

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No

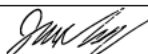
19-RC-231200

Date Filed

11-16-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Burgerville, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1122 SE Hawthorne, Portland, OR 97214	
3a. Employer Representative - Name and Title: Kristin Bremer Moore		3b. Address (if same as 2b - state same): Tonkon Torp LLP, 888 SW Fifth, Suite 1600, Portland, OR 97204	
3c. Tel. No. (503) 802-2154	3d. Cell No.	3e. Fax No. (503) 972-3854	3f. E-Mail Address kristin.bremer@tonkon.com
4a. Type of Establishment (Factory mine wholesaler etc) Restaurant		4b. Principal Product or Service Food	
5a. City and State where unit is located: Portland, OR		5b. Description of Unit Involved: Included: full-time and regular part-time crew members at Burgerville # 32 Excluded: managerial employees, guards and supervisors	
6a. Number of Employees in Unit:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) _____ 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.			
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 <input checked="" type="checkbox"/> 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) n/a			
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> 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): IWW-Portland Chapter, dba Burgerville Workers Union		12b. Address (street and number, city, State and ZIP code): 2249 E Burnside, Portland, OR 97214	
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 Kate Suisman, Attorney		13b. Address (street and number city State and ZIP code): 812 SW Washington St, Suite 225, Portland, OR 97205	
13c. Tel. No. (503) 525-8454 x13	13d. Cell No. (646) 942-6659	13e. Fax No.	13f. E-Mail Address 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 	Title	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 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-230650	Date Filed 11/7/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 Invigorate Health Care/Butte Care Holdings LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2400 Continental Dr MT Butte, 59702	
3a. Employer Representative - Name and Title Brandon Bigelow		3b. Address (If same as 2b - state same) 5200 N. Palm Ave. CA Fresno 93704	
3c. Tel. No. (559) 668-0141	3d. Cell No. (559) 901-3147	3e. Fax No. (559) 222-7040	3f. E-Mail Address brandon@invigorate.healthcare
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Long Term Care	5a. City and State where unit is located: Butte, MT

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: 13 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/07/2018 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). Teamsters Union Local No. 2 Erin Foley		8b. Address 3345 Harrison Ave. MT Butte 59702	
8c. Tel No. (406) 533-5528	8d. Cell No. (406) 533-5528	8e. Fax No. (406) 494-4430	8f. E-Mail Address erin.foley@teamsterslocal2.org
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 08/31/2020

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): 11/12/18 - 11/16/18	11c. Election Time(s): 6am - 5 pm	11d. Election Location(s): Invigorate Health Care
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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 59702
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (406) 533-5528	12e. Cell No. (406) 533-5528	12f. Fax No. (406) 494-4430	12g. E-Mail Address 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)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Erin Foley	Signature Erin Foley	Title Business Agent	Date 11/7/2018 10:42:11
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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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

Date Filed

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

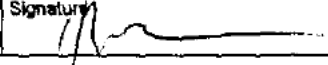
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-230751Date Filed
11-8-18

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: Total Traffic and Weather Network, a division of TTWN Media Networks		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 13333 Southwest 68th Parkway, Suite 310, Tigard, OR 97223	
3a. Employer Representative - Name and Title: Steve Taylor Senior Corporate Counsel, Labor		3b. Address (if same as 2b - state same): 419 7th Street NW, Suite 500 Washington, DC 20004	
3c. Tel. No. 202-289-2326	3d. Cell No.	3e. Fax No. 202-289-0050	3f. E-Mail Address Stevetaylor@iheartmedia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Broadcasting		4b. Principal Product or Service Radio	5a. City and State where unit is located: Portland, Oregon
5b. Description of Unit Involved: Included: See Attached Excluded: See Attached		6a. Number of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) 10/30/2018 and Employer declined recognition on or about (Date) 11/7/2018 (if no reply received, so state). <input type="checkbox"/> 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) 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 any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): November 29		11c. Election Time(s): 11:30-1:30 Pacific	11d. Election Location(s): Traffic Studios or Break Room
12a. Full Name of Petitioner (including local name and number): Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA)		12b. Address (street and number, city, State and ZIP code): 1900 Broadway, 5th Floor, New York, NY 10023	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): AFL-CIO			
12d. Tel. No. 212-863-4292	12e. Cell No.	12f. Fax No. 212-532-2625	12g. E-Mail Address Joshua.Mendelsohn@sagaftra.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Josh Mendelsohn, Sr. Labor Counsel		13b. Address (street and number, city, State and ZIP code): 1900 Broadway 5th Floor, New York, NY 10023	
13c. Tel. No. 212-863-4292	13d. Cell No.	13e. Fax No. 212-532-2625	13f. E-Mail Address Joshua.Mendelsohn@sagaftra.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) Josh Mendelsohn		Signature 	Title Sr. Labor Counsel
			Date 11/8/2018

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 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

