRB office in the Region in which the employer and submit provides of the petition of (1) the effection of (1) the effective of the employer and all other parts and and inder parts enabled on the employer and the employer and all other parts enables of the employer and the employer employer and the employer employer employer employer and the employer employer and the employer employe			ARD		0705					
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 serves on two employer and any and other parts amed in the petitions of (f) the petitions (f) (f) methods (f)										
of service showing service on the employer and all other parties named in the petition of (1) the petition; (2) Statement of Position form (FGF mULRB 5613), and (3) Description of Representation Case Proceedures (Form ULRB 5612). The showing of interest should only be filed with the ULRB and showing of interest should only be filed with the ULRB and showing of interest should only be filed by the served on the employer or any other party. If PURPOSE of CENTRFORTON OF REPRESENTATIVE - substantial number of employees with to be represented to proposes of collective bagaining by Petitioner and Petitioner desires to be cetified as representative of the employees. The Petitioner alleges that the following circumstances suits and requests that the failout Labor fastions Bad proceed under its propert authority pursuance (Strete and number, of), State, ZP code (With Second Center and Integer authority pursuance). State Second - State State Second - State Secon										
(Form NLRB-505); and (2) Description of Representation Case Procedures (Form NLRB 442). The showing of interest should only be filed with the NLRB-6050; and (2) Description of Representation cases to calculate the many or or employees with be temployee or a calculate the many or or employees with be temployee or a calculate the many or or employees with be temployee or a calculate the should also features to be calculate calculate the should also features to be calculated to be should and the should also features that the should also features the calculate and bearse certification under the should also features the temployee features that the should also features the calculate should also features that the should also features the calculate also features that the should also features that										
with the NLRB and should not be served on the employer or any other party.         PURPOSE OF CENTREFATION. CONFERENCES NUMBER 4. Sublational number of employees with to be represented for purposes of collective barganing by Petitioner alles of Relations Board proceed under its progresa number of years and to second or the National Labor Relations Act.         Za. Name of Employer         Za. Name of Recognized or Certified Barganing Representative was made on (Date)         Za. Name of Recognized or Certified Barganing Representative and deares certification         Rec Employer Employer Employer         Za. Name of Recognized or Certified Barganing Representative and deares certification <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>										
1         PURPOSE OF THIS FETTORY. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees with to be represented to purpose of collective burganing by Perilioner and Fellioner and Felioner and Felioner and Fellioner and Fellioner and Felioner and F					RB 4812). The st	nowing of inte	erest should only be filed			
bit	With the NLKB and should not be s	served on the	employer or an	y other party.	of employees wish to	be represented	for numoses of collective			
2a. Name of Employer         2b. Addresses of Establishmen(s) worked (Steer and number, city, State, ZIP code)           9rowdence         3b. Employer Representative – Name and Title         3c. Employer Representative – Name and Title           3a. Employer Representative – Name and Title         3d. Employer Representative – Name and Title         3d. Employer Representative – Name and Title           3a. Employer Representative – Name and Title         3d. Cell No.         3d. Cell No.         3d. Cell No.           3c. Title Addresses (f Status)         3d. Cell No.         3d. Employer Representative – Name and Title         5d. City and State where unit is backed:           4a. Type of Establishment (Factory, mine, wholesaler, etc)         4b. Pfincipal product or service         5a. City and State where unit is backed:           Factorization         Factorization         4b. Pfincipal product or service         5a. City and State where unit is backed:           Excluded:         See Attached Page 2 for additional details         Excluded:         See Attached Page 2 for additional details           Excluded:         To. Petitioner is curren by recognized as Barganing Representative and easies certification under the Act           8a. Name of Recognized or Certified Barganing Agent (if nonce, so state).         