UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	N THIS SPACE
Case No. 19-RC-255866	Date Filed 2/6/20202

INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partic Case Procedures (Form NLRB 4	The petition must be accores named in the petition of:	npanied by both a (1) the petition; (2	showing of interes) Statement of Pos	t (see 6b below) tion form (Form	and a certifica NLRB-505); a	ite of service sh nd (3) Description	owing service on on of Representation
PURPOSE OF THIS PETITION bargaining by Petitioner and Perequests that the National Lat	titioner desires to be certified	as representative of	of the employees. Th	e Petitioner alle	ges that the fol	lowing circums	tances exist and
2a. Name of Employer: Farmers Brothers Coffee	!		of Establishment(s) 1 St, Yakima V		and number, Cit	y, State, ZIP code	e):
3a. Employer Representative - Na	ame and Title:	3b. Address (if s same	amé as 2b - state sa	me):	*		3
3c. Tel. No. 509.457.6031	3d. Cell No.	3e. Fax	No.	3f. E-M	ail Address		Maria de la companya
4a. Type of Establishment (Factory Full Service Beverage Pr			e distributor	rice .	Sa. City as Yakim	nd State where u	nit is located:
6b. Description of Unit Involved: Included: Delivery drivers and mai Excluded: Management and confide					6b. Do a s	er of Employees ubstantial number employees in the	er (30% or more) unit wish to be
Check One: 7a. Request for re on or about (Date	ecognition as Bargaining Rep (If urrently recognized as Barga led Bargaining Agent (If non	no reply received, s ining Representative ne, so state) 8b.	so state).		repres and Employer act.	ented by the Peti declined recognit	tioner? X Yes No
8c. Tel. No. 509.452.7194	8d. Cell No.	8e. Fax 509.4	No. 52.7354		ail Address @teamster	s760.org	
8g. Affiliation, if any:	1		Recognition or Certi	fication 8i. Expi	ration Date of C		Br)
Is there now a strike or picketing (Name of Labor Organization) Organizations or individuals other individuals known to have a representation.	er than Petitioner and those r	named in items 8 an	d 9, which have clair	, has picke	eted the Employ	s are participatin er since (Month, es and other orga	Day, Year)
10a. Name	10b. Address			10c. Te	. No.	10d. Cell No.	
				10e. Fa	x No.	10f, E-Mail Add	ress
11. Election Details: If the NLRB co	onducts and election in this m	natter, state your po	sition with respect to	any such election	1 2 2 2 2		Mixed Manual/Mail
11b. Election Date(s):	11c. Election To	me(s):		11d. Els	ection Location(s):	
12a. Full Name of Petitioner (inclu Teamsters Local Union 7 Bob Koerner	60		12b. Address (str 1211 W Lin	coln Ave, Y	akima WA		
12c. Full name of national or international Brotherhood		hich Petitioner is ar	affiliate or constitue	nt (if none, so st	s(e):		
12d, Tel. No. 202.624.6800	12e. Cell No.	12f. Fex	No.	12g. E-	Viail Address		
13. Representative of the Petition 13a. Name and Title: Bob Koerner, Business Rep	i i i i i i i i i i i i i i i i i i i	13b. Add	rposes of the repredess (street and nur. W Lincoln Ave,	nber, city, State a	and ZIP code):		
13c. Tel. No. 509.452.7194	13d. Cell No. 509.949.2477	1	52.7354	bob@	lail Address teamsters7	60.org	
I declare that I have read the abov		/ ³ /~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	the best of my kno		er.		I Dot-
Name (Print) Bob Koerner	Signatus	Voto		Business	Represent	ative	Date 2.5.2020

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256228	2/12/2020			

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

Case Procedures (Form NLRB 481	12). The showing	of interest shoul	d only be fil	ed with the NLRB and	d should not be s	served on ti	he employer or any oth	er party.
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner requests that the National Laboratory	oner desires to be	certified as repres	sentative of the	he employees. The Pe	titioner alleges t	hat the follo	owing circumstances e	
2a. Name of Employer: Janus Youth Programs				Establishment(s) involu Crisis Shelter, 16			State, ZIP code): , Portland, OR 97	205
3a. Employer Representative - Nam Mark Augustin, HR Direc				ne as 2b - state same): ch Street, Portlar		2		
3c. Tel. No. 503-542-4609	3d. Cell No. 503-484-012	28	3e. Fax No 503-23	3-6093	3f. E-Mail Admangust		syouth.org	
4a. Type of Establishment (Factory, R NFP helping homeless and				oal Product or Service t for homeless y	outh	5a. City and Portlan	d State where unit is local d, OR	ated:
5b. Description of Unit Involved: Included: All care and support empl Excluded:	oyees at the	1635 SW Ald	der Street	facility		15	r of Employees in Unit:	or more)
All others, including mana	<u> </u>					of the e represe	mployees in the unit wis nted by the Petitioner? [h to be
Check One: 7a. Request for rec on or about (Date)		(If no reply	received, so	state).		l Employer c	leclined recognition	
☐ 7b. Petitioner is cur 8a. Name of Recognized or Certifie None	<u> </u>			and desires cer ification ddress:	n under the Act.			
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Mail Ad	ddress		
8g. Affiliation, if any:		i	· ·			on Date of Current or Most ntract, if any (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) in	volved? No	If so, approx	imately how man	y employees	are participating?	
(Name of Labor Organization)					, has picketed	the Employe	er since (Month, Day, Ye	ear)
 Organizations or individuals other individuals known to have a repre None 							s and other organization	ns and
10a. Name	10b. A	Address			10c. Tel. No		10d. Cell No.	
					10e. Fax No		10f. E-Mail Address	
11. Election Details: If the NLRB con	nducts and electio	n in this matter, st	ate your posi	tion with respect to any	such election:	11a. Election Manua	·	Manual/Mail
11b. Election Date(s): ASAP	11c. E	lection Time(s):			11d. Election On site	n Location(s):	
12a. Full Name of Petitioner (including local name and number): American Federation of State, County, and Municipa Employees Council 75		oal	12b. Address (street 6025 East Burn					
12c. Full name of national or internati American Federation of S								
12d. Tel. No. 503-239-9858	12e. Cell No.		12f. Fax N 503-23		12g. E-Mail	Address		
13. Representative of the Petitione 13a. Name and Title: Noah Warman, attorney, Tec	-		13b. Addre	poses of the represer ess (street and number E Broadway Stree	r, city, State and 2	ZIP code):	R 97232	
13c. Tel. No. 503-453-0146	13d. Cell No.		13e. Fax N		13f. E-Mail A noah@tl		om	
declare that I have read the above	petition and tha		are true to t	he best of my knowle		- -		Doto
^{Name (<i>Print</i>) Noah Warman}		Signature /s/Noah Wa	ırman		Attorney fo	r Petitio	ner	Date 02/12/20

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NO	DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed	_		
19-RC-256303	2/13/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13651 SE Ambler Rd WE Given Contracting Inc. ackamas 97015 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 13651 SE Ambler Rd OR Clackamas 97015 Patricia Glen 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address pat@givencontracting.com (503) 655-3662 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Painting** Clackamas, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 03/05/20 The Employer's Clackamas facility 8 am 12a. Full Name of Petitioner (including local name and number)
Scott Oldham
International Union of Painters and Allied Trades, District Council 5 12b. Address (street and number, city, state, and ZIP code) 11105 NE Sandy Blvd 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Union of Painters and Allied Trades 12g. E-Mail Address scotto@iupatdc5.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel Hutzenbiler McKanna Bishop Joffe 1635 NW Johnson St OR Portland 97209-13c Tel No 13d Cell No. 13e. Fax No. 13f. E-Mail Address dhutzenbiler@mbjlaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Daniel Hutzenbiler 02/13/2020 12:20:48 Daniel Hutzenbiler

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

PRIVACY ACT STATEMENT

Δt	tar	٦h	m	٦ŧ

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-RC-256303	2/13/2020		

Employees Included All full-time and regular part time painters.

Employees Excluded

All other employees, guards, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.			
19-RC-	56315		

