ORM 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-231200	11-16-18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nlrb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Burgerville, LLC 1122 SE Hawthorne, Portland, OR 97214 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Tonkon Torp LLP, 888 SW Fifth, Suite 1600, Portland, OR 97204 Kristin Bremer Moore 3c Tel No 3e. Fax No. 3f. E-Mail Address 3d. Cell No. (503) 802-2154 (503) 972-3854 kristin.bremer@tonkon.com 4a Type of Establishment (Factory mine wholesaler etc.) 4b Principal Product or Service 5a. City and State where unit is located: Restaurant Food Portland, OR 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: full-time and regular part-time crew members at Burgerville # 32 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peti ioner? ☒ Yes Excluded: managerial employees, guards and supervisors Check One: |x| 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recogni ion on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 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: 1 the NLRB conducts and election in this matter state your position with respect to any such election 
11a. Election Type: X Manual Mail Mixed Manual/Mail 11b Election Date(s) 11c Election Time(s) 11d Election Location(s) Burgerville #32 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2249 E Burnside, Portland, OR 97214 IWW-Portland Chapter, dba Burgerville Workers Union 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): International Workers of the World 12d. Tel. No. 12e Cell No 12f. Fax No. 12g. E-Mail Address burgervilleworkersunion@gmail.com 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): 812 SW Washington St, Suite 225, Portland, OR 97205 Kate Suisman, Attorney 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (503) 525-8454 x13 (646) 942-6659 kate@nwjp.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PFTITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-230650	11/7/2018				