8b. Address           8f. E-Tel No.         8f. E-Mail Address           8g. Attituation, if any         Bh. Date of Recognition or Certified and mumber (Ripkyer in the unit described in te	bargaining by Petitioner and Petitioner de	esires to be certifi	ied as representa iv	e of the employees. The	Petitioner alleges th	at the following	g circumstances exist and			
Providence         Div & Schludge Std           3a. Employer Representative – Name and Tile         Schludge Std           3a. Employer Representative – Name and Tile         Schludge Std           3a. Tel No.         Sd. Cell No.           3b. Tel No.         Sd. Cell No.           3c. Exployer destablishment (Factory, mine, wholesaler, etc)         AD. Principal product service           5c. Roy and State where unit is localed.         Centralia. VA           3c. Exployer destablishment (Factory, mine, wholesaler, etc)         AD. Principal product service           5c. Roy and State where unit is localed.         Centralia. VA           3c. Exployer destablishment (Factory, mine, wholesaler, etc)         Do a subfaritial number (70% or more) of the employees in the inthe second state.           Check One:         To. Prethouse is curren by recognized as Ranjaning Representative and desises certification under the Ad.           8a. Name of Recognized or Certified Bargaining Alegnesis in the unit desises certification         Rie Exa No.           9. Is there now a sinke or pickeling at the Employer's establishment(s) involved? No         No Address <td< td=""><td></td><td>tions Board proc</td><td></td><td></td><td></td><td></td><td></td></td<>		tions Board proc								
a.e. Employer Representative - Name and Title         IN Address (if same as 2n - state same)           Data Vandewer         All State Net Park           32. Terk Net;         All Cell No.           32. Terk Net;         St. Terk Net;           32. Terk Net;         St. Terk Net;           32. Terk Net;         St. Terk Net;           34. Type of Establishment (Factory, mine, wholesaler, etc.)         Mb. Principal product or service           An Type of Establishment (Factory, mine, wholesaler, etc.)         Mb. Principal product or service           Not Description of Unit Involved         St. City and State where unit is boated;           Included:         see Attached Page 2 for additional details           Excluded:         See Attached Page 2 for additional details           Check One:         To           To         Petitioner is curren by recognized as Bargaining Representative was made on (Date)         and Employeer declined recognition on or about           Check One:         To         Petitioner is curren by recognized as Bargaining Representative and desires certification         Bt. E-Mail Address           8.         R. Final Address         Bt. Call No.         Bt. E-Mail Address           6.         To         Representative as made on (Date)         and Employeer declined recognition on or about           Cheth One:         To         To <td></td> <td></td> <td>91</td> <td>4 S Scheuber Rd</td> <td>ii(s) involved (Sileei a</td> <td>ind number, city,</td> <td>, State, ZIF Code)</td>			91	4 S Scheuber Rd	ii(s) involved (Sileei a	ind number, city,	, State, ZIF Code)			
Data Vandewege       413 LW RQUE         3c Tell No.       3d Cell No.         3c Tell No.       3d Cell No.         3c Tell No.       3d Cell No.         4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service       Sc. City and State where unit is located.         Feat No.       Sc. Entry and State where unit is located.       Sc. City and State where unit is located.         Feat No.       Sc. City and State where unit is located.       Sc. City and State where unit is located.         Included:       See Attached Page 2 for additional details       Sc. City and State where unit is located.         Excluded:       See Attached Page 2 for additional details       Sc. No of Employees in Unit.         Check One:       1       7.a. Request for recognition as flargaining Representative was made on (Date)       and Employee (Cell Recognition on or about	1	1 Title	W		s 2b – state same)					
3c. Tet No.       3c. Cell No.       3c. Fax No.       3f. E-Mail Address         4a. Type of Establishment (Pactory, mine, wholesaler, etc.)       4b. Principal product or service Healthcare       5c. City and State where unit is hocaled: Healthcare       5c. City and State where unit is hocaled: Centralia. WA         4b. Description of Unit Involved Included:       5c. Allo, of Employees in Unit: 10.       5c. City and State where unit is hocaled: 10.       10.         Excluded:       See Attached Page 2 for additional details       5c. City and State where unit is hocaled: 10.       10.         Cheek One:       7.a. Request for recognition as Bargaining Representative was made on (Date) (Date) (ff no rep) received; so state).       and Employee declined recognition on or about (Date) (ff no rep) received; so state).       8b. Address         8c. Tet No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         8c. Tet No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         9c. Tet No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         9c. Address       8d. Cell No.       8f. E-Mail Address         9c. Address       8d. Cell No.       8f. E-Mail Address         9c. Address       8d. Cell No.       8f. E-Mail Address         9c. Address or pickeling at the Employer's establishment(s) involved? No.       8f. E-Mail Address         9c. Addrese or pickeling										
4a. Type of Establishmer ( <i>Factory, mine, wholesaler, etc.</i> )       4b. Principal product or service       Sa. City and State where unit is boated.         6b. Description of Unit Involved Included:       Sea. City and State where unit is boated.       Ga. No. of Employees in Unit.         100       Sea. Attached Page 2 for additional details       Ga. No. of Employees in Unit.         Excluded:       Sea. Attached Page 2 for additional details       Ga. No. of Employees in Unit.         Check One:       7 a. Request for recognition as Barganing Representative was made on (Date)		3d. Cell No.			-	3f. E-Mail Addr	ress			
Healthcare         Healthcare         Centralia. WA           6b. Description of Unit Involved         Ga. No of Erriployees in Unit: 150         Ga. No of Erriployees in Unit: 150           Included:         See Attached Page 2 for additional details         For Description of Unit Involved (Minore) of Description or a Barganing Regressentative was made on (Date)and Employer declined recognition on a about(Date) (ff no reply received, so state).         For De statestantial number (DW, or more) of the employees in theUnit to be represented by the				1. AN 10.		dana.vandewege	@providence.org			
B0. Description of Unit Involved Included:       Ear No. of Employees in Unit:         Included:       See Attached Page 2 for additional details       66. Do a substantial number (00%)         Excluded:       See Attached Page 2 for additional details       66. Do a substantial number (00%)         Check One:       Ta.       Petitioner is curren by received, so state).       and Employer declined recognition on or about         Check One:       Ta.       Petitioner is curren by received, so state).       80. Address         8a. Name of Recognized on Stagening Representative and desizes certification under the Act.       81. E-Mail Address         8a. Name of Recognized on Stagening Representative and desizes certification       81. E-Mail Address         8b. Address       81. 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)       10b. Address       10c. Tel No.       10d. Cell No.         10. organizations or individuals other than Petitioner and those named in items 8 and 9, which have diamed recognition on a strept-sentative and other organizations and individuals       10d. Address         110. Receins Date(s)       111. Election Type: [		wholesaler, etc)	4b. Principal proc			5a. City a				
Included:       See Attached Page 2 for additional details       160         Exclude:       See Attached Page 2 for additional details       160         Check One:       Ta. Request for recognition as Barganing Representative was made on (Date) and Employer declined recognition on or about				Healthcare						
Excluded:       See Attached Page 2 for additional details         Excluded:       See Attached Page 2 for additional details         Check One:       Ta. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about										
Excluded:       see Attached Page 2 for additional details       unit wish to be represented by the Pettioner? Yes [C] No []         Check One:	See Attached Page 2 for addition	nal details				1	6b. Do a substantial number (30%			
Petitioner? Yes [ Vac [ Nac [ ]         Check One:       7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about	Excluded:									
	See Attached Page 2 for addition	hal details								
Image: The Tellitoner 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 Recognized or Certification       8f. E-Mail Address         9. Is there now a strike or picketing at the Employer's establishment(s) involved? No       Monoperative and the employees are participating?         (Name of labor organization)	Check One: 7a. Request for re	ecognition as Barg	gaining Representa	tive was made on (Date)	an	d Employer decl	ined recognition on or about			
Ba. Name of Recognized or Certified Bargaining Agent ( <i>iff none, so state</i> ).       Bb. Address         Bc. Tel No.       Bd Cell No.       Be. Fax No.       Bf. E-Mail Address         Bg. Affiliation, if any       Bh. Date of Recognized on Certification       Bf. Expiration Date of Current or Most Recent Contract, if any ( <i>Month, Day, Year</i> )         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No       If so, approximately how many employees are participating?         ( <i>Name of labor organization</i> )										
8c. Tel No.       8d Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any       8h. Date of Recognition or Certification       Bit. 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)					certification under the	Act.				
Bg. Affiliation, if any       Bh. Date of Recognition or Certification       Bi. 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)	8a. Name of Recognized or Certified Barg	gaining Agent (h	f none, so state).	8b. Address						
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)	8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No in so picketed the Employer since (Month, Day, Year)	8g. Affiliation, if any		T	8h. Date of Recognition or	r Certification	8i. Expiration E	Date of Current or Most Recent			
(Name of labor organization)						Contract, if any	(Month, Day, Year)			
(Name of labor organization)	9 is there now a strike or nicketing at the Fi	molover's establis	shment(s) involved	2 No If so approx	vimately how many en	nnlovees are na	tricinating?			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)       10. Organizations or individuals other organizations and individuals         10a. Name       10b. Address       10c. Tel. No.       10d. Cell No.         11a. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.       11a. Election Type: Manual / Mixed Manual/Mail         11b. Election Date(s): as soon as practicable       11c. Election Time(s): as soon as practicable       11d. Election Location(s): as soon as practicable         12a. Full Name of Petitioner (including local name and number)       12b. Address (street and number, city, state, and ZIP code)         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address       13c. Tel No.       12g. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state,										
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)       10c. Tel. No.       10d. Cell No.         10a. Name       10b. Address       10c. Tel. No.       10d. Cell No.         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 practicable       11c. Election Time(s): as soon as practicable       11d. Election Location(s): as soon as practicable         12c. Full Name of Petitioner (including local name and number) (mittl Loveday       12b. Address (street and number, city, state, and ZIP code) (SO) (SI Ave State)         12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address (mixed Maruse)         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address (mixed Maruse)         13d. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13f. E-Mail Address       13b. Edeclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       13f. E-Mail Address         Name (Print)       Signature / Signature / Signature       Title Organizer       Date         Organizer </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>N</td>							N			
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.       10f. E-Mail Address         11. Election Date(s): as soon as practicable       11c. Election Time(s): as soon as practicable       11d. Election Location(s): as soon as practicable         12. Full Name of Petitioner (including local name and number)       11d. Election Location(s): as soon as practicable       12b. Address (street and number, city, state, and ZIP code)         12d. Full Name of Petitioner of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address milovedag@ufcw21.org         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address milovedag@ufcw21.org         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       12f. Fax No.       12g. E-Mail Address         13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13c. Tel No.         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No. <td< td=""><td></td><td></td><td></td><td></td><td></td><td>resentatives and</td><td>other organizations and individuals</td></td<>						resentatives and	other organizations and individuals			
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.       10f. E-Mail Address         11. Election Date(s): as soon as practicable       11c. Election Time(s): as soon as practicable       11d. Election Location(s): as soon as practicable         12. Full Name of Petitioner (including local name and number)       11d. Election Location(s): as soon as practicable       12b. Address (street and number, city, state, and ZIP code)         12d. Full Name of Petitioner of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address milovedag@ufcw21.org         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address milovedag@ufcw21.org         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       12f. Fax No.       12g. E-Mail Address         13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13c. Tel No.         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No. <td< td=""><td>52</td><td>to Mital Da</td><td>-</td><td>1.021 40</td><td>252.</td><td></td><td></td></td<>	52	to Mital Da	-	1.021 40	252.					
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(5):       11c. Election Time(s):       as soon as practicable       11d. Election Location(s):         as soon as practicable       as soon as practicable       12b. Eddress (street and number, city, state, and ZIP code)         Matt Loveday       5030 1st Ave _S Ste 200       0030 1st Ave _S Ste 200         12c. Full name of national or intemational labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12g. E-Mail Address mloveday@ufcw21.org         12d. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address mloveday@ufcw21.org         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13c. Tel No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No. <td< td=""><td>10a. Name</td><td>10b. Ad</td><td>dress</td><td></td><td>10c. Tel. No.</td><td></td><td>10d. Cell No.</td></td<>	10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
any such election.       11b. Election Date(s): as soon as practicable       11c. Election Time(s): as soon as practicable       11d. Election Location(s): as soon as practicable         12a. Full Name of Petitioner (including local name and number) Matt Loveday       12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S. Ste 200         12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)         12d. Tel No. (206) 419-0433       12e. Cell No.       12f. Fax No.       12g. E-Mail Address miloveday@ufcw21.org         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.         13c. Tel No.       13d. Cell No.       13e. Fax No.         13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.         13d. Cell No.       13e. Fax No.       13f. E-Mail Address         14be coday       Signature /s/ Matt Loveday       Title Organizer       Date 04/28/2020 08:15:50					10e. Fax No.		10f. E-Mail Address			
any such election.       11b. Election Date(s): as soon as practicable       11c. Election Time(s): as soon as practicable       11d. Election Location(s): as soon as practicable         12a. Full Name of Petitioner (including local name and number) Matt Loveday       12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S. Ste 200         12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)       12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)         12d. Tel No. (206) 419-0433       12e. Cell No.       12f. Fax No.       12g. E-Mail Address miloveday@ufcw21.org         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.         13c. Tel No.       13d. Cell No.       13e. Fax No.         13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.         13d. Cell No.       13e. Fax No.       13f. E-Mail Address         14be coday       Signature /s/ Matt Loveday       Title Organizer       Date 04/28/2020 08:15:50					The State of the State of States of States					
as soon as practicable       as soon as practicable       as soon as practicable       as soon as practicable         12a. Full Name of Petitioner ( <i>including local name and number</i> ) Matt Loveday       12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S. Ste 200         12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent ( <i>if none, so state</i> )       12g. E-Mail Address miloveday@ufcw21.org         12d. Tel No. (206) 419-0433       12e. Cell No.       12f. Fax No.       12g. E-Mail Address miloveday@ufcw21.org         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       Date         Name ( <i>Print</i> )       Signature       Title Organizer       Date         Matt Loveday       04/28/2020 08:15:50       04/28/2020 08:15:50		s an election in th	is matter, state you	r position with respect to	11a. Election Type:	: 🔲 Manual 🔽	Mail Mixed Manual/Mail			
12a. Full Name of Petitioner (including local name and number) Mait Loveday United Food and Commercial Workers, Local 21       12b. Address (street and number, city, state, and ZIP code) 503 0 tst Ave S. Ste 200         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       12g. E-Mail Address mloveday@ufcw21.org         12d. Tel No. (206) 419-0433       12e. Cell No.       12f. Fax No.       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.       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         14ectare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       Date 04/28/2020 08:15:50       04/28/2020 08:15:50	11b. Election Date(s): as soon as practicable	the state of the s								
12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)         12d. Tel No. (206) 419-0433       12e. Cell No.       12f. Fax No.       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.       13b. Address (street and number, city, state, and ZIP code)         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13c. Tel No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       Date       04/28/2020 08:15:50	12a. Full Name of Petitioner (including lo	TANK A SHARE AND A SHARE AND A			12b. Address (street	et and number, o	city, state, and ZIP code)			
United Food and Commercial Workers, AFL-CIO       126. Cell No.       12f. Fax No.       12g. E-Mail Address mioveday@ufcw21.org         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         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.       13f. E-Mail Address         Name (Print)       Signature /s/ Matt Loveday       Title Organizer       Date 04/28/2020 08:15:50		bor organization	of which Detitioner	is an affiliate or constituen		200	2014 - 201 - 2011			
(206) 419-0433       mloveday@ufcw21.org         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, state, and ZIP code)         13a. Name and Title       13b. Address (street and number, city, state, and ZIP code)         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.       Date         Name (Print)       Signature       Title       Date         Matt Loveday       /s/ Matt Loveday       Date       04/28/2020 08:15:50										
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.       13f. E-Mail Address         Name (Print)       Signature /s/ Matt Loveday       Title Organizer       Date 04/28/2020 08:15:50	mlouday@utau01.org									
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.     13f. E-Mail Address       Name (Print)     Signature /s/ Matt Loveday     Title Organizer     Date 04/28/2020 08:15:50	13. Representative of the Petitioner who	will accept servi	ice of all papers fo	or purposes of the repres	sentation proceeding	<b>j</b> .				
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       Name (Print)     Signature     Title     Date       Matt Loveday     /s/ Matt Loveday     Organizer     04/28/2020 08:15:50	13a. Name and Title			13b. Address (street and	d number, city, state,	and ZIP code)				
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       Name (Print)     Signature     Title     Date       Matt Loveday     /s/ Matt Loveday     Organizer     04/28/2020 08:15:50		10d O-11 M-		12o Fox No		406 -	tropp			
Name (Print)     Signature     Title     Date       Matt Loveday     /s/ Matt Loveday     Organizer     04/28/2020 08:15:50	TSC. TELNO.	130. Cell NO.		13e. Fax NO.		131. E-Mail Add	uress			
Matt Loveday /s/ Matt Loveday Organizer 04/28/2020 08:15:50	I declare that I have read the above petiti	on and that the	statements are tru	le to the best of my know	vledge and belief.					
	1-1									
	maa Loveday									

#### Attachment

# Employees Included

All full-time, regular part-time, and per diem nonprofessional employees and nonprofessional lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Anesthesia Technicians, Central Services Technicians, Certified Nursing Assistants, Cooks, Dietary Aides, Emergency Department Technicians, Food Service Workers, Environmental Services Technicians, EKG Technicians, Endoscopy Technicians, Health Unit Secretaries, Imaging Assistants, Laboratory Assistant/Phlebotomists, Monitor Technicians, Rehab Aides, Respiratory Therapy Assistants, Sterile Processing Technicians, and Telemetry Technicians.

Case

## **Employees Excluded**

Excluding all other employees, employees represented by other labor organizations, professional employees, technical employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

UNITED STATES	GOVERNMEN	Г		DO NOT	WRITE IN THIS	SPACE		
NATIONAL LABOR		ARD	Case No.	050700	Date F			
RC PE	Contraction of the second s	1.000 0000	19-RC-2			28-2020		
INSTRUCTIONS: Unless e-Filed us								
	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) Descript				RB 4812). The sh	lowing of inte	erest should only be filed		
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CE				of employees wish to	be represented	for numoses of collective		
bargaining by Petitioner and Petitioner de	esires to be certif	ied as representa iv	e of the employees. The	Petitioner alleges th	at the following	g circumstances exist and		
requests that the National Labor Relat 2a. Name of Employer	tions Board proc		per authority pursuant to dress(es) of Establishmen					
Providence		91	4 S Scheuber Rd	i(s) involved (Sileei a	na namber, city,	, State, ZIP code)		
3a. Employer Representative – Name and	1 Title	W	A Centralia 98506- 3b. Address (If same as	s 2b – state same)				
Dana Vandewege			413 Lilly Rd WA Olympia 9850					
3c. Tel. No.	3d. Cell No.		3e. Fax No.	0-	3f. E-Mail Addr	ress		
(360) 493-5534		·	14 - 171 - 173			@providence.org		
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal proc			5a. City a	and State where unit is located:		
Healthcare			Healthcare			Centralia, WA		
5b. Description of Unit Involved Included: See Attached Page 2 for addition						6a. No. of Employees in Unit: 100		
Included: See Attached Page 2 for addition	nal details					6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for addition					-5	or more) of the employees in the unit wish to be represented by the		
EXCluded: See Attached Page 2 for addition	nal details					Petitioner? Yes [ No [ ]		
Check One: 7a. Request for re	ecognition as Bar	gaining Representa	tive was made on (Date)	an	d Employer decl	ined recognition on or about		
		(If no reply received	· ·					
7b. Petitioner is co 8a. Name of Recognized or Certified Bar			epresentative and desires	certification under the	Act.			
sa. Name of Recognized of Certified Bar	gaining Agent (I	t none, so state).	8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ress		
8g. Affiliation, if any			8h. Date of Recognition or	r Certification		Date of Current or Most Recent (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	? No If so, approx	timately how many en	ployees are par	rticipating?		
(Name of labor organization)				Month. Dav. Year)				
10. Organizations or individuals other than I						other organizations and individuals		
known to have a representative interest in a						,		
10a. Name	10b, Ad	dress		10c. Tel. No.		10d. Cell No.		
Ida. Name	100. Ad	01035		100. 101. 100.				
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	an election in th	is matter state you	r position with respect to	44a Eta-8. 7	<b>—</b>			
any such election.	s an election in th	is matter, state you	position with respect to	11a. Election Type:		Mail Mixed Manual/Mail		
11b. Election Date(s): as soon as practicable	the second se	lection Time(s): n as practicable		11d. Election Locat as soon as practica				
12a. Full Name of Petitioner (including lo	The second s			A CALL AND A CALL AND A CALL AND A CALL	5757 -	city, state, and ZIP code)		
Matt Loveday United Food and Commercial Workers, Local 21		1000		5030 1st Ave S. Ste WA Seattle 98134-	200			
12c. Full name of national or international la United Food and Commercial Workers, AFL-		of which Petitioner	is an affiliate or cons ituen	t (if none, so state)				
12d. Tel No. (206) 419-0433	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad mloveday@ufc	ldress w21.org		
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repres	entation proceeding	J.			
13a. Name and Title			13b. Address (street and	d number, city, state, a	and ZIP code)			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	dress		
I declare that I have read the above petiti	ion and that the	statements are tru	le to the best of my know	ledge and belief.	2			
	gnature		Title		Date			
maa Loroday	Matt Loveday		Organizer		04/28/2020			
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE F	UNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE, TITLI	E 18, SECTION 1001)		

\_\_\_\_

Case

Date Filed

## Attachment

# Employees Included

All full-time, regular part-time, and per diem technical employees and technical lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Cardiovascular Technicians, CT Technicians, Echo Technicians, Interventional Radiology Technicians, Mammography Technicians, MRI Technicians, Pharmacy Technicians, Radiology Technicians, Respiratory Therapists, Surgical Technicians, Ultrasound Sonographers, and X-Ray Technicians.

# **Employees Excluded**

Excluding all other employees, employees represented by other labor organizations, professional employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

				DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RD)	UNITED STATES OF AME	No. 51 (1992) 10 (1997) 10 (1997) 14					Date Filed		
(2-18) N	RD PETITION	IS BUARD		1	9-RD-259129		4-14-2020		
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481	ing the Agency's website, he petition must be accompa named in the petition of:(1) a	anied by both a sho the petition; (2) Sta	owing of interest tement of Posi	st (see 7 b tion form	elow) and a certific (Form NLRB-505); a	ate of service sl and (3) Descripti	nowing service on on of Representation		
1. PURPOSE OF THIS PETITION: RI recognized bargaining representative Labor Relations Board proceed up	e is no longer their representation	tive. The Petitioner	r alleges that th	e followin	g circumstances ex				
2a. Name of Employer				•	(Street and number,		ode)		
Ultimate RB	05. 490 S			Ave Mcnimille OR 97125					
3a. Employer Representative - Name Tim Uoyleg Plant U 3c. Tel. No. 3d.	and Title	3b. Address (If sam Gourse	ne as 2b - state :	same)	,				
Constraint and the second s		3e. Cell No.		3f. E-Mail					
503-472-4691 4a. Type of Establishment (Factory, mi	ing wholegolog at 1			YIM. V	al product or service	eccm, Con	~		
	ne, wholesaler, etc.)				ter mats				
5a. Description of Unit Involved			1	Cub	ta mars	5b. City ar	nd State where unit		
Included:	and production inc	Interne			1 9 10 11 11 1 1 1 1 1 1	is loca	ted:		
Full tome & regular part for Excluded:	econution, and	in manie,			-	M	utonuille,		
Excluded:	conneg						SR		
Temporary employees			freden	tral un	anonen 3 5000	inutsons			
6. No. of Employees in Unit	7. Do a substantial number	(30% or more) of th	e employees in	the unit of	longer wish to be re	presented by the	certified or currently		
s. no. or Employees in Unit	7. Do a substantial number recognized bargaining re			and unit fit	2010 / / / / / / / / / / / / / / / / / /	35. 583	continue of contentity		
8a. Name of Recognized or Certified B	argaining Agent				8b. Affiliation, if any	1 1			
Ron Radgers Bc. Address					United Ste	elwort	ers		
8c. Address	1422 10 11	100-	8d. Tel. No.		8e. Cell No.				
USW Astrict 12, 24	13/ Kussell Suit	e 205		541-501-2590					
Kent, WA 94032	8f. Fax No.		8g. E-Mail Address						
					V valgers &	usw.on	Ĵ		
9. Date of Recognition or Certification			요즘 그는 것이 많은 것이 없었는 것이 많이 많이 했다.	ost Recen	t Contract, if any (Mo	nth, Day, Year)	v		
June 15, 2017		June 14	10						
11a. Is there now a strike or picketing a	at the Employer's establishmer	nt(s) involved?	res No	11b. If so,	approximately how n	nany employees a			
11c. The Employer has been picketed I	by or on behalf of (Insert Nam	ne)					a labor organization, of		
(Insert Address)		<u></u>	10		sinc	e (Month, Day, Y	'ear)		
12. Organizations or individuals other th						anizations			
and individuals known to have a re 12a. Name	presentative interest in any em 12b. Address	proyees in the unit of		1 5 above. 12c. Tel. N		12d. Fax No.			
				12e. Cell N	۱٥.	12f. E-Mail Addr	ess		
13. Election Details: If the NLRB cond	ducts an election in this			13a. Election	on Type: 🦳 Manual	Mail 5	Mixed Manual/Mail		
matter, state your position with resp	ect to any such election.								
13b. Election Date(s)	13c. Election Tim	ne(s)		13d. Electi	on Location(s)				
<sup>14</sup> (b) (6), (b) (7)(C)			1						
14				14b. Tel. N	ło.	14c. Fax No.			
(b) (6), (b) (7)(C)									
				14d. Cell N	(b) (7) (c)	(b) (6), (b) (			
				b) (b),	(b) (7)(C)	(b) (b), (b) (			
14f. Affiliation, if any									
15. Representative of the Petitioner v	who will accept service of all	papers for purpos			proceeding.				
15a. Name				15b.Title					
15c. Address (Street and number, city,	state, ZIP code)			15d. Tel. N	lo.	15e. Fax No.			
			-	15f. Cell N	0.	15g. E-Mail Add	ress		
I declare that I have read the above r	etition and the the stateme	are true to the	best of my know	wledne an	d belief				
I declare that I have read the above p	(b) (6), (b) (7)	C) are true to the f	-	Title	N MERER		Date Filed		
(b) (6), (b) (7)(C)					(b) (7)(C)				
STATE	MENTS	BE PUNISHE			NMENT (U.S. CODE	, TITLE 18. SEC	TION 1001)		
		PRIVACY ACT							