DO NOT WRITE IN THIS SPACE
Date Filed
2/13/2020

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

with the NLRB and should <u>not</u>	be served on the e	employer o	or any other party.			
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor 8	ter desires to be centre	ed as renresi	entative of the employees. The	Dotitioner allegee th	at the falloude	
2a. Name of Employer		2	b. Address(es) of Establishmen	t(s) involved (Street a	and number cit	State 7IP code)
JL Properties, Inc.		- 1	455 3rd Avenue			, 0,000, 211 0000)
3a. Employer Representative - Name	e and Title		AK Fairbanks 99701- 3b. Address (If same as	2h - state same)		
Levi Kincaid			813 D St, Suite 20 AK Anchorage 999			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	501-	3f. E-Mail Add	race
(907) 279-8025		828	(907) 279-8066		lkincaid@jlprope	
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principa	al product or service			and State where unit is located:
Real Estate Operation	ns		Real estate & mainten	ance	Ja. Ony	Fairbanks, AK
5b. Description of Unit Involved			riodi oblato di mantoni	unoc		6a. No. of Employees in Unit:
Included: See Attached Page 2 for ac	ditional details					14 6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ac	ditional details	3374				or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [7]
	(Date) (is currently recognized	<i>If no reply re</i> d as Bargaini	sentative was made on (Date) of ceived, so state). No reply receiving Representative and desires ate).	ved .		lined recognition on or about
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i. Expiration I Contract, if an	Date of Current or Most Recent y (Month, Day, Year)
(Name of labor organization) 10. Organizations or individuals other the known to have a representative interest	nan Petitioner and thos t in any employees in t	e named in i	s picketed the Employer since (I tems 8 and 9, which have claim ibed in item 5b above. (If none,	ed recognition as ren	resentatives and	d other organizations and individuals
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No.
		5		10e. Fax No.	7.	10f. E-Mail Address
 Election Details: If the NLRB cond any such election. 	lucts an election in this	matter, state	e your position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): March 6, 2020 or as soon as possible		ection Time(s):	11d. Election Locati		THE RESERVE OF THE PERSON OF T
12a. Full Name of Petitioner (including John Corbett Laborers' Local 942	ng local name and nu			12b. Address (stree	et and number.	t Jillian Square Apartments, 3000 Davi city, state, and ZIP code)
12c. Full name of national or internation Laborers' International Union of North Ar	nal labor organization o merica	f which Petit	ioner is an affiliate or constituen	t (if none, so state)		(*)
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	idress
(907) 456-4584	(907) 378-1710		(907) 452-6285		jcorbett@local	942.net
13. Representative of the Petitioner v 13a. Name and Title Khalial Withen General Counsel Alaska District Council of Laborers		e of all pape	13b. Address (street and 2501 Commercial Dr. AK Anchorage 99501-			
13c. Tel No. (907) 276-1640	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	
I declare that I have read the above p	(907) 341-7295	tatamente a	(907) 274-7289		kwitnen@alasi	kalaborers.com
Name (Print)		atements a		leage and belief.		
Khalial Withen	Signature Khalial Withen		Title General Counsel		Date 02/13/2020	10:15:07

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

PRIVACY ACT STATEMENT

Employees Included
All maintenance employees employed by JL Properties, Inc. in Fairbanks, Alaska

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT	WRITE IN THIS SPACE	_
Case No.	Date Filed	_
19-RC-256360	2/13/2020	

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

(Form NLRB-505); and (3) Desc	ription of Repres	entation Case F	Procedures (Form NL)	RB 4812). The sh	owing of inte	rest should only be filed
with the NLRB and should not I	be served on the	employer or an	y other party.			A STATE OF THE STA
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	-CERTIFICATION OF er desires to be certifi	REPRESENTATI ed as representativ	VE - A substantial number ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and
2a. Name of Employer			dress(es) of Establishmen			
Fresenisus Kidney Care			45 Harrison Ave. Ste D	2.5	•	
3a. Employer Representative - Name	and Title	IVI	T Butte 59701- 3b. Address (If same as	s 2b - state same)		
Susan Englert			3100 Great Northe MT Missoula 5980			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	18-	3f. E-Mail Addre	ess
			00.7 42.710.		susan.englert@fm	
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City ai	nd State where unit is located:
Healthcare			Kidney Dialysis			Butte, MT
5b. Description of Unit Involved		Access to the	IVIII			6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details			12	_	6
	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	110	2000			6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	ditional details			1 1190000000000000000000000000000000000		or more) of the employees in the unit wish to be represented by the
Octo Allactics 1 age 2 for ac	Gittorial Getalis					Petitioner? Yes [] No []
Check One:	or recognition as Baro	aining Representa	tive was made on (Date) 0	1/22/2020 and		ned recognition on or about
			d, so state). No reply recei		a Employer deem	ica recognition on or about
7b. Petitioner			epresentative and desires		Act	
8a. Name of Recognized or Certified			8b. Address	cerdicadon dider the	Act.	K 20
		,,	1			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addre	ess
8g. Affiliation, if any	3		8h. Date of Recognition or	r Certification		ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the	ne Employer's establis			imately how many em	ployees are part	icipating?
(Name of labor organization)	****		eted the Employer since (I			
 Organizations or individuals other the known to have a representative interest 	an Petitioner and tho in any employees in	se named in items the unit described i	8 and 9, which have claims in item 5b above. (If none,	ed recognition as repr so state)	resentatives and	other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB cond any such election. 			r position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 8am - 5pm			11d. Election Location(s): Butte - Fresensius			910 200
12a. Full Name of Petitioner (includin Erin Foley Teamsters Local Union No. 2				3345 Harrison Ave.	t and number, ci	ty, state, and ZIP code)
12c. Full name of national or internation International Brotherhood of Teamsters	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)	- 100 - 100	
12d. Tel No.	12e. Cell No.		12f. Fax No.	1	12g. E-Mail Add	
(406) 533-5528	(406) 533-5528		(406) 494-4430		erin.foley@team	nsterslocal2.org
13. Representative of the Petitioner v 13a. Name and Title	vho will accept servi	ce of all papers fo	or purposes of the repres 13b. Address (street and			
13c. Tel No.	13d. Cell No.	192-202-	13e, Fax No.		13f. E-Mail Add	ress
I declare that I have read the above p	etition and that the	statements are tru	ie to the best of my know	ledge and belief.		
Name (Print)	Signature		Title	• • • • • • • • • • • • • • • • • • • •	Data	
Erin Foley	Erin Foley		Secretary Treasurer		Date	