K	CPETITION	ì	19-K	U-230650	- 1	11///2018	
INSTRUCTIONS: Unless	e-Filed using the Agency's w	rebsite, www.nlrb.gov,	submit an	original of this	Petition to a	n NLRB office in the Region	
in which the employer of	concerned is located. The pet	ition must be accompa	nied by bo	th a showing o	f interest (se	e 6b below) and a certificate	
of service showing serv	rice on the employer and all o	ther parties named in t	he petition	of: (1) the peti	tion; (2) State	ment of Position form	
(Form NLRB-505); and (	3) Description of Representat	ion Case Procedures (I	Form NLRE	3 4812). The si	howing of int	erest should only be filed	
with the NLRB and shou	uld <u>not</u> be served on the empl	oyer or any other party	<i>t</i> .		_	-	
1. PURPOSE OF THIS PETIT	ION: RC-CERTIFICATION OF REP	RESENTATIVE - A substant	lial number of	employees wish to	be represented	for purposes of collective	
	d Pelitioner desires to be certified as I Labor Relations Board proceed u						
2a. Name of Employer	Ludor relations doubt proceed a	2b. Address(es) of Est					
vigorate Health Care/Butte C	are Holdings LLC	2400 Continental MT Butto 59702-		,			
Ba. Employer Representativ		3b. Address		b - state same)			
randon Bigelow		5200 N	. Palm Ave. sno 93704-				
3c. Tel. No.	3d. Cell No.	3c. Fax No.	<u> </u>		3f. E-Mail Add	ess	
559) 668-0141	(559) 901-3147	(559) 222-704	40		Drandona	Dinvigorite. healtha	
a. Type of Establishment (Fa	actory, mine, wholesaler, etc.) 4b.	Principal product or service			5a. City	and State where unit is located:	
Healthcare	Facilities	Long 1	Term Care		- 1	Butte, MT	
ib. Description of Unit Invol	ved					6a. No. of Employees in Unit:	
ncluded: See Attached Pa	age 2 for additional details				į	13	
						6b. Do a substantial number (30%	
Excluded: See Allached Pa	age 2 for additional details					or more) of the employees in the unit wish to be represented by the	
	,				i	Petitioner? Yes [7] No [7]	
Check One: 7a.	Request for recognition as Bargaining	Representative was made of	on (Date) 11/0	7/2018 an	d Employer deci	ined recognition on or about	
	(Date) (If no r	eply received, so state). No	reply received	d			
	Petitioner is currently recognized as E		nd desires cer	tification under the	Λcι.		
	Certified Bargaining Agent (If none	, so state). 8b.	Address 3345 Harrisor	n Ave			
eamsters Union Local No. 2 E	····		MT_Butte_592				
lc. Tel No. 06) 533-5528	8d Cell No. (406) 533-5528	8e. Fax No. (406) 494-443	ลก		8f. E-Mail Addi	** *	
Bg. Affiliation, if any	(100) 000 0020	8h. Date of Rec					
ternational Brotherhood of To		Contract, if any (Month, Day, Year) 08/31/2020					
9. Is there now a strike or pick	eting at the Employer's establishmen	(s) involved?	so, approxima	ately how many er	nplovees are par	ticipating?	
(Name of labor organizatio	, ,	, has picketed the Employ		•	,		
	Is other than Petitioner and those nar	<del></del>	·				
	is other than Petitioner and those har re interest in any employees in the un				reseniatives and	other organizations and individuals	
IQa. Name	10b. Address		<del></del>	IOc. Tel. No.	<del></del>	10d. Cell No.	
						1	
			7	l0e. Fax No.	·	10f. E-Mail Address	
4 Election Details: 40 cm	I DD conducto and classical in the	27 atala (21.12 a a Wata (1916 ) )				<u></u>	
Election Details: If the N     any such election.	LRB conducts an election in this matt	er, state your position with re	especito   1	11a. Election Type.	: J / Manual ]	Mail Mixed Manual/Mail	
1b. Election Date(s):	11c Election	Time(s):	1	11d. Election Location(s):			
1/12/18 - 11/16/18	6am ÷ 5 pm			nvigorate Health C			
2a. Full Name of Petitioner	(including local name and number	)	1	2b. Address (stree	et and number, o	ity, state, and ZIP code)	
rin Foley eamsters t ocal Union No. 2		- Datitionaria an affiliata an		3345 Harrison Ave. MT Bulle 59702			
ternational Brotherhood of To	nternational labor organization of white eamsters	on retitioner is an animate of	constituent (ii	rione, so state)			
12d. Tel No.	12e. Cell No.	12f. Fax No.		12g. E-Mail Address			
06) 533-5528	(406) 533-5528	(406) 491-413				msterstocal2.org	
<ol> <li>Representative of the Person Property in the Person Person Property in the Person Property in the Person Person Property in the Person Per</li></ol>	titioner who will accept service of		•		-		
Sa, Hame and Tide		13b, Address	(street and ni	umber, city, state,	ana zir code)		
3c. Tel No.	13d. Cell No.	13c. Fax No.			13f. E-Mail Add	iross	
declare that I have read the	above petition and that the statem	nents are true to the best o	f my knowled	dge and belief.			
Name (Print)	Signature	Title			Date		
iale Cate	Erin Foley	Business Age	nl		14/7/2012	10.42.44	

### Erin Foley Business Agent 11/7/2018 10:42:11 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 (NI.RA), 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

Attachment

19-RC-230650

11/7/2018

Employees Included Cook 1, Cook 2, Dietary, Dietary Aide, Dishwashers,

**Employees Excluded** 

Professional employees, nurses, guards, and supervisors as defined in the NLRB Act

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-230751	11-8-18					

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition : named in i	must be accom he petition of: (	panied b 1) the pe	y both a s dtion; (2) .	howing of interest (see Statement of Position (	i 65 below) and form (Form NL	i a certificat RB-505); an	le of service d (3) Descrip	showing tion of R	service on epresentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Peti	oner desire	s to be cartified a	a repres	entative of I	the employees. The Pet	ltioner alleges	that the foll	owing circu	nstances	
2a. Name of Employer:			2b. Add	iress(es) of	f Establishment(s) involv	ed (Street and	number, City	State, ZIP c	ode):	
Total Traffic and Weather n of TTWN Media Network		k, a divisio	1333	3 South	west 68th Parkwa	ay, Suite 3	l0, Tigar	d, OR 97.	223	
3a, Employer Representative - Nan	e and Title:		3b. Add	iresa (if ser	me as 2b - state same):					
Steve Taylor Senior Corp.	orate		4197	7th Stree	et NW, Suite 500	Washingto	n, DC 20	0004		
Counsel, Labor					-					
3c. Tel. No.	3d. Cell No		L	3e. Fax N	lo.	3f. E-Mail A	ddress			
202-289-2326				202-28	89-0050	Steveta	ylor@ihe	artmedia	.com	
4a. Type of Establishment (Factory, I	nine, wholes	saler, etc.)		4b. Princi	pal Product or Service			d State wher		cated:
Broadcasting				Radio			Portland,	Oregon		
5b. Description of Unit Involved:				·			6a. Numbe	r of Employe	es in Unit:	:
Included:							2			
See Attached									7	
Excluded:								sbstantial nus imployees in		
See Attached						10.01.0		inted by the F		X Yes □ No
Check One: [x] 7a, Request for red on or about (Date)		Bangain⊪ng Repn 2018 - (∦rr		e was mad eceived, so		/2018 an	a Employer o	decilined reco	gnation	
					and desires certification	under the Act.				
8s, Name of Recognized or Certific	d Bargaini	ng Agent (If non	e, so sta	(e) 8b. A	ddress:					
None				- }						
						<del></del> -				
8c. Tel. No.	8d. Cell No			8e. Fax N	lo.	8f. E-Mail A	ddress			
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 a	the Employ	rer's establishme	nt(s) invo	olved? No	lf so, approxit	mately how mer	ny employee	s are participa	ting?	
(Name of Labor Organization)	, -		• •	110		, has picketed	the Employ	ar since (Mor.	th, Day, Y	'ear)
10. Organizations or individuals other individuals known to have a repre						ecognition as n	epresentative	<del></del>		
None	oo(nabyo m	on any any	,				,			
10a. Name		10b, Address				10c, Tel. No	D.	10d. Cell No		
					l l		i			
						10e, Fax No.		10f. E-Mall Address		
11. Election Details: If the NLRB con	oducts and e	lection in this ma	itter, stat	e vour posit	tion with respect to any s	uch election:	11a. Election	) Type:		
,,,,,				7				I Mail	Mixe	d Manual/Mali
11b. Election Date(s);		11c, Election Tir	ne(6):			11d. Electio	n Location(s		<u></u>	
November 29	1	11:30-1:30	, .	ic		Traffic	Studios o	r Break I	Room	
12a. Full Name of Petitioner (includ	ing local nai	ne and number):			12b. Address (street a	nd number, city	State and 2	(IP code):		
Screen Actors Guild - Am and Radio Artists (SAG-AF		ederation of	Telev	vision	1900 Broadway	, 5th Floor	, New Yo	ork, NY 1	0023	
12c. Full name of national or internation		ganization of who	ch Petitio	oner is an a	filiate or constituent (if	none, so state).				
AFL-CIO		-								
12d. Tel. No.	12e. Cell N	0.		12f. Fax N	<b>4</b> 0.	12g. E-Mail	Address			
212-863-4292					32-2625			hn@saga	aftra.or	g
<ol><li>Representative of the Petitione</li></ol>	r who will a	ccept service o	ali pap							
13a. Name and Title: Josh Mendelsohn, Sr. Labor Counsel				ess <i>(street and number,</i> roadway 5th Floor,	* '	-	:3			
13c, Tel. No.	13d. Cell N			13e. Fax i	No.	13f, E-Mail	Address			
212-863-4292	,	<del>•</del> ·		i .	32-2625			hn@saga	ffra or	o l
I declare that I have read the above	petition as	nd that the state	ments a							
Name (Print)	,	Signatur				Γ⊞e				Date
Josh Mendelsohn			$\sqrt{-}$			Sr. Labor (	Counsel			11/8/2018

Attachment A (5 B) Included: All employees engaged in the on-air presentation and/or editorial production for on-air presentation of news, traffic or weather reports who are employed by TTWN at its facility in Portland, Oregon.

Excluded: Office clericals, guards and supervisors as defined under the Act, as amended.

NOTE: Petitioner seeks an Armour-Globe election to include these employees in a larger unit.

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-230894	11-9-2018				

		KC PEIIII	ON			19-RC-2	30894		11-9	9-2018
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in t	must be accor the petition of:	npanied b (1) the pe	y both a sh tition; (2) S	nowing of interest (s Statement of Position	ee 6b below) a n form (Form	and a certifica NLRB-505); an	te of service sho d (3) Description	wing so n of Rep	ervice on Presentation
<ol> <li>PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labor</li> </ol>	ioner desire	s to be certified	as represe	entative of the	he employees. The P	etitioner alleg	es that the fol	owing circumsta	ances e	
Sodexo 9801 Was				Washing	Establishment(s) invo tonian Blvd MD 20878	olved (Street ar	d number, City	, State, ZIP code,	):	
3a. Employer Representative - Nar George Hulett	me and Title:		7236	·	ne as 2b - state same, sland Road SE 98503	):				
3c. Tel. No. 425-736-5545	3d. Cell No	).		3e. Fax No 503-769			il Address e.Hulett@soo	dexo.com		
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)		4b. Princip Food Se	al Product or Service	<del>-</del>	1	nd State where un	nit is loca	ated:
5b. Description of Unit Involved:				· · · · · · · · · · · · · · · · · · ·			6a. Numbe	er of Employees i	n Unit:	<del> </del>
Included: See attachment							18			
Excluded: Managers, Supervisors, Offic	e Clerical						of the	ubstantial numbe employees in the ented by the Petit	unit wis	h_to be ´
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu	-	(lf	no reply re	eceived, so	state).	on under the A	and Employer	declined recogniti		
8a. Name of Recognized or Certific							-			
		<del></del>						<del></del>		
8c. Tel. No.	8d. Cell No	).	į	8e. Fax No	<b>)</b> .	8f. E-Ma	8f. E-Mail Address			
8g. Affiliation, if any:			81	n. Date of R	ecognition or Certifica		ation Date of C Contract, if any	urrent or Most (Month, Day, Yea	ar)	<del>- 11</del>
9. Is there now a strike or picketing a	t the Employ	/er's establishm	nent(s) invo	lved? No	If so, appro	ximately how r	nany employee	s are participating	g?	· · · · · · · · · · · · · · · · · · ·
(Name of Labor Organization)	·							er since (Month, I		
<ol> <li>Organizations or individuals othe individuals known to have a repre-</li> </ol>								es and other orga	inization	is and
10a, Name		10b. Address				10c. Tel	No.	10d. Cell No.		
						10e. Fax	10e. Fax No. 10f. E-Mail A			
11. Election Details: If the NLRB co Wednesday, November 28, 20				e your posit	tion with respect to ar	ny such election	1 .		Mixed	l Manual/Mail
11b. Election Date(s):		11c. Election 7	٠,	•			11d. Election Location(s):			
November 28, 2018  12a. Full Name of Petitioner (included)	ling local na	4:30pm-6:30 me and number	•		12b. Address (stree		achment city, State and	ZIP code):		<del></del>
Natasha West-Baker					602 W Main St Auburn, WA. 98					
12c. Full name of national or internat Public School Employees /Ser		-				(if none, so sta	te):			
12d. Tel. No. 12e. Cell No. 12f. Fax No. 253-876-7434 202-922-7047 253-876-7409					1 -	lail Address baker@psec	ofwa.org			
13. Representative of the Petitione			of all pape	ers for purp	oses of the represe	entation proce	eding.			
1				13b. Addre 602 W N	ess (street and numbe Main St	er, city, State a	nd ZIP code):			
Organizer				Auburn,	WA. 98001	<u></u>				,,
13c. Tel. No. 253-876-7434	13d. Cell N 202-922-			13e. Fax N 253-876		1_	ail Address baker@psec	ofwa.org		
I declare that I have read the above			tements a			edge and beli				
Name <i>(Print)</i> Natasha West-Baker		Signati	Ire W	tost	Baker	Title Organizer				Date 11/9/2018

### **Attachment for NLRB RC Petition**

### **5b.** Description of Unit involved:

Included:

Food Service Work, Food Prep/ Cashier, Leads, Head Cook, Assistant Cook, Driver, Utility, Baker, Base Kitchen Lead, Substitutes

Excluded:

Managers, Supervisors, Office Clerical

### 11d. Election Location:

**Holiday Inn Express & Suites** 

1441 E Washington St. Sequim, WA. 98382

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

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

DO NOT WRITE IN	THIS SPACE
Cese No.	Date Filed
19-RC-231425	11-20-18

				***************************************	L	19-100	-23142.	<i></i>	11-20-10
INSTRUCTIONS: Unless a-Filed using the Agency's website. [SAMATHIA 1997], submit an ariginal 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 65 balow) 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: bargaining by Petitioner and Pet requests that the National Lab	litoner desires to b	e certified as repres	entative of	the employees. The P	etillo:	ner allege:	that the fa	lowing circums	tances exist and
2a. Name of Employer:		2b. Ad	dress(es) c	Establishment(s) Inve	olvad	(Street and	number, Cit	, State, ZIP cod	e);
Providence Portland Med	dical Center	480	NE Gil	san St., Portlan	d, O	R 9721	3		
3s. Employer Representative - Na	me and Tille:	3b. Ad	dress (if ser	ne as 2b - state same	i):	<del></del>			
Jeannie Mikulic, Human Resources same									
30, Tel. No. 503-215-1111	3d, Cell No.		3e, Fax N	0,		3f. E-Mail Jeannic		@providen	ce.org
4s. Type of Establishment (Factory,	mine, wholesaler,	sic.)		pal Product or Service	)		5a, City ar	nd State where u	nit is located:
acute care hospital			health	care			Portland		
6b. Description of Unit Involved: Included:							1	er of Employees	In Unit
see attached							approx		
Excluded: see attached							6b. Do a s	uostantiai numb employees in lite	er (30% or more) unit wish to be
Check One:  x  7a. Request for re	cognillan es Berce	ioina Representativ	n was made	on (Date)				ented by the Pati declined recogni	Moner? X Yas No
on erabout (Date)	1	(If no reply t	received, so	siete),			ia militara	nanditari tenedik	4041
7b. Petilloner is cu					on und	ler the Act.			
8a, Name of Recognized or Certifi	ed Bargaining Ag	ient (il none, so sia	(e)   80, A	ddrass:					
8c, Tel, No.	8d, Cell No.		8e. Fax N	3,		Bf, E-Mail Address			
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certifica	allon			urrent or Most (Month, Day, Ye	ar)
9. Is there now a strike or picketing a	at the Employer's e	stabilshment(s) inv	olved? No	Sel I so, appro	ximate	ly how ma	nv emplovee	s are participatin	d?
(Name of Labor Organization)			110	100		-		er since <i>(Month</i> ,	
10. Organizations or individuals other	rithan Pelitionera	nd those named in	tems 8 and	9. which have claimed		*			* * * * .
individuals known to have a repr	esenialiva interest	in any employees i	n the unit de	scribed in item 5b abo	ove. (l	finane, so	state)		
10a. Name	10b.	Address				10c. Tel. N	0.	10d, Cell No.	
	ŀ				L				
					ľ	10a. Fax N	0.	10f. E-Mail Add	tess :
11. Election Details: If the NLRB co	nducts and election	n in this matter, sta	te your posi	lon with respect to an	y suct	alection:	t la, Electio	п Туре:	
							× Manua		Mixed Manual/Mall
11b, Election Date(s):		Election Time(s):					n Location(s	<b>):</b>	
December 5, 2018	TB					HCC 6,			
12a. Full Name of Petitioner (includ				12b. Address (street	and n	iumber, ein	r, Slate and I	(IP code):	
Service Employees Intern	iational Unio	n Local 49		3536 SE	2	6th A	ve, P	ortland	, OR 97202
12c. Full name of national or internal	lonal labor organiz	allon of which Palli	loner la an a	iffiliate or constiluent (	(if non	e, so slate)	;		
Service Employees Intern	ational Unio	ň							
12d. Tel, No.	12e. Call No.		12f. Fax N	0.		12g, E-Mai			
503-236-4949							@seiu49	.org	
13. Representative of the Political who will accept service of all papers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code):									
13e. Name and Title: Kristin Perreault, Healthcare				26th Ave, Portl					
420 Tel Me	19d Call No.	·	13e, Fax N	in .	1.	13f. E-Mail	Addrago		
13c. Tel. No. 503-236-4949	13d. Cell No.		IQE. FAKIN	ıo,			Address @seiu49	ora	į
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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 Board (NLRB) in processing representation and related proceedings or illigation. The rottine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLR8 will further explain these uses upon request, Disclosure of this information to the NLRB is voluntary, however, feiture to supply the information may cause the NLRB to decline to invoke its processes.

# Attachment to Form NLRB-502 Question 5b Providence Portland Medical Center

#### Included:

All full-time, part-time and per diem non-professional employees employed by the Employer at its acute care hospital located at 4805 NE Glisan St., Portland, Oregon in the following classifications:

Aide Perioperative 1

Aide Perioperative 2

Aide Rehab

Assoc Mental Hlth

Asst Food Svc 2

Asst Food Svcs

**Asst Imaging Tech** 

**Asst Sterile Processing** 

**Attend Cleaning** 

Attend Cleaning Ld

Attend Housekeeping 2

CNA 2

CNA 2 HUC

Cook

Cook Ld

Cook Prep Grill

**Diagnostic Imaging Support Spec** 

Distributor Linen

Distributor Linen Ld

**ED Support Spec** 

HUC

Ld Food Nutrition

Mental Health Advocate/CNA 2

**Patient Escort** 

Patient Escort Ld

**PBX Operator** 

**Phlebotomist** 

Phlebotomist 2

Registrar

Spec Floor Care

Spec Pt Dining

**Storekeeper Nutrition Svcs** 

Supply Chain Tech I

Suppl Tech Anesthesia Cert

Tech Anesthesia Ld

Tech Anesthesia Non Cert

Tech ECG EKG

Tech ECG EKG Sr

Tech Endoscopy

Tech ER

**Tech Hemodialysis** 

**Tech Maternity** 

**Tech Monitor** 

Tech Monitor Ld

**Tech Pharmacy** 

Tech Pharmacy 340B

Tech Sterile Processing 1

Tech Sterile Processing 2

Tech Videographer Equipment

Tech 1 Pharm Acute

Tech 2 Pharm Acute

Tech 3 Pharm Acute

#### **Excluded:**

All professional employees, technical employees, business office clerical employees, skilled maintenance employees, other employees, guards, and supervisors as defined in the Act.

Name (Print)

STEVE PELOQUIN

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-231910	11-30-18				

Date

11-30-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NORKOTE INE 2330 106TH ST SW, EVERETT, WA, 98204 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) DANA GILLET SAME 3e. Fax No. 3c. Tel. No. 3d Cell No 3f F-Mail Address 425-212-3818 N/A DANAG@NORKOTE.COM 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: CONSTRUCTION FIREPROOFING **EVERETT, WASHINGTON** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: SEE ATTACHED PAGE #2 FOR ADDITIONAL DETAILS 6b. Do a substantial number (30% or more) of the employees in the Excluded: SEE ATTACHED PAGE #2 FOR ADDITONAL DETAILS unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) \_ Check One: (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).
STEVE PELOQUIN 8h Address 6362 6TH AVE SOUTH, SEATTLE, WA, 98108 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 206-441-9386 SPELOQUIN@OPCMIALOCAL528.ORG 206-441-9018 206-919-5240 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) OPCMIA AFL-CIO 7-1-2016 5-31-2019 , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual V Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) STEVE PELOQUIN 6362 6TH AVE SOUTH, SEATTE, WA, 98108 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) OPERATIVE PLASTERERS AND CEMENT MASONS INTERNATIONAL ASSOCIATION 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 301-623-1000 N/A N/A 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title STEVE PELOQUIN - BUSINESS AGENT 13b. Address (street and number, city, state, and ZIP code) 6362 6TH AVE SOUTH, SEATTLE, WA, 98108 13c. Tel No. 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 206-44-9386 206-919-5240 206-441-9018 SPELOQUIN@OPCMIALOCAL528.ORG I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

BUSINESS AGENT/REPRESENTATIVE

#### PRIVACY ACT STATEMENT

Title

Signature

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.

## Cement Masons & Plasterers Local 528

Servicing Washington State from Canada to the Southwest region, the Pacific Ocean to the Cascade Mountains. .and beyond!

ATTACHMENT to 5b: Description of Unit involved

#### **EMPLOYEES INCLUDED**

All full time and regular part time Plasterers Journeyman and apprentices employed by the employer, in the territorial jurisdiction of Local No. 528 which includes: Chelan, Clallam, Douglas, West half of Ferry, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, North half of Lewis, Mason, Okanogan, North half of Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Whatcom and Yakima.

#### **EMPLOYEES EXCLUDED**

All other employees including those represented by other unions, guards and supervisors as defined in the act.

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

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

. DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RD-230852	11/9/2018				

**RD PETITION** 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 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: RO-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 Employe 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) care 015 W. Garrison 3b. Address (If same as 2b - state same) Same 3e. Cell No 3f. E-Mail Address 360-694-8148 <u>360-694-7501</u> 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Home rsing 5a. Description of CNA, NAR, Dictory, Activities, Housekeeping on EW, LPN, Managers, Business office and Therapy

6. No. of Employees in Unit 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 8b. Affiliation, if any 8d. Tel. No. 506-8c. Address 8e. Cell No. 371-3200 310-731-030-8g. E-Mail Address Seattle, Wa 98104 8f. Fax No. Eddy. Hayes @ Sein 77: Contract, Hany (Mohth, Day, Year) 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, 3/31/18 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Tyes No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year) 12. Organizations or individuals other 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 12b. Address 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. F-Mail Address Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election 13a. Election Type: 📈 Manual 🔲 Mail Mixed Manual/Mail 13d. Election Location(s) Break Room 13c. Election Time(s) <u>5:30,5 le:80 am</u> 128/18 1015 NuGarrison Rd Man couver WA 98664 (b) (6), (b) (7)(C 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7) (b) (6), (b) (7)(C) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. (b) (6), (b) (7)(C) tatements are true to the best of my knowledge and belie II(b) (6), (b) (7)(C) Date Filed Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

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.

Jennifer Tew

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Jennifer Tew

### PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RM-23127.5	11/19/2018					

11/14/2018 16:30:44

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
225 W Riley Ave
AK Wasilla 99654-2a. Name of Employer/Petitioner Valley Transit 3b. Address (If same as 2b – state same) 225 W Riley Ave AK Wasilla 99654-3a. Employer/Petitioner Representative - Name and Title Jennifer Tew Executive Director 3c Tel No. 3d. Cell No. 3f. E-Mail Address (907) 232-2226 (907) 892-8801 jtew@valleytransitak.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Transportation transportation 5b. City and State where unit is 5a. Description of Unit Involved located: Included: See Attached Page 2 for additional details Wasilla, AK 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 5 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8a. Recognized or Certified Bargaining Agent - Name John Marton 8b. Affiliation, if any Teamsters Local Union No. 959 Teamsters 8e. Cell No. 8c. Address (907) 751-8557 (907) 575-6525 520 E 34th Ave 8f. Fax No. 8g. E-Mail Address AK Anchorage 99503-(907) 751-8565 imarton@akteamsters.com 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification 07/31/2018 08/14/2009 11. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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) 12d, Cell No. 12a, Name and affiliation if any 12c. Tel. No. 12b. Address 12f. E-Mail Address 12e. Fax No. 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: Manual Mail Mixed Manual/Mail any such election. 13d. Election Location(s): 13b. Election Date(s): 13c. Election Time(s): Wasilla As soon as possible any time 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 14a. Name and Title 14d, Cell No. 14e. Fax No. 14f F-Mail Address 14c. Tel No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) Signature Executive Director

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

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Attachment

Employees Included Demand Response Drivers and Dispatchers

Employees Excluded all other employees

DO NOT WRITE IN THIS SPACE			
Case	19-RM-231275	Date Filed 11/19/2018	