

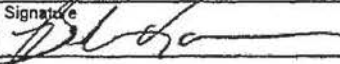
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-255866Date Filed  
2/6/2020

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

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

<b>2a. Name of Employer:</b> Farmers Brothers Coffee		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2301 S 18th St, Yakima WA 98903	
<b>3a. Employer Representative - Name and Title:</b>		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 509.457.6031	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Full Service Beverage Provider		<b>4b. Principal Product or Service</b> Coffee distributor	
<b>5a. City and State where unit is located:</b> Yakima WA		<b>5b. Description of Unit Involved:</b> Included: Delivery drivers and maintenance Excluded: Management and confidential employees	
<b>6a. Number of Employees in Unit:</b> 7		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> Teamsters Local Union 760 Bob Koerner		<b>8b. Address:</b> 1211 W Lincoln Ave, Yakima WA 98902	
<b>8c. Tel. No.</b> 509.452.7194	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 509.452.7354	<b>8f. E-Mail Address</b> union@teamsters760.org
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b> <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local Union 760 Bob Koerner		<b>12b. Address (street and number, city, State and ZIP code):</b> 1211 W Lincoln Ave, Yakima WA 98902	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 202.624.6800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Bob Koerner, Business Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 1211 W Lincoln Ave, Yakima WA 98902	
<b>13c. Tel. No.</b> 509.452.7194	<b>13d. Cell No.</b> 509.949.2477	<b>13e. Fax No.</b> 509.452.7354	<b>13f. E-Mail Address</b> bob@teamsters760.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Bob Koerner	<b>Signature</b> 	<b>Title</b> Business Representative	<b>Date</b> 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.

19-RC-256228

Date Filed

2/12/2020

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

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

<b>2a. Name of Employer:</b> Janus Youth Programs		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Porch Light Crisis Shelter, 1635 SW Alder Street, Portland, OR 97205	
<b>3a. Employer Representative - Name and Title:</b> Mark Augustin, HR Director		<b>3b. Address (if same as 2b - state same):</b> 707 NE Couch Street, Portland, OR 97232	
<b>3c. Tel. No.</b> 503-542-4609	<b>3d. Cell No.</b> 503-484-0128	<b>3e. Fax No.</b> 503-233-6093	<b>3f. E-Mail Address</b> maugustin@janusyouth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> NFP helping homeless and at-risk youth		<b>4b. Principal Product or Service</b> Support for homeless youth	<b>5a. City and State where unit is located:</b> Portland, OR
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All care and support employees at the 1635 SW Alder Street facility <b>Excluded:</b> All others, including managers, supervisors, and guards as defined by the Act			<b>6a. Number of Employees in Unit:</b> 15 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> ASAP		<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b> On site
<b>12a. Full Name of Petitioner (including local name and number):</b> American Federation of State, County, and Municipal Employees Council 75		<b>12b. Address (street and number, city, State and ZIP code):</b> 6025 East Burnside, Portland, OR 97215	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of State, County, and Municipal Employees, AFL-CIO			
<b>12d. Tel. No.</b> 503-239-9858	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 503-239-9441	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Noah Warman, attorney, Tedesco Law Group		<b>13b. Address (street and number, city, State and ZIP code):</b> 1316 NE Broadway Street, Suite A, Portland, OR 97232	
<b>13c. Tel. No.</b> 503-453-0146	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> noah@tlglabor.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Noah Warman		<b>Signature</b> /s/Noah Warman	<b>Title</b> Attorney for Petitioner
			<b>Date</b> 02/12/20

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

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



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

19-RC-256303

Date Filed

2/13/2020

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

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

<b>2a. Name of Employer</b> WE Given Contracting Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 13651 SE Ambler Rd OR Clackamas 97015-	
<b>3a. Employer Representative - Name and Title</b> Patricia Glen		<b>3b. Address</b> (If same as 2b - state same) 13651 SE Ambler Rd OR Clackamas 97015-	
<b>3c. Tel. No.</b> (503) 655-3662	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pat@givencontracting.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Construction		<b>4b. Principal product or service</b> Painting	
<b>5a. City and State where unit is located:</b> Clackamas, OR			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 10
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

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

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

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

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

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 03/05/20
<b>11c. Election Time(s):</b> 8 am
<b>11d. Election Location(s):</b> The Employer's Clackamas facility

**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  
OR Portland 97220-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Painters and Allied Trades

<b>12d. Tel No.</b> (503) 257-6644	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> scotto@iupatdc5.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Daniel Hutzenbiler McKanna Bishop Joffe	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1635 NW Johnson St OR Portland 97209-
<b>13c. Tel No.</b> (503) 226-6111	<b>13d. Cell No.</b>
<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> 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.

<b>Name (Print)</b> Daniel Hutzenbiler	<b>Signature</b> Daniel Hutzenbiler	<b>Title</b>	<b>Date</b> 02/13/2020 12:20:48
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-256303	Date Filed 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**

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-256315	Date Filed 2/13/2020
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer</b> JL Properties, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 455 3rd Avenue AK Fairbanks 99701-	
<b>3a. Employer Representative - Name and Title</b> Levi Kincaid		<b>3b. Address</b> (If same as 2b - state same) 813 D St, Suite 200 AK Anchorage 99501-	
<b>3c. Tel. No.</b> (907) 279-8025	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (907) 279-8066	<b>3f. E-Mail Address</b> lkincaid@jlproperties.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Real Estate Operations		<b>4b. Principal product or service</b> Real estate & maintenance	
		<b>5a. City and State where unit is located:</b> Fairbanks, AK	

<b>5b. Description of Unit Involved</b>	<b>6a. No. of Employees in Unit:</b> 14
<b>Included:</b> See Attached Page 2 for additional details	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/07/2020 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.

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

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

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

<b>11b. Election Date(s):</b> March 6, 2020 or as soon as possible	<b>11c. Election Time(s):</b> 4:30 p.m. - 5:30 p.m.	<b>11d. Election Location(s):</b> JL Properties Maintenance Shop at Jillian Square Apartments, 3000 Davis Road AK Fairbanks 99709-
<b>12a. Full Name of Petitioner (including local name and number)</b> John Corbett Laborers' Local 942		<b>12b. Address (street and number, city, state, and ZIP code)</b> 2470 Davis Road AK Fairbanks 99709-

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

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

<b>13a. Name and Title</b> Khalial Withen General Counsel Alaska District Council of Laborers		<b>13b. Address (street and number, city, state, and ZIP code)</b> 2501 Commercial Dr. AK Anchorage 99501-	
<b>13c. Tel No.</b> (907) 276-1640	<b>13d. Cell No.</b> (907) 341-7295	<b>13e. Fax No.</b> (907) 274-7289	<b>13f. E-Mail Address</b> kwithen@alaskalaborers.com

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

<b>Name (Print)</b> Khalial Withen	<b>Signature</b> Khalial Withen	<b>Title</b> General Counsel	<b>Date</b> 02/13/2020 10:15:07
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-256315	Date Filed 2/13/2020

**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  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>19-RC-256360</b>	Date Filed <b>2/13/2020</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer</b> Fresenius Kidney Care		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3745 Harrison Ave. Ste D MT Butte 59701-	
<b>3a. Employer Representative - Name and Title</b> Susan Englert		<b>3b. Address (if same as 2b - state same)</b> 3100 Great Northern Ave. MT Missoula 59808-	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> susan.englert@fmc-na.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> Kidney Dialysis	<b>5a. City and State where unit is located:</b> Butte, MT
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 6 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 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.

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

**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)

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

**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):** February 25, 26  
**11c. Election Time(s):** 8am - 5pm  
**11d. Election Location(s):** Butte - Fresenius

**12a. Full Name of Petitioner (including local name and number)**  
Erin Foley  
Teamsters Local Union No. 2  
**12b. Address (street and number, city, state, and ZIP code)**  
3345 Harrison Ave.  
MT Butte 59701-  
**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

<b>12d. Tel No.</b> (406) 533-5528	<b>12e. Cell No.</b> (406) 533-5528	<b>12f. Fax No.</b> (406) 494-4430	<b>12g. E-Mail Address</b> erin.foley@teamsterslocal2.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title**  
**13b. Address (street and number, city, state, and ZIP code)**  
**13c. Tel No.**  
**13d. Cell No.**  
**13e. Fax No.**  
**13f. E-Mail Address**

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

<b>Name (Print)</b> Erin Foley	<b>Signature</b> Erin Foley	<b>Title</b> Secretary Treasurer	<b>Date</b> 02/13/2020 13:50:54
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

Attachment

Employees Included  
L.P.N and Patient Care Technicians

Employees Excluded  
Management

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256385

Date Filed

2/14/2020

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

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

<b>2a. Name of Employer:</b> Fresenius Kidney Care Butte/Bozeman		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3745 Harrison Ave., Ste. D, Butte, MT 59701 937 Highland Blvd., Ste. 5100, Bozeman, MT 59715	
<b>3a. Employer Representative - Name and Title:</b> Susan Englert		<b>3b. Address (if same as 2b - state same):</b> 3100 Great Northern Ave. Missoula, MT 59808	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> susan.englert@fmc-na.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal Product or Service</b> Kidney Dialysis	<b>5a. City and State where unit is located:</b> Butte and Bozeman Montana
<b>5b. Description of Unit Involved:</b> <b>Included:</b> L.P.N and Patient Care Technicians <b>Excluded:</b> Management			<b>6a. Number of Employees in Unit:</b> 8 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> February 27	<b>11c. Election Time(s):</b> 8am - 10am , 2pm-3pm		<b>11d. Election Location(s):</b> one time in Butte other time for Bozeman
<b>12a. Full Name of Petitioner (including local name and number):</b> Erin Foley		<b>12b. Address (street and number, city, State and ZIP code):</b> 3346 Harrison Ave. Butte, MT 59701	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 406-533-5528	<b>12e. Cell No.</b> 406-533-5528	<b>12f. Fax No.</b> 406-494-4430	<b>12g. E-Mail Address</b> erin.foley@teamsterslocal2.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b>		<b>13b. Address (street and number, city, State and ZIP code):</b>	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Erin Foley	<b>Signature</b> Erin Foley	<b>Title</b> Secretary Treasurer	<b>Date</b> 02/14/20

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

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

19-RC-256439

Date Filed

2/18/2020

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

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

**2a. Name of Employer** Peacehealth Sacred Heart Medical Center at Riverbend and University

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 3333 Riverbend Dr.  
OR Springfield 97477-

**3a. Employer Representative - Name and Title**

Craig Armstrong

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

1115 SE 164th Avenue  
WA Vancouver 98683-

**3c. Tel. No.**

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

Healthcare

**4b. Principal product or service**

**5a. City and State where unit is located:**

Springfield, OR

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

10

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

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

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

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

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
3/5/2020

**11c. Election Time(s):**  
7-9 am, 4-6 pm

**11d. Election Location(s):**  
TBD

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

Thomas Doyle  
Oregon Nurses Association

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

18765 SW Boones Ferry Road  
OR Tualatin 97062-

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

American Federation of Teachers

**12d. Tel No.**

(503) 333-5975

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

doylet@bennethartman.com

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

**13a. Name and Title**

Thomas Doyle Attorney  
Bennett Hartman Morris and Kaplan

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

210 SW Morrison Street  
OR Portland 97204-

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

tom@bennethartman.com

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

**Name (Print)**

Thomas Doyle

**Signature**

Thomas Doyle

**Title**

Attorney

**Date**

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**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-256439	Date Filed 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.

**19-RC-256529**

Date Filed

**2/18/2020**

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

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

**2a. Name of Employer**  
Growing Seeds at Crystal Springs, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2808 SE Steele St, Portland, OR 97202

**3a. Employer Representative - Name and Title**  
Jessica Kyrie Eppley

**3b. Address (If same as 2b - state same)**  
33410 E. Historic Columbia River Highway, Corbett, OR 97019

**3c. Tel. No.**  
971-254-4365

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
kyrie.eppley@growingseeds.net

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

**4b. Principal product or service**  
Early Childhood Education

**5a. City and State where unit is located:**  
Portland, OR

**5b. Description of Unit Involved**

**Included:** all employees

**Excluded:** office clericals, guards, managers, and supervisors as defined in the Act

**6a. No. of Employees in Unit:**  
approx. 19

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

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 2/18/20 **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).**  
none

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
as soon as possible

**11c. Election Time(s):**  
12 pm - 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 labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Longshore and Warehouse Union

**12d. Tel. No.**  
(503) 933-7550

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
ryan.takas@ilwu.org

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

**13a. Name and Title** Emily Maglio, attorney

**13b. Address (street and number, city, state, and ZIP code)**  
1188 Franklin St., Ste. 201, San Francisco, CA 94109

**13c. Tel. No.**  
(415) 771-6400

**13d. Cell No.**

**13e. Fax No.**  
(415) 771-7010

**13f. E-Mail Address**  
emaglio@leonardcarder.com

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

**Name (Print)** Emily M. Maglio

**Signature** 

**Title** attorney

**Date** 2/18/20

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

**PRIVACY ACT STATEMENT**

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



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

**19-RC-256530**

Date Filed

**2/18/2020**

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

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

**2a. Name of Employer**  
Growing Seeds in Irvington, LLC

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
808 NE Martin Luther King Blvd Suite F, Portland, OR 97212

**3a. Employer Representative - Name and Title**  
Jessica Kyrie Eppley

**3b. Address** (If same as 2b - state same)  
33410 E. Historic Columbia River Highway, Corbett, OR 97019

**3c. Tel. No.**  
503-284-4860

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
kyrie.eppley@growingseeds.net

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

**4b. Principal product or service**  
Early Childhood Education

**5a. City and State where unit is located:**  
Portland, OR

**5b. Description of Unit Involved**

**Included:** all employees

**Excluded:** office clericals, guards, managers, and supervisors as defined in the Act

**6a. No. of Employees in Unit:**  
approx. 19

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

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) 2/18/20 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).  
none

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
as soon as possible

**11c. Election Time(s):**  
12 pm - 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 labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Longshore and Warehouse Union

**12d. Tel No.**  
(503) 933-7550

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
ryan.takas@ilwu.org

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

**13a. Name and Title** **Emily Maglio, attorney**

**13b. Address** (street and number, city, state, and ZIP code)  
1188 Franklin St., Ste. 201, San Francisco, CA 94109

**13c. Tel No.**  
(415) 771-6400

**13d. Cell No.**

**13e. Fax No.**  
(415) 771-7010

**13f. E-Mail Address**  
emaglio@leonardcarder.com

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

**Name (Print)**  
Emily M. Maglio

**Signature**



**Title**  
attorney

**Date**  
2/18/20

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

**PRIVACY ACT STATEMENT**

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



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

**19-RC-256531**

Date Filed

**2/18/2020**

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

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

**2a. Name of Employer**  
Growing Seeds North, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
6505 NE Martin Luther King Jr Blvd, Portland, OR 97211

**3a. Employer Representative - Name and Title**  
Jessica Kyrie Eppley

**3b. Address (If same as 2b - state same)**  
33410 E. Historic Columbia River Highway, Corbett, OR 97019

**3c. Tel. No.**  
503-283-9669

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
kyrie.eppley@growingseeds.net

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

**4b. Principal product or service**  
Early Childhood Education

**5a. City and State where unit is located:**  
Portland, OR

**5b. Description of Unit Involved**

**Included:** all employees

**Excluded:** office clericals, guards, managers, and supervisors as defined in the Act

**6a. No. of Employees in Unit:**  
approx. 40

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

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 2/18/20 **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).**  
none

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
as soon as possible

**11c. Election Time(s):**  
12 pm - 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 labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Longshore and Warehouse Union

**12d. Tel No.**  
(503) 933-7550

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
ryan.takas@ilwu.org

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

**13a. Name and Title** Emily Maglio, attorney

**13b. Address (street and number, city, state, and ZIP code)**  
1188 Franklin St., Ste. 201, San Francisco, CA 94109

**13c. Tel No.**  
(415) 771-6400

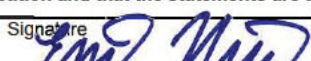
**13d. Cell No.**

**13e. Fax No.**  
(415) 771-7010

**13f. E-Mail Address**  
emaglio@leonardcarder.com

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

**Name (Print)** Emily M. Maglio

**Signature** 

**Title** attorney

**Date** 2/18/20

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will 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.  
19-RC-256761Date Filed  
2/21/2020

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

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

<b>2a. Name of Employer:</b> Fresenius Kidney Care Butte/Bozeman		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 937 Highland Blvd. Ste 5100 Bozeman, MT 59715	
<b>3a. Employer Representative - Name and Title:</b> Susan Englert		<b>3b. Address (if same as 2b - state same):</b> 3100 Great Northern Ave. Missoula, MT 59808	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> susan.englert@fmc-na.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal Product or Service</b> Kidney Dialysis	<b>5a. City and State where unit is located:</b> Butte and Bozeman Montana
<b>5b. Description of Unit Involved:</b> <b>Included:</b> L.P.N and Patient Care Technicians <b>Excluded:</b> Management			<b>6a. Number of Employees in Unit:</b> 8 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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)			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> March 6		<b>11c. Election Time(s):</b> 8am - 10am	<b>11d. Election Location(s):</b> Bozeman
<b>12a. Full Name of Petitioner (including local name and number):</b> Erin Foley		<b>12b. Address (street and number, city, State and ZIP code):</b> 3346 Harrison Ave. Butte, MT 59701	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 406-533-5528	<b>12e. Cell No.</b> 406-533-5528	<b>12f. Fax No.</b> 406-494-4430	<b>12g. E-Mail Address</b> erin.foley@teamsterslocal2.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b>		<b>13b. Address (street and number, city, State and ZIP code):</b>	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Erin Foley		<b>Signature</b> Erin Foley	<b>Title</b> Secretary Treasurer
			<b>Date</b> 02/21/20

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

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



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-257179

Date Filed

2/28/2020

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

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

<b>2a. Name of Employer</b> Fresenius Kidney Care-Butte		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3745 Harrison Ave STE D MT Butte 59701-	
<b>3a. Employer Representative - Name and Title</b> Sue Englert		<b>3b. Address (if same as 2b - state same)</b> 3100 GREAT NORTHERN AVENUE MT MISSOULA 59808-	
<b>3c. Tel. No.</b> (406) 830-9777	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (406) 728-5987	<b>3f. E-Mail Address</b> susan.englert@fmc-na.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> healthcare	<b>5a. City and State where unit is located:</b> Butte, MT
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 3 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) 01/27/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 3/11/2020	<b>11c. Election Time(s):</b> 8am - 5pm	<b>11d. Election Location(s):</b> Fresenius Kidney Care - Butte	
<b>12a. Full Name of Petitioner (including local name and number)</b> Robin Haux Montana Nurses Association		<b>12b. Address (street and number, city, state, and ZIP code)</b> 20 Old Montana St Hwy MT Clancy 59634-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> AFT-NHP			
<b>12d. Tel No.</b> (406) 431-5934	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> robin@mntnurses.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Robin Haux	<b>Signature</b> Robin Haux	<b>Title</b> Labor Program Director	<b>Date</b> 02/28/2020 10:07:27

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

**PRIVACY ACT STATEMENT**

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



Attachment

Employees Included  
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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-256108

Date Filed

2/11/2020

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

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**Rhino Staging Northwest**

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
**4417 Pacific Highway East Fife, WA. 98424**

3a. Employer Representative - Name and Title  
**Dan Scolnik, Director of Operations**

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

3c. Tel. No.  
**206-331-3762**

3d. Fax No.  
**425-656-1627**

3e. Cell No.  
**206-391-3050**

3f. E-Mail Address  
**dscolnik@rhinostaging.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**Specialty Service Provider - Event Labor**

4b. Principal product or service  
**Specifically Trained Technical Labor**

5a. Description of Unit Involved

Included: **Riggers (high Riggers and Down Riggers)**

Excluded: **"Stagehands"**

5b. City and State where unit is located:  
**Fife, WA.**

6. No. of Employees in Unit  
**Approximately 56**

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent  
**Jennifer Bacon**

8b. Affiliation, if any  
**I.A.T.S.E. Local #15 President**

8c. Address  
**2800 - 1st Ave #231  
Seattle, WA. 98121**

8d. Tel. No.  
**206-441-1515**

8e. Cell No.

8f. Fax No.

8g. E-Mail Address  
**businessagent@ia15.org**

9. Date of Recognition or Certification  
**January 1, 2020**

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
**Unknown**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ Yes ☐ No

11b. If so, approximately how many employees are participating? **Zero employees, but many Union Stagehands.**

11c. The Employer has been picketed by or on behalf of (Insert Name) **I.A.T.S.E. Local #15** a labor organization, of (Insert Address) **2800 - 1st Ave. #231, Seattle WA. 98121** since (Month, Day, Year) **Approximately April 2018**

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name  
**(b) (6), (b) (7)(C)**

12b. Address  
**(b) (6), (b) (7)(C)**

12c. Tel. No.  
**206-441-1515**

12d. Fax No.

12e. Cell No.  
**(b) (6), (b) (7)(C)**

12f. E-Mail Address  
**(b) (6), (b) (7)(C)**

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

13a. Election Type: ☐ Manual ☒ Secret Ballot

13b. Election Date(s)  
**TBD**

13c. Election Time(s)

13d. Election Location(s)

14a. Name  
**(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)(C)**

14f. Affiliation, if any  
**(b) (6), (b) (7)(C) IATSE Local #15, (b) (6), (b) (7)(C)**

15. Representative of the Petitioner who will accept service of all papers for purposes

15a. Name  
**See item 14 above**

(b) (6), (b) (7)(C)

15c. Address (Street and number, city, state, ZIP code)

15d. Cell No.

15e. Fax No.

15f. 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)  
**(b) (6), (b) (7)(C)**

Signature  
**(b) (6), (b) (7)(C)**

Title  
**(b) (6), (b) (7)(C)**

Date Filed  
**02-5-2020**

AND T (U.S. CODE, TITLE 18, SECTION 1001)