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

PRIVACY ACT STATEMENT

Attachment

Employees Included L.P.N and Patient Care Technicians

Employees Excluded Management

DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
19-RC-256360	2/13/2020

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-256385	2/14/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Fresenius Kidney Care Butte/Bozeman 3745 Harrison Ave., Ste. D, Butte, MT 59701 937 Highland Blvd., Ste. 5100, Bozeman, MT 59715 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Susan Englert 3100 Great Northern Ave. Missoula, MT 59808 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address susan.englert@fmc-na.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Healthcare Kidney Dialysis Butte and Bozeman Montana 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 8 L.P.N and Patient Care Technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

X
Yes Excluded: Management Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition No reply on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires cer ification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail X Manual Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 27 8am - 10am , 2pm-3pm one time in Butte other time for Bozeman 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 3346 Harrison Ave. Butte, MT 59701 Erin Foley 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 406-533-5528 406-494-4430 406-533-5528 erin.foley@teamsterslocal2.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Erin Foley Erin Foley Secretary Treasurer 02/14/20

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256439	2/18/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3333 Riverbend Dr. OR Springfield 97477 Peacehealth Sacred Heart Medical Center at Riverbend and University 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 1115 SE 164th Avenue WA Vancouver 98683-Craig Armstrong 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Springfield, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/5/2020 7-9 am, 4-6 pm TRD 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 18765 SW Boones Ferry Road OR Tuals in 97062-12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
American Federa ion of Teachers 12g. E-Mail Address dovlet@bennetthartman.com 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Thomas Doyle Attorney Bennett Hartman Morris and Kaplan 210 SW Morrison Street OR Portland 97204-13c. Tel No. 13d Cell No. 13e. Fax No. 13f F-Mail Address tom@bennetthartman.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Thomas Dovle Attorney Thomas Doyle 02/17/2020 22:16:08

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
19-RC-256439	2/18/2020			

Employees Included

All Nurse Practitioners and Advanced Practice Registered Nurses Employed at Riverbend/UD for self determination inclusion with existing RN Unit at that location.

Employees Excluded Supervisors, Managers

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256529	2/18/2020			

INSTRUCTIONS: Unless e-Filed usi						
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) Description				RB 4812). The st	nowing of inte	erest should only be filed
with the NLRB and should not be s	erved on the	employer or an	y other party.			2004
PURPOSE OF THIS PETITION: RC-CEF bargaining by Petitioner and Petitioner de	esires to be certifi	ed as representativ	ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and
requests that the National Labor Relat 2a. Name of Employer	ions Board proc		dress(es) of Establishmer			
Growing Seeds at Crystal Springs	. Inc.		SE Steele St, Portla		ind namber, only,	State, 211 Society
3a. Employer Representative – Name and		1	3b. Address (If same a			
Jessica Kyrie Eppley 3c, Tel. No.			33410 E. Historic (lighway, Corl	70 2 13 10 10 10 10 10 10 10 10 10 10 10 10 10
971-254-4365	3d. Cell No.	N - 1500000000000000000000000000000000000	3e. Fax No.		1.00	@growingseeds.net
4a. Type of Establishment (Factory, mine, w	rholesaler, etc)	4b. Principal pro				and State where unit is located:
Preschool		Early Childho	od Education		Portland	C.
5b. Description of Unit Involved						6a. No. of Employees in Unit: approx. 19
Included: all employees					F	6b. Do a substantial number (30%
Excluded: office clericals, gua	rde mana	gore and e	unanticara as de	sfinad in the A	ot	or more) of the employees in the unit wish to be represented by the
Office ciericals, gua	ius, mana	gers, and s	upervisors as de	sililed ill tile A	lCi.	Petitioner? Yes ✓ No
Check One: 7a. Request for re			tive was made on (Date)		d Employer decli	ned recognition on or about
7h Petitioner is cu	(Date)	(If no reply received	d, so state). no reply epresentative and desires	y received	Act	
8a. Name of Recognized or Certified Barg			8b. Address	certifica for under the	ACL	
none	2 55 55 56					
8c. Tel No.	8d Cell No.		8e. Fax No. 8f. E-Mail Ad		8f. E-Mail Addr	ess
8g. Affiliation, if any						ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picke ing at the Er	nployer's establis	shment(s) involved	? no If so, approx	ximately how many en	nployees are par	icipating?
(Name of labor organization)			keted the Employer since (
Organizations or individuals other than F known to have a representative interest in a					resentatives and	other organizations and individuals
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
	1			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state you	r position with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): as soon as possible	11c. El 12 pm -	ec ion Time(s):		11d. Election Local at the employer's lo		oom)
12a. Full Name of Petitioner (including lo International Longshore and Warehouse U	- CONTRACTOR OF THE PARTY OF TH	12b. Address (street and number, city, state, and ZIP code 920 W Burnside St., OR 97209			WHEN THE REPORT OF THE PERSON NAMED IN THE PERSON	
12c. Full name of national or international la International Longshore and Warehouse U	bor organization	of which Petitioner	is an affiliate or constituer		., 0.110.200	
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Add	
(503) 933-7550 ryan.takas@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.						u.org
13a. Name and Title Emily Maglic			13b. Address (street an	d number, city, state,	and ZIP code)	
13c. Tel No. (415) 771-6400			13e. Fax No.			
I declare that I have read the above petition	on and that the	statements are tru	1	wledge and belief.		
Name (Print) Sig	natere (111	Title		Date	
Emily M. Maglio	My/	Mul.	attorney	IMPRICALMENT "	2/18/20	10 SECTION 1004)