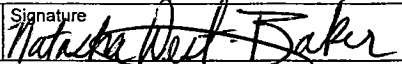
19-RC-230894

Date Filed

11-9-2018

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: Sodexo		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9801 Washingtonian Blvd Gaithersburg, MD 20878	
3a. Employer Representative - Name and Title: George Hulett		3b. Address (if same as 2b - state same): 7236 Holmes Island Road SE Olympia, WA 98503	
3c. Tel. No. 425-736-5545	3d. Cell No.	3e. Fax No. 503-769-4948	3f. E-Mail Address George.Hulett@sodexo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal Product or Service Food Service	5a. City and State where unit is located: Sequim, Washington
5b. Description of Unit Involved: Included: See attachment Excluded: Managers, Supervisors, Office Clerical			6a. Number of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <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.			
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? 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: Wednesday, November 28, 2018 at an off site location		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 28, 2018	11c. Election Time(s): 4:30pm-6:30pm		11d. Election Location(s): See attachment
12a. Full Name of Petitioner (including local name and number): Nataasha West-Baker		12b. Address (street and number, city, State and ZIP code): 602 W Main St Auburn, WA. 98001	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Public School Employees /Service Employees International Union 1948			
12d. Tel. No. 253-876-7434	12e. Cell No. 202-922-7047	12f. Fax No. 253-876-7409	12g. E-Mail Address Twest-baker@pseofwa.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nataasha West-Baker Organizer		13b. Address (street and number, city, State and ZIP code): 602 W Main St Auburn, WA. 98001	
13c. Tel. No. 253-876-7434	13d. Cell No. 202-922-7047	13e. Fax No. 253-876-7409	13f. E-Mail Address Twest-baker@pseofwa.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) Nataasha West-Baker	Signature 	Title Organizer	Date 11/9/2018

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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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

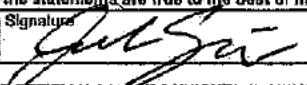
19-RC-231425

Date Filed

11-20-18

INSTRUCTIONS: Unless a-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.

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2a. Name of Employer: Providence Portland Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4805 NE Gilsan St., Portland, OR 97213	
3a. Employer Representative - Name and Title: Jeannie Mikulic, Human Resources		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 503-215-1111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jeannie.Mikulic@providence.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital		4b. Principal Product or Service health care	
5a. City and State where unit is located: Portland, OR		5b. Number of Employees in Unit: approx. 805	
6a. Description of Unit Involved: Included: see attached Excluded: see attached		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) _____ 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.			
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? <u>No</u> <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11a. Election Type:			
11b. Election Date(s): December 5, 2018		11c. Election Time(s): TBD	
11d. Election Location(s): HCC 6, 7, or 8			
12a. Full Name of Petitioner (including local name and number): Service Employees International Union Local 49		12b. Address (street and number, city, State and ZIP code): 3536 SE 26th Ave, Portland, OR 97202	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or consultant (if none, so state): Service Employees International Union			
12d. Tel. No. 503-236-4949	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kristinp@seiu49.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kristin Porreault, Healthcare Organizing Director		13b. Address (street and number, city, State and ZIP code): 3536 SE 26th Ave, Portland, OR 97202	
13c. Tel. No. 503-236-4949	13d. Cell No.	13e. Fax No.	13f. E-Mail Address kristinp@seiu49.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) Josh Springer		Signature 	Date 11/20/18
Organizer			

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.

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-231910

Date Filed
11-30-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 NORKOTE INE		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2330 106TH ST SW, EVERETT, WA, 98204	
3a. Employer Representative - Name and Title DANA GILLET		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 425-212-3818	3d. Cell No. N/A	3e. Fax No. N/A	3f. E-Mail Address DANAG@NORKOTE.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) CONSTRUCTION		4b. Principal product or service FIREPROOFING	
5a. City and State where unit is located: EVERETT, WASHINGTON			

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:
28

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). STEVE PELOQUIN		8b. Address 6362 6TH AVE SOUTH, SEATTLE, WA, 98108	
8c. Tel No. 206-441-9386	8d. Cell No. 206-919-5240	8e. Fax No. 206-441-9018	8f. E-Mail Address SPELOQUIN@OPCMIALOCAL528.ORG
8g. Affiliation, if any OPCMIA AFL-CIO		8h. Date of Recognition or Certification 7-1-2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 5-31-2019

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)
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 any such election.

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

11b. Election Date(s): _____ **11c. Election Time(s):** _____ **11d. Election Location(s):** MAIL

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

12b. Address (street and number, city, state, and ZIP code)
6362 6TH AVE SOUTH, SEATTLE, 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

12d. Tel No. 301-623-1000 **12e. Cell No.** N/A **12f. Fax No.** N/A **12g. E-Mail Address** 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. 206-44-9386 **13d. Cell No.** 206-919-5240 **13e. Fax No.** 206-441-9018 **13f. E-Mail Address** 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.

Name (Print) STEVE PELOQUIN	Signature 	Title BUSINESS AGENT/REPRESENTATIVE	Date 11-30-2019
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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.



PCMIA

*America's Oldest Building and Construction Trades
International Union, Established 1864*

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-230852

Date Filed

11/9/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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
Vancouver Specialty and Rehabilitative care 1015 W. Garrison Rd Vancouver WA 98661

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)

3a. Employer Representative - Name and Title
Michael Moses - Administrator

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

3c. Tel. No.
360-694-7501

3d. Fax No.
360-694-8148

3e. Cell No.

3f. E-Mail Address
mmoses@vancouver specialty.com

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

4b. Principal product or service
Elder, Vent and skilled care

5a. Description of Unit Involved

Included: CNA, NAR, Dietary, Activities, Housekeeping and Kitchen staff

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

Excluded: RN, LPN, Managers, Business office and therapy

6. No. of Employees in Unit
80

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
SEIU 775 Eddy Hayes

8b. