UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.		Date Filed				
19-RC-25	54021	1/2/2020				

RC PETITION

INSTRUCTIONS: Unless e-Filed in which the employer concern						
of service showing service on t						
(Form NLRB-505); and (3) Desc	A TOP TO THE PROPERTY OF THE P		and the residence of the contract of the contr	(B 4812). The SI	nowing of inte	erest snould only be filed
with the NLRB and should not a purpose of this petition: RO	be served on the	employer or an	y otner party.	-6		
bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certifi	ed as representativ	e of the employees. The F	etitioner alleges th	at the following	circumstances exist and
2a. Name of Employer	telations board proc		dress(es) of Establishment			
Providence St. Peter Hospital		41	3 Lilly Road NE	11.9		
3a. Employer Representative - Name	and Title	,,	A Olympia 98506- 3b. Address (If same as	2b - state same)		
Medrice Coluccio			413 Lilly Road NE WA Olympia 98506			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	,	3f. E-Mail Add	ress
(360) 493-4092		•			medrice.coluccio	@providence.org
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b. Principal prod	duct or service		5a. City	and State where unit is located:
Healthcare			Healthcare			Olympia, WA
5b. Description of Unit Involved			`			6a. No. of Employees in Unit:
Included: See Attached Page 2 for as					200	
7						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for a	dditional details	101				or more) of the employees in the unit wish to be represented by the
See Allactica Page 2 lot a	aditional details					Petitioner? Yes [No []
Check One: 7a. Request	for recognition as Barg	aining Representa	tive was made on (Date)	an	d Employer dec	ined recognition on or about
		(If no reply received		January 22		
7b. Petitione	r is currently recognize	d as Bargaining Re	epresentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified	Bargaining Agent (II	none, so state).	8b. Address		77900	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any		1	8h. Date of Recognition or	Certification ·		Date of Current or Most Recent
			10	,	Contract, if any (Month, Day, Year)	
			O No.		<u> </u>	
Is there now a strike or picketing at t (Name of labor organization)		1837 0016	teted the Employer since (A	imately how many en Month, Day, Year)	nployees are pa	rticipating?
10. Organizations or individuals other t					resentatives and	other omanizations and individuals
known to have a representative interes					, coomacted and	outer organizations and marriages
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e, Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB con any such election.	ducts an election in the	is matter, state you	r position with respect to	11a. Election Type: 7 Manual 1 Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. E	lection Time(s):	7 - 7 - 1 - 7	11d. Election Loca	tion(s):	
1/22/19	6-8am,	noon-2pm, 6-8pm	000	on-site at St Peter Hospital		
12a. Full Name of Petitioner (including Matt Loveday United Food and Commercial Workers Local 2	13.5	12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S Suite 200 WA Spattle 98134-				
12c. Full name of national or internatio United Food and Commercial Workers,	nal labor organization	of which Petitioner	is an affiliate or constituent	t (if none, so state)		
12d. Tel No. (206) 419-0433	12e. Cell No. (206) 419-0433		12f. Fax No. •		12g. E-Mail Ad mloveday@uf	
13. Representative of the Petitioner			or purposes of the repres	entation proceeding	g.	
13a, Name and Title		**************************************	13b. Address (street and	d number, city, state,	and ZIP code)	::
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress
I declare that I have read the above	petition and that the	statements are tru	ue to the best of my know	ledge and belief.	1	- 11.0 - 12.0 -
Name (Print)	Signature Matt Loveday		Title Organizer		Date	

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WR	ITE IN THIS SPACE
Case 19-RC-254021	Date Filed 1/2/2020

Employees Included

All full-time, part-time, and per diem Technical employees in the following classifications: Cardiovascular Technicians, Crisis Technicians, CT Technicians, Echo Technicians, Electronic Imaging Technicians, Interventional Radiology Technicians, MRI Technicians, Pharmacy Technicians, Radiology Technicians, Respiratory Therapists, Ultrasound Sonographers, X-Ray Technicians, and any Leads employed in the stated classifications, employed by the Employer in its location at 413 Lilly Rd NE, Olympia, Washington.

Employees Excluded

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 19-RC-254086 Date Filed 1/3/

te Filed 1/3/2020

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 with the NLRB and should not				RB 4812). The sho	wing of inte	rest should only be filed	
PURPOSE OF THIS PETITION: RO bargaining by Petitioner and Petition requests that the National Labor f	C-CERTIFICATION OF	REPRESENTAT	IVE - A substantial number ve of the employees. The	Petitioner alleges that	the following	circumstances exist and	
2a. Name of Employer		2b. Ac	ddress(es) of Establishmen				
Rosauers Supermarkets, Inc.		1. N	815 W. Garland Avenue VA Spokane 99205-				
3a. Employer Representative - Name	and Title		3b. Address (If same as				
Jamie Haun	11.25	and the state of	P.O. Box 9000 WA Spokane 992				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addre		
(509) 326-8900 4a. Type of Establishment (Factory, mi	no wholesales etc.)	4b. Principal pro	(509) 325-7624		amieH@rosauer	nd State where unit is located:	
Retail (Grocery)	rie, writiesaler, etc.)	40. Frincipal pro	Retail Grocery and Mea	it Sales	Sa. City a	Nine Mile Falls, WA	
5b. Description of Unit Involved			Antonia de Sala de		1	6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ac	dditional details				+	6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for ac	dditional details			or more) of the employees in the unit wish to be represented by the Petitioner? Yes [V] No [L]			
7b. Petitioner	(Date)	(If no reply receive ed as Bargaining R	ative was made on (Date) g d, so state). No reply rece epresentative and desires	ived		ned recognition on or about	
8a. Name of Recognized or Certified	Bargaining Agent (II	f none, so state).	8b. Address		4		
8c. Tel No.	8d Cell No.		Be. Fax No.	8e. Fax No. 8f. E		. E-Mail Address	
8g. Affiliation, if any			8h. Date of Recognition o			Expiration Date of Current or Most Recent intract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at t (Name of labor organization) 10. Organizations or individuals other telephone		has pick	keted the Employer since (
known to have a representative interes					cittatives and	outer organizations and individuals	
10a. Name	10b. Ad	dress	2	10c. Tel. No.		10d. Cell No.	
			10e. Fax No.			10f. E-Mail Address	
11., Election Details: If the NLRB con- any such election.	ducts an election in thi	is matter, state you	ur position with respect to	11a. Election Type: [Manual _	Mail Mixed Manual/Mail	
11b. Election Date(s): 1/30/2020	W#20 NOO (1000)	lection Time(s): AM to 12:00 PM an	d 5:00 PM to 7:00 PM Store Breakroom				
12a. Full Name of Petitioner (includion Scott Habenicht United Food and Commercial Workers Union L	ng local name and no ocal 1439	umber)	12b. Address (street and number, city, state, and ZIP code) 1719 N. Atlantic St. WA Spokane 99205-			ty, state, and ZIP code)	
12c. Full name of national or internation United Food and Commercial Workers I	nal labor organization nternational Union	of which Petitioner	is an affiliate or constituen			*	
12d. Tel No. 12e. Cell No. (509) 328-6090					2g. E-Mail Address ott@ufcw1439.org		
13. Representative of the Petitioner of 13a. Name and Title	who will accept servi	ice of all papers fo	생님이 하다 내가 있는 것이 없었다. 그 씨는 아이를 하게 했다.	sentation proceeding. d number, city, state, and	d ZIP code)		
13c. Tel No.	- 13d. Cell No.	, , , , , , , , , , , , , , , , , , , ,	13e. Fax No.	1	13f. E-Mail Address		
I declare that I have read the above p	petition and that the	statements are tro	ue to the best of my know	vledge and belief.			
Name (Print)	Signature	- 1 - 1	Title		Date		
Scott Habenicht	CONTROL CONTRO		G		01/2/2000 00:59:47		

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.

Ź,

Attachment

Employees Included

All full and regular part-time grocery, deli, bakery, general merchandise, customer service, floral, fuel station, and produce employees at the Employer's store located in Nine Mile Falls, Washington

Employees Excluded
Guards, supervisors as defined under the NLRA, and all other employees

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-254203	1/6/2020				

	RC PETITION				19-RC-254203 1/6/2020			
employer concerned is lo the employer and all othe Case Procedures (Form N	-Filed using the Agency's webs cated. The petition must be acc r parties named in the petition o ILRB 4812). The showing of inte	ompanied b of: (1) the per erest should	y both a showing of interestition; (2) Statement of Pos only be filed with the NLRE	t (see 6b below) ai ition form (Form N 3 and should not b	nd a certificate of s LRB-505); and (3) L e served on the em	ervice showing service on Description of Representation aployer or any other party.		
bargaining by Petitioner a	TITION: RC-CERTIFICATION OF and Petitioner desires to be certified and Labor Relations Board process	ed as repres eed under it	entative of the employees. The sproper authority pursuant	e Petitioner allege to Section 9 of the	s that the following e National Labor Re	circumstances exist and elations Act.		
2a. Name of Employer: Corocerywork Safewal. com	s.com DBA	2b. Add	ress(es) of Establishment(s) 70 50 Pacific Huy City, DE 07224	nvolved (Street and 22010 Sa West Line)	number City, State	Partland, OR 97/1		
3a. Employer Representati	ve - Name and Title:	3b. Add	ress (if same as 2b - state sa if had thorne 134 ad, oil 47705 Por	thend, on a	11 Rd 1301 7229 Vani	23 NE Hung 99 conver, Wa 98686		
3c. Tel. No.	3d. Cell No. 925-719-514	15	3e. Fax No.	3f. E-Mail		116 S.f. 104 500		
4a. Type of Establishment (F	actory, mine, wholesaler, etc.)	,,	4b. Principal Product or Serv	rice	5a. City and State	e where unit is located:		
5b. Description of Unit Involuctuded: All Software 1713, 1612, 313 Excluded:	actory, mine, wholesaler, etc.) ivery ived: ived	42 dri.	rels from Stor	er 1478,	6b. Do a substan	tial number (30% or more) ees in the unit wish to be by the Petitioner? Yes No		
on or about	t for recognition as Bargaining Re (Date) 1-6-7020 (er is currently recognized as Barg	If no reply re aining Repre	ceived, so state). esentative and desires certific		nd Employer decline			
Non C	Certified Bargaining Agent (If n	one, so state	e) 8b. Address:					
Bc. Tel. No.	8d. Cell No.		8e. Fax No.	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:		8h	. Date of Recognition or Certi		on Date of Current on intract, if any (Month			
(Name of Labor Organization) 10. Organizations or Individual individuals known to have	is other than Petitioner and those a representative interest in any el	named in its	ems 8 and 9, which have claim	, has picketed	epresentatives and	e (Month, Day, Year)		
Name	one 10b. Address			10c. Tel. N	lo. 10d. C	Cell No.		
				10e. Fax N	lo. 10f. E-	-Mail Address		
1. Election Details: If the NL	RB conducts and election in this	matter, state	your position with respect to	any such election:		Mail Mixed Manual/Mail		
1b. Election Date(s): 1 - 20-2 0 20	11c. Election 1	rime(s): Mail		34	on Location(s):			
Tom Alcomendos	Local 5% er 12.3 pler 1111 To		Portland, 0	eet and number, bity 622 R 47230	, State and ZIP cod 2212 N Vaqou	E Andresea RCL,		
2c. Full name of national or in International	ternational labor organization of	which Petitio	ner is an affiliate or constituer Teams to F					
2d. Tel. No.	12e. Cell No.		12f. Fax No. 703-25 - 2330	12o, E-Mail	Address	sters 162.com		
HTM ()	itioner who will accept service	of all paper		sentation proceeding ber city. State and	ing.			
Robert W Rospi	With the second	restativ	Port 3e. Fax No.		07230			
	above petition and that the stat		7		P. ()	Installation		
lame (Print) 1000 Alcomenday	12/	86	Merce deur	Union 12e	presentatives	Jaragnizer 1-6-26		

SaNni Lemonidis

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 19-RC-254632	Date Filed 1/14/2020				