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

TIONAL LABOR RELATIONS BOARI

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256530	2/18/2020			

				It Lo			10/2020
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) Descr	iption of Repres	entation Case F	Procedures (F	orm NLI	RB 4812). The sh	owing of i	interest should only be filed
with the NLRB and should not b	e served on the	employer or an	y other party.		\$20000	4650	500
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitione							
requests that the National Labor Re							
2a. Name of Employer					t(s) involved (Street a		
Growing Seeds in Irvington, LL0		808 N			Blvd Suite F, P	ortland, O	R 97212
3a. Employer Representative - Name	and Title		The second secon		2b - state same)	70-F00-00-00-00-00-00-00-00-00-00-00-00-0	
Jessica Kyrie Eppley				istoric C	olumbia River H		Corbett, OR 97019
3c. Tel. No.	3d. Cell No.		3e. Fax No.			3f. E-Mail A	5 10 10 10 10 10 10 10 10 10 10 10 10 10
503-284-4860		I	<u> </u>				ley@growingseeds.net
 Type of Establishment (Factory, mine Preschool 	e, wholesaler, etc)	4b. Principal pro Early Childho					ity and State where unit is located: and, OR
5b. Description of Unit Involved		Early Childrio	ou Education	1		FOILE	6a. No. of Employees in Unit:
Samuel Transform (Company of the Company of the Com							approx. 19
Included: all employees							6b. Do a substantial number (30%
Excluded:							or more) of the employees in the
office clericals, g	uards, mana	gers, and si	upervisors	as de	fined in the A	ct	unit wish to be represented by the Petitioner? Yes No
Check One: 7a. Request fo	r recognition as Barg	naining Denresenta	tive was made o	n (Date) 2)/10/20 and	d Employer d	leclined recognition on or about
. ra. Request to		(If no reply received				Lilipioyei d	lectified recognition on or about
7b Petitioner i	s curren ly recognize	ed as Bargaining Re	epresentative and	d desires o	certifica ion under he	Act	
8a. Name of Recognized or Certified E				Address			
none	50A 300 50A 300	**					
8c. Tel No.	dc. Tel No. 8d Cell No.			8e. Fax No. 8f. E-Mail Ad		ddress	
8g. Affiliation, if any	'		8h. Date of Reco	ognition or	Certification		on Date of Current or Most Recent
						Contract, if	any (Month, Day, Year)
9. Is there now a strike or picke ing at the	e Employer's establis	shment(s) involved	2 no lf s	so annrovi	imately how many en	nlovees are	nar icinating?
(Name of labor organization)							
10. Organizations or individuals other tha	an Petitioner and tho	se named in items	8 and 9, which h	ave claime	ed recognition as repr	esentatives	and other organizations and individuals
known to have a representative interest							18.
40a Nama	10b Ad	draga			40a Tal Na		40d Coll No
10a. Name	10b. Ad	uless		10c. Tel. No. 10d. Cel		10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	ucts an election in th	is matter state vou	r position with re	spect to	11a. Election Type:	Manua	Mail Mixed Manual/Mail
any such elec ion.		15 551	poolaon marro	Spoot to			I I I I I I I I I I I I I I I I I I I
11b. Election Date(s):		lec ion Time(s):			11d. Election Locat		ale mana)
as soon as possible 12a. Full Name of Petitioner (including	12 pm	AND DESCRIPTION OF THE PARTY OF			at the employer's lo		er, city, state, and ZIP code)
International Longshore and Warehous	ambery			920 W Burnside St.			
12c. Full name of national or international International Longshore and Warehous		of which Petitioner	is an affiliate or o	constituent	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.			12n F-Mail	Address
(503) 933-7550			12f. Fax No. 12g. E-Mail Addre ryan.takas@ilwu.c				
13. Representative of the Petitioner w	ho will accept serv	ice of all papers fo	or purposes of t	he repres	entation proceeding	si .	
13a. Name and Title Emily Mac	lio attorno		13b. Address	(street and	d number, city, state,	and ZIP code	e)
				., Ste. 201, S	San Francisco, CA 94109		MICY
13c. Tel No.	13d. Cell No.		13e. Fax No.	0		13f. E-Mail	
(415) 771-6400 I declare that I have read the above pe	etition and that the	statements are tri	(415) 771-701			erriagilo@le	onardcarder.com
Desire the research of the second of the sec		11-	-	,		Date	
Name (Print) Emily M. Maglio	Signature	VIA.	Title attorney			2/18/20	
,	4-5-9-/	- 1-11111-1					