1/13/2020

RC PE	TITION			19-R	C-254632		1/14/2020
INSTRUCTIONS: Unless e-Filed us	sing the Agenc	v's websit	e, www.nlrb.	gov. submit a	an original of this	Petition to a	n NLRB office in the Region
in which the employer concerned	is located. The	petition r	nust be acco	mpanied by	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on the							
(Form NLRB-505); and (3) Descrip							
with the NLRB and should not be						3	,
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner requests that the National Labor Relations	RTIFICATION OF	REPRESEN	ITATIVE - A sul	ostantial number	Petitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer	tions Board proc				it(s) involved (Street a		
Puget Sound Energy					ellevue, WA 98		T 120 CONTROL FOR CONTROL CONT
3a. Employer Representative – Name an Marl Mellies	d Tille		3b. Add	dress (If same a	s 25 – stale şame)		
3c, Tel. No.	3d. Cell No.		3e. Fax		1	3f. E-Mail Add	ress
425-457-5751				52-3430			
4a. Type of Establishmeni (Factory, mine, Load Office	wholesaler, etc.)	4b. Princip	al product or se	rvice			and State where unit is tocated: ue, Washington
5b. Description of Unit Involved	OTATAL MARKET COLORS	570000		20. 00 000000	THE RESERVE THE PARTY OF THE PA		6a. No. of Employees in Unit:
Included: Senior Power Disatch				ission Sche	edulers, EIM Ge	eneration	25
Operators and EIM C Excluded: Office clerical employ	Seneration Op rees, guards;	supervis	rainees. ors as defii	ned by the	Act and other ei	mployees.	or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Check One: 7a. Request for n	ecognition as Barg	aining Repre	sentative was n	nade on (Date)	and	Employer dec	lined recognition on or about
<u> </u>	(C)		ceived, so state	2 70 0007	1	100	
7b. Petitioner is	currently recognize	d as Bargain	ing Representa	live and desires	certification under the	Act,	V 2000
8a. Name of Recognized or Certified Ba None	rgaining Agent (If	none, so st	ate).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any		-/	8h. Date				Date of Current or Most Recent y (Month, Day, Year)
Is there now a strike or picketing at the f (Name of labor organization)	Employer's éstablis				ximalelý how many en (Month, Day, Year)	iployees are pa	rticipating?
10. Organizations or individuals other than known to have a representative interest in		se named in	ilems 8 and 9, v	which have claim	ned recognition as repr	resentatives an	d other organizations and individuals
None 10a. Name	10b. Add	droct			10c. Tel. No.		10d. Cell No.
Toa. Name	100.70	11622			Toc. Tel. No.		Tod. Cell No.
					10e. Fax No.	14 - 14	101. E-Mail Address
11. Election Details: If the NLRB conduction any such election.	ts an election in thi	s maller, sta	le your position	with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): February TBD	TBD	ection Time(s):		11d. Election Locat Bellevue, Washing	glon	2
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers Local Union No					19415 Internation		city, state, and ZIP code) ac, WA 98188
12c. Full name of national or international International Brotherhood of Electrical		of which Peti	tioner is an affili	ate or constituer	nt (if none, so state)		
12d. Tel No. 206-323-4505	12e. Cell No.			x No. 3-0186		12g, E-Mail Ai seanbagsby(
13. Representative of the Petitioner who	will accept servi	ce.of all pap	ers for purpos	es of the repres	sentation proceeding	3.	A. B. C.
13a. Name and Tille SaNni M-K Lei	nonidis, Unio	n Attorne	y 13b. Ac		d number, city, state, 01 4th Avenue, Suite 100		
13c. Tel No.	13d. Cell No.		13e, Fa	x No.	1	13f. E-Mail Ad	
206-467-6700	206-355-3572		206-46	and the second	- Andrewson and the second	slemonidis@	unionattorneyshw.com
I declare that I have read the above peti	tion and that the	statements a		best of my know	wledge and belief.	¥	
Name (Print)	ignature	3 720 7774	Title			Dale	

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

Afforney

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.

vr: 13:32 p.m. U1-21-2U2U 2/10

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-254955	1/22/2020				

INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition must i named in the per	e accompanied i ition of: (1) the p	by both a sh etition; (2) S	owing of interest (se tatement of Position	e 6b below) and form (Form NL	d a certificat RB-505); an	e of service shi d (3) Descriptio	owing service an n of Representation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petiti requests that the National Laboratory	loner desires to be	certified as repres	sentative of the	ne employees. The Pe	titioner alleges	that the follo	owing circumst	ances exist and	
2a. Name of Employer:		2b. Ad	dress(es) of	Establishment(s) invol-	ved (Street and	number, City,	State, ZIP code	n):	
Waste Management City	of Kennewic	k 161	1 S. Was	hington, Kenne	wick, WA 9	9337			
3a. Employer Representative - Nan	ne and Title:	3b. Ad	dress (if san	e as 2b - state same):					
James Clements		San	ne	and the second s					
3c. Tel. No.	3d. Cell No.		3e. Fax No).	3f. E-Mail A	Address			
			1		jclemen	1@wm.con			
4a. Type of Establishment (Factory, I	mine, wholesaler, e	etc.)		al Product or Service	12	10 100000	d State where ur	nit is located;	
	Waste Hauler/Recycler			e and Recycling Ser	rvices	Kennew			
5b. Description of Unit Involved: Included: All full and part-time drivers (ainer and m	ecvelere)		6a. Numbe 25	r of Employees i	in Unit:			
Excluded: Supervisors, managers, office staff, mechanics and all other employees. 6b. Do a substantial number (30% of the employees in the unit we represented by the Petitioner of the employees.						unit wish to be			
Check One: [x] 7a. Request for rec	A STATE OF THE STA			on (Date) 1/14	/2020 an		eclined recognit		
on or about (Date)	no reply	(If no reply a	received, so	state).		- L.I.P.O.J.O.	com ca (coogmi		
7b. Petitioner is cur				The Control of the Co	under the Act.				
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Austin DePaolo 8b. Address: 1103 W. Sylvester St. Pasco, WA 99301									
8c. Tel. No.	8d. Cell No.		Be. Fax No).	8f. E-Mail A	8f. E-Mail Address			
509-547-7513	509-551-9212		509-546	5-2560	team839	_adepaolo	@outlook.com	1	
Bg. Affiliation, if any:		18	3h. Date of R	ecognition or Certificat			rrent or Most	200	
Teamsters Local 839					Hecent Co.	ntract, if any	Month, Day, Ye	ar)	
9. Is there now a strike or picketing a	t the Employer's es	itablishment(s) inv	olved? No	If so, approx	imately how ma	ny employees	are participatin	g?	
(Name of Labor Organization)					, has picketed	the Employe	er since (Month,	Day, Year)	
 Organizations or individuals other individuals known to have a representation. 							s and other orga	anizations and	
10a. Name	[10b. 4	ddress	10c. Tel. N			0.	10d. Cell No.		
Tea. Home	1,00.7				100.10.11				
				10e, Fax No.			10f. E-Mail Address		
11. Election Datalis: If the NLAB co	nducts and election	in this matter, sta	ate your posi	ion with respect to any	such election:	11a. Election			
						Manua Manua		Mixed Manual/Mail	
11b, Election Date(s):	11c. E	lection Time(s):			11d. Election	on Location(s):		
12a. Full Name of Petitioner (includ	ling local name and	f number):		12b. Address (street	and number, city	. State and 2	IP code):		
Austin DePaolo		,		1103 W. Sylve					
12c. Full name of national or internat Teamsters Local 839	lonal labor organiz	ation of which Peti	itioner is an a	Iffiliate or constituent (i	if none, so state,):			
12d, Tel. No.	12e. Cell No.		12f. Fax N	0.	12g. E-Mai		111 102 122		
509-547-7513 x 13	509-551-9212		509-546				@outlook.com	1	
13. Representative of the Petitione	r who will accept	service of all pap							
13a. Name and Title: Austin DePaolo, Business A	Agent		1	ess (street and number V. Sylvester St., P	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100			
13c. Tel. No.	13d. Cell No.		13e. Fax N	lo	13f, E-Mail	Address			
509-547-7513 x 13	509-551-9212	L	509-54				@outlook.com	, ,	
I declare that I have read the above						_au-paoro	- Juniour Coll	<u> </u>	
Name (Print)	, ,	Signaflyre	407	PV	Title			Date	
Austin DePaolo		He	12	1000	Business Ag	gent		1/21/2020	

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

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

Case No. 19-RC-255017 Date Filed 1/22/2020

DO NOT WRITE IN THIS SPACE

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. I the employer and all other partie Case Procedures (Form NLRB 48	s named in the pe	tition of: (1) the p	etition; (2) S	Statement of Position	form (Form NL	RB-505); ar	d (3) Description of Re	presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratory	tioner desires to be	certified as repres	sentative of the	ne employees. The Pe	titioner alleges	that the fol	lowing circumstances e	
2a. Name of Employer:				Establishment(s) invol		number, City	/, State, ZIP code):	
SnoTemp Cold Storage		3813	5 Marion	St SE, Albany,	OR 97322			
3a. Employer Representative - Na	me and Title:	3b. Ad	dress (if sam	ne as 2b - state same):				
Jason Lafferty - C.E.O	Jason Lafferty - C.E.O San							
3c. Tel. No.	3d. Cell No.		3e, Fax No),	3f. E-Mail	Address		
541 9285-5755			jas			snotemp	.com	
4a. Type of Establishment (Factory,		etc.)	TOTAL STREET	al Product or Service			nd State where unit is loc	ated:
Cold Storage Warehousin	ıg		Cold S	torage		Albany,		
5b. Description of Unit Involved: Included:						6a, Numb	er of Employees in Unit:	
Warehousemen				22				
Excluded:				6b. Do a s	substantial number (30%	or more)		
Supervisors, Office Staff, Managers.						of the	employees in the unit wis ented by the Petitioner?	sh to be
Check One: 🔀 7a. Request for re		ning Representativ	e was made	on (Date) 1/22	2/2020 ar		declined recognition	V 169 110
on or about (Date)			received, so					
7b. Petitioner is cu 8a. Name of Recognized or Certifi				ina desires certification Idress:	n under the Act.			
None	cu barganing Ag	erre (ii riono, do ote	100,710	areas.				
8c. Tel. No.	8d, Cell No.		8e. Fax No).	8f. E-Mail	Address		gt.
8g. Affiliation, if any:		3	3h. Date of R	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 a	at the Employer's e	stablishment(s) inv	olved? No	▼ If so, approx	imately how ma	ny employee	es are participating?	
(Name of Labor Organization)			_		, has picketer	the Employ	er since (Month, Day, Ye	ear)
10. Organizations or individuals other	er than Petitioner an	nd those named in	items 8 and	9, which have claimed	recognition as r	epresentativ	es and other organization	ns and
individuals known to have a repr	esentative interest	in any employees	in the unit de	scribed in item 5b abo	ve. (If none, so	state)		
None								
10a. Name	And the Control of th	Address			10c. Tel. N	10c. Tel. No. 10d. Cell No.		
N/A	N/A	i,						
					10e. Fax N	lo.	10f, E-Mail Address	
11. Election Details: If the NLRB co	onducts and election	n in this matter, sta	ate your posit	tion with respect to an	y such election:			
44 FL E B (4)	144- 5	In the Time (a)			144 Floor			Manual/Mail
11b. Election Date(s):		Election Time(s): a.m. and 4:(00 n m			on Location(s): Ave. SE, Salem, C	D 07302
February 5, 2020 12a. Full Name of Petitioner (include)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<i>у</i> о р.ш.	12b. Address (street				/K 9/302
Teamster Local Union No		татову.		. Allegan management .	- San	A CONTRACTOR	048, Salem, OR	97302
12c, Full name of national or interna	tional labor organiz	ation of which Peti	tioner is an a	ffiliate or constituent (if none, so state):		
International Brotherhood				100 mm				
12d. Tel. No.	12e. Cell No.		12f. Fax N	0.	12g. E-Mai	Address	47-24	
503 378-1444	503 510-186	52	503 58	5-5469	info@t	eamster6	70.org	
13. Representative of the Petitione	er who will accept	service of all pap						
13a. Name and Title: Larry Kale, Business Agent	/ President		The state of the s	ess (street and number wning Ave, SE,	맛집 그렇게 취상하는 이 그리 나는 맛이 있다면 없었다.		OR 97302	
13c. Tel. No.	13d. Cell No.		13e. Fax N	lo.	13f. E-Mail	Address		
503 378-1444	503 510-186	52	503 58			teamster	670.org	
I declare that I have read the abov								
Name (Print)		Signature	0	LA	Title			Date
Larry Kale		Mei	my?	Jake	Business A	Agent / P	resident	1/22/2020

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RD-25/116	1/3/2020				

01/2/2020 19:45:42

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 NL 1. PURPOSE OF THIS PETITION: RD	- DECERTIFICATION	(REMOVAL OF	REPRESENTATIVE) - A s	ubstantial number of			
recognized bargaining representative Labor Relations Board proceed un-						d requests that the National	
2a. Name of Employer Boeing	F. F. F. F.	2b Ac	ddress(es) of Establishmen SW 16th Street Renton 98055-			, State, ZIP code)	
3a. Employer Representative - Name			3b. Address (If same as	s 2b – state same)			
Carlton Davis Director - Commercial Fligh	nt Training and Air Cr	ew Operations	1301 SW 16th Street WA Renton 98055-				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Address		
(206) 662-1889	(206) 393-2090		(206) 662-4747		carton.s.davis@boeing.com 5a. City and State where unit is located:		
	e of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal produ Aerospace & Defense				Renton, WA		
5b. Description of Unit Involved Included. See Attached Page 2 for	or additional details					6a. No. of Employees in Unit:	
Excluded: See Attached Page 2 for	and the second					6b. 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 7 No	
Check One: 7a. Request fo	r recognition as Baro	aining Representa	ative was made on (Date)	ar	nd Employer dec	lined recognition on or about	
<u> </u>	(Date) (If no reply receive					
8a. Name of Recognized or Certified E	Bargaining Agent		8b. Address	15205 52nd Ave S	7		
Society of Professional Engineering Emp		SPEEA (IFPTE Lo	8e. Fax No.	WA Tukwila 98188-			
8c. Tel No.	8d Cell No.				8f. E-Mail Address		
8g. Affiliation, if any	6) 674-7370			r Certification	jasonc@speea.org 8i. Expiration Date of Current or Most Recent		
Society of Professional Engineering Emp				tract, if any (Month, Day, Year) 03/06/2020			
9. Is there now a strike or picketing at the	e Employer's establis	hment(s) involved	? No If so, approx	cimately how many e	mployees are pa	nticipating?	
(Name of labor organization)		has pic	keted the Employer since (Month, Day, Year)			
 Organizations or individuals other the have a representative interest in any em 					and other organiz	ations and individuals known to	
10a, Name	10b. Add	iress	***	10c. Tel. No.	-	10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conders any such election. 		ur position with respect to					
11b. Election Date(s): 01/21/2020	n/a	ection Time(s):		11d. Election Location(s): Mail			
12a. Full Name of Petitioner (b) (6), (b) (b) (6), (b) (7)(C)	the second to the				eet and number, b) (6), (b) (city, state, and ZIP code) 7)(C)	
12c. Full name of national or international Society of Professional Engineering Emp	al labor organization of loyees in Aerospace	of which Petitioner SPEEA (IFPTE Lo	r is an affiliate or constituen ocal 2001)(b) (6), (b) (7)(C)	nt (if none, so state)			
12d. Tel.No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Address (b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)			~)	
13. Representative of the Petitioner w 13a. Name and Title	no will accept servi	ce of all papers f	13b. Address (street and	그래마 그리고 있는 것이 되었다면 하게 되었다면 살아 먹었다면 없다.	The second secon		
13c. Tel No.	13d. Cell No.	The second secon	13e. Fax No.	V	13f. E-Mail Address		
I declare that I have read the above po	etition and that the s	tatements are tr	ue to the best of my know	vledge and belief.			
Name (Print)	Signature		Title		Date		

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

DO NOT WRITE IN THIS SPACE

Case Date Filed
19-RD-254116 1/3/2020

Attachment

Employees Included

Pilots and Instructors providing product support and training for Boeing Airplanes.

Employees Excluded

Management pilots and instructors, and employees who are not pilots or instructors.

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

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

Case No. 19-RD-255045

DO NOT WRITE IN THIS SPACE

Date Filed 1/23/2020

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 locat the employer and all other pa Case Procedures (Form NLR	arties named in	the petition of:(1) the petition: (2) St	tatement of Posi	tion form	(Form NLRB-505):	and (3) Descripti	on of Representation	
PURPOSE OF THIS PETITIO recognized bargaining repres Labor Relations Board proc	N: RD- DECE	RTIFICATION (RE	MOVAL OF REPRES	SENTATIVE) - A :	substantia e followir	I number of employe	es assert that the	certified or currently	
2a. Name of Employer Waste Management of W	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 8111 1st Ave S Seattle, WA, 98106 7201 W Marginal Way SW Seattle, WA, 98106								
3a. Employer Representative - Jon Sardeson - District Fl	3b. Address (If same as 2b - state same) Same								
3c. Tel. No. (206)-505-9160				l Address o@wm.com					
4a. Type of Establishment (Factor Heavy Duty Fleet Mainte	4b. Principal Fleet main			oal product or service aintenance of re	al product or service intenance of refuse vehicles and equipment				
5a Description of Unit Involved Included: All positions with "Techn Excluded: Managers, Supervisors, C			in the second se	Apprentice" in	the titl	e	is loca	nd State where unit nted: Washington	
6. No. of Employees in Unit 14	reco	ognized bargaining	ber (30% or more) of t g representative? 🔀		the unit n			certified or currently	
8a. Name of Recognized or Certified Bargaining Agent International Association of Machinists and Aerospace Workers, District 160,1					8b. Affiliation, if any Union Representation				
8c. Address 9135 15th PIS Seattle, WA, 98108				8d. Tel. No. (206)-762-7990		8e. Cell No. (253)-304-6313			
				8f. Fax No. (206)-764-0)468	8g. E-Mail Address tommy@iam1			
9. Date of Recognition or Certifical 1/1/2016	ation		10. Expiration Date 12/31/2019	e of Current or M	ost Recen	t Contract, if any (Mi	onth, Day, Year)	×C ×W	
11a. Is there now a strike or picke	eting at the Emp	loyer's establishm	nent(s) involved?	Yes 🗵 No	11b. If so,	approximately how	many employees :	are participating?	
11c. The Employer has been pick	eted by or on b	ehalf of (Insert N	lame)					a labor organization, of	
(Insert Address) 12. Organizations or individuals of	ther those nam	ad in items 8 and	11c which have claim	and recognition as	roprocor		ce (Month, Day, Y	(ear)	
and individuals known to have	e a representati	ve interest in any		described in item	5 above.	(If none, so state)			
12a. Name 12b. Address None None					None No.		12d. Fax No. None		
				12e. Cell None		No.	12f. E-Mail Addr None	2f. E-Mail Address None	
 Election Details: If the NLR matter, state your position wit 		such election.			13a. Election Type: X Manual		al Mail	Mail Mixed Manual/Mail	
13b. Election Date(s) 1/27/2020, 1/28/2020, 1/29/2020 13c. Election Time(s) 0700, 1400, 1600					13d. Election Location(s) 8111 1st Ave S, Seattle, WA 98108				
14. Full Name of Petitioner (b) (6), (b) (7)(C)	V 10 1 10 10 10 10 10 10 10 10 10 10 10 1								
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)					14b. Tel. No. None		14c. Fax No. None		
					14d. Cell No. (b) (6), (b) (7)(C)		14e. E-Mail Address (b) (6), (b) (7)(C)		
14f. Affiliation, if any		100							
 Representative of the Petition Name 	oner who will a	ccept service of	all papers for purpo		sentation 15b.Title	proceeding.			
15a. Name (b) (6), (b) (7)(C)					o) (6), (b) (7)	(C)			
15c. Address (Street and number. citv. state. ZIP code) (b) (6), (b) (7)(C)				1.2			15e. Fax No. None		
	and the second s				15f. Cell N b) (6), (b) (7)(C)	150. E-Mail Add (b) (6), (b) (7	ress 7)(C)	
I declare that I have read the ab Name (Print) (b) (6), (b) (7)(C)	ove petition a	(b) (6), (b)		1-	F745	nd belief. , (b) (7)(C)		Date Filed	
	TATEMENTS (TAIE AND	IMPRIES	NMENT (LE COS	E TITLE 40 050	1/23/2020	

PRIVACY ACT STATEMENT