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256531	2/18/2020			

IV O I E			19-NC-	430331	2/10	0/2020	
INSTRUCTIONS: Unless e-Filed usi	ng the Agenc	y's website, <u>w</u>					
in which the employer concerned is	located. The	e petition must	be accompanied b	y both a showing o	of interest (see	e 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) Descripti	on of Represe	entation Case I	Procedures (Form I	ILRB 4812). The s	howing of inte	erest should only be filed	
with the NLRB and should not be s	erved on the	employer or an	y other party.	9250	(0.00)	502	
PURPOSE OF THIS PETITION: RC-CEF bargaining by Petitioner and Petitioner de requests that the National Labor Relati	sires to be certific	ed as representativ	ve of the employees. The	ne Petitioner alleges t	hat the following	circumstances exist and	
2a. Name of Employer	ions Board proc		ldress(es) of Establishm				
Growing Seeds North, LLC			NE Martin Luther				
3a. Employer Representative - Name and	Title		3b. Address (If same				
Jessica Kyrie Eppley				Columbia River I	Highway, Cor	bett, OR 97019	
3c. Tel. No. 503-283-9669	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr kyrie.eppley	ess @growingseeds.net	
4a. Type of Establishment (Factory, mine, w	rholesaler, etc)	4b. Principal pro				and State where unit is located:	
Preschool		Early Childho	od Education		Portland		
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: all employees						approx. 40 6b. Do a substantial number (30%	
Excluded:						or more) of the employees in the	
office clericals, gua	rds, mana	gers, and s	upervisors as o	defined in the A	Act	unit wish to be represented by the Petitioner? Yes ✓ No	
Check One: 7a. Request for re-			itive was made on (Date		nd Employer decli	ined recognition on or about	
	(Date) ((If no reply receive	d, so state). no rep	ly received	W. W		
8a. Name of Recognized or Certified Barg			epresentative and desire 8b. Address	A STATE OF THE PARTY OF THE PAR	e ACL		
none	Janning Agent (II	none, so statej.	ob. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	8f. E-Mail Address	
8g. Affiliation, if any						8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picke ing at the Er	nployer's establis	shment(s) involved	? no If so, app	roximately how many e	mployees are par	icipating?	
(Name of labor organization)		, has pick	keted the Employer sinc	e (Month, Day, Year) _			
Organizations or individuals other than F known to have a representative interest in a	Petitioner and thos ny employees in t	se named in items the unit described	8 and 9, which have cla in item 5b above. (If no	imed recognition as rep ne, so state)	oresentatives and	other organizations and individuals	
10a. Name	10b. Add	dress		10c. Tel. No. 10d. Cell		10d. Cell No.	
			10e. Fax No.			10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	an election in thi	s matter, state you	r position with respect to			Mail Mixed Manual/Mail	
11b. Election Date(s): as soon as possible	11c. El 12 pm -	ec ion Time(s): 2 pm		11d. Election Location(s): at the employer's location (break room)			
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 W Burnside St., OR 97209			
12c. Full name of national or international la International Longshore and Warehouse U		of which Petitioner	is an affiliate or constitu	ent (if none, so state)			
12d. Tel No. 12e. Cell No. (503) 933-7550			12f. Fax No.	12f. Fax No. 12g. E-Mail Address ryan.takas@ilwu.org			
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the rep	esentation proceeding	ıg.		
13a. Name and Title Emily Maglio	, attorney	/		and number, city, state, 11, San Francisco, CA 9410			
13c. Tel No. (415) 771-6400			13e. Fax No. 13f. E-Mail Address emaglio@leonardcarder.com				
I declare that I have read the above petition	on and that the s	statements are tru	ue to the best of my kn	owledge and belief.	•		
Name (Print) Sig Emily M. Maglio	nature 7	War	Title attorney		Date 2/18/20		
WILLELL EALSE STATEMEN	A TONTHIS DE	STANDANDE !		ID IMPRISONMENT (I	12	19 SECTION 1001)	

E PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 19-RC-256761	Date Filed 2/21/2020				

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective

,	,		-					
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repre	esentative o	f the employees. The Pe	etitioner alleges	that the foll	owing circumstances e	
2a. Name of Employer: Fresenius Kidney Care Butte		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 937 Highland Blvd. Ste 5100 Bozeman, MT 59715						
3a. Employer Representative - Nan	ne and Title:			ame as 2b - state same)				
Susan Englert		310	0 Great N	lorthern Ave. Miss	oula, MT 598	08		
3c. Tel. No.	3d. Cell No.		3e. Fax	No.	3f. E-Mail A			
	<u> </u>				susan.er	iglert@fmc		
4a. Type of Establishment (Factory, I Healthcare	mine, wholesaler,	etc)		cipal Product or Service Dialysis		1 ,	id State where unit is loca d Bozeman Montana	
5b. Description of Unit Involved:						6a. Numbe	er of Employees in Unit:	
Included: L.P.N and Patient Care Techni	icians					8		
Excluded:	ICIAITS					6h Doas	ubstantial number (30% o	or more)
Management						of the e	employees in the unit wis ented by the Peti ioner?	h to be
Check One: X 7a. Request for reconnection on or about (Date)	cognition as Bargai No reply		tive was ma y received, s		2/2020 ar	d Employer	declined recogni ion	
				e and desires certificatio	n under the Act.			
8a. Name of Recognized or Certifie	ed Bargaining Ag	ent (If none, so s	tate) 8b.	Address:				
8c. Tel. No.	8d. Cell No.		8e. Fax	No.	8f. E-Mail A	Address		
8g. Affiliation, if any:	8g. Affiliation, if any: 8h. Date of Recognition or Certification 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. N	0.	10d. Cell No.	
					10e. Fax N	0.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and electio	n in this matter, s	tate your po	sition with respect to an	y such election:	11a. Electio	n Type:	
						Manua	al Mail Mixed	l Manual/Mail
11b. Election Date(s):		Election Time(s):				on Location(s	s):	
March 6	8am	- 10am	Bozeman					
12a. Full Name of Petitioner (including local name and number): Erin Foley				12b. Address (street 3346 Harrison A	-		ZIP code):	
12c. Full name of national or internat	ional labor organiz	a ion of which Pe	etitioner is a	n affiliate or constituent	(if none, so state):		
International Brotherhood of Te	eamsters							
				No.	12g. E-Mai			
406-533-5528 406-533-5528				94-4430	1	$\overline{}$	rslocal2.org	
13. Representative of the Petitioner who will accept service of all papers for				· · · · · · · · · · · · · · · · · · ·				
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	ı e petition and tha	t the statements	are true to	the best of my knowle	edge and belief.			
Name (Print)		Signature			Title			Date
-		Erin Foley	Foley S		Secretary Tr	ecretary Treasurer		02/21/20

Robin Haux

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Robin Haux

DO NOT WRITE IN THIS SPACE					
Case No. 19-RC-257179	Date Filed 2/28/2020				

02/28/2020 10:07:27

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3745 Harrison Ave STE D MT Butte 59701-Fresenius Kidney Care-Butte 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3100 GREAT NORTHERN AVENUE MT MISSOULA 59808-Sue Englert 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (406) 830-9777 (406) 728-5987 susan.englert@fmc-na.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare healthcare Butte, MT 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [No [] 7a. Request for recognition as Bargaining Representative was made on (Date) 01/27/2020 Check One: 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. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 3/11/2020 11c. Election Time(s): 11d. Election Location(s): Fresenius Kidney Care - Butte 12a. Full Name of Petitioner (Including local name and number)
Robin Haux
Montana Nurses Association 12b. Address (street and number, city, state, and ZIP code) 20 Old Montana St Hwy MT Clancy 59634 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address robin@mtnurses.org 12e. Cell No. 12f. Fax No. (406) 431-5934 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

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

Labor Program Director

PRIVACY ACT STATEMENT

Attachment

Employees Included registered nurses

Employees Excluded supervisor as defined by the NLRA

DO NOT WRITE IN THIS SPACE					
Case 19-RC-257179	Date Filed . 2/28/2020				

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. Date F

19-RD-256108

Date Filed 2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

the employer and all other parties named in Case Procedures (Form NLRB 4812). The	n the petition of:(1) showing of interest	the petition; (2) Standard should only be file	atement of Po ed with the NL	sition form RB and sho	(Form NLRB-505); uld not be served	and (3) Description on the employer of	n of Representation r any other party.	
PURPOSE OF THIS PETITION: RD- DECE recognized bargaining representative is no k Labor Relations Board proceed under its	RTIFICATION (REM	OVAL OF REPRES	ENTATIVE) - /	A substantia	number of employe	es assert that the c	ertified or currently	
2a. Name of Employer Rhino Staging Northwest 2b. Address(es) of Establishment(s) involved (Street and number, city, sta 4417 Pacific Highway East Fife, 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same)						, city, state, ZIP cod	le)	
Rhino Staging North	west	7417 12	crtic 14	ghwa	y East F	-ite, WA.	98424	
Den Scalnik Disector	of Onerall.	SD. Address (II Sai	e va o	estame)				
Dan Scolnik, Director 30. Tel. No. 3d. Fax No.	or operano	3e. Cell No.	ine	3f. E-Mail	Address			
206-331-3762 425-6								
4a. Type of Establishment (Factory, mine, wholesaler, etc.)			dscolnik@rhinostaging.com 4b. Principal product or service					
Specialty Service Provide	er - Event	- Labor		Speci	Cicelly Tral	sb. City and	al labor	
5a. Description of Unit Involved Included:						5b. City and is locate		
Included: Riggers (high Righ	gers and	Down Rigg	ers)				, WA.	
Excluded:						,	,	
"Stagehands"				35				
6. No. of Employees in Unit 4 pprox, ma tel, 56 rec 8a. Name of Recognized or Certified Bargaining	a substantial numbe	r (30% or more) of the	ne employees i	n the unit no	longer wish to be r	epresented by the co	ertified or currently	
8a. Name of Recognized or Certified Bargaining	Agent	epresentative	res No	-	8b. Affiliation, if an	y ·		
Jennifer Bacon				I.A.T. S.E. Local #15 President			5 President	
8c. Address	- 370		8d. Tel. No.		8e. Cell No.	2000		
2800-1stAve #231			206-44	1-1515				
Seattle, WA. 98121			8f. Fax No.	og. m. man riadio				
		Contract Con	/0		businessagen	onth, Day, Year)	Cials.org	
9. Date of Recognition or Certification Tanana 1, 2020,		Unk me					100 Annual Sec. 10	
11a. Is there now a strike or picketing at the Em				Zero	employees,	but many	Unton Stagehande participating?	
11c. The Employer has been picketed by or on I	pehalf of (Insert Nar	nel 7 1 5 C	z	# r 5			a labor organization of	
(Insert Address) 2800 - 1st Ave.				413	sin	ce (Month Day Ve	April 7018	
12. Organizations or individuals other those name	ned in items 8 and 11	c, which have claim	ed recognition	as represen	tatives and other or	ganizations	April 2018	
and individuals known to have a represental				m 5 above.	(If none, so state)			
(b) (6), (b) (7)(C) (b) (6)	i), (b) (7)(C)			12c. Tel. No. 12d. Fax No.		120. Pax No.		
				12e. Cell No.		12f, E-Mail Address		
					b) (7)(C)	(b) (6), (b) (7	10-34-53-53-53-53-53-53-53-53-53-53-53-53-53-	
13. Election Details: If the NLRB conducts an				13a. Electi	on Type: Manua			
matter, state your position with respect to an 13b. Election Date(s)	13c. Election Tir	me(s)		13d. Electi	on Location(s)			
TBD					1907			
¹ (b) (6), (b) (7)(C)						×		
4				1445 To 1		144 6 0	*	
(b) (6), (b) (7)(C)				14b. Tel. No.		14c. Fax No.		
				14d Cell No (b) (6), (b) (7)(C)		14e. E-Mail Address		
						(b) (6), (b) (7)		
14f. Affiliation, if any (D) (O), (D) (7)(C)	TATS	E Local#1	5 (b) (6),	(b) (7)(C)			
15. Representative of the Petitioner who will	accept service of al	I papers for purpo	ses					
15a. Name				(b) (6), (b)	(7)(C)			
See item 14 above								
15c. Address (Street and number, city, state, ZIP code)		15e. Fa		15e. Fax No.				
	1	Try.		15f. Cell N	0.	15g, E-Mail Addre	ss	
				In the party of th	997031			
I declare that I have read the above petition a		ents are true to the	best of my kn	T	d belief.	17/11-17/20	Ta	
Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)			(b) (6), (b)	(7)(C)		Date Filed	
FAA						E TITLE 40 0000	02-5-2020	
CIVII			EN.		1 (0.5. COD	E, TITLE 18, SECTI	ON 1001)	
Solicitation of the information on this form is aut			Af a	on the princi	nai lice of the informati	on to the secret the Matie	nat I obor Dolations Doord	

(NLRB) in processing representation and related by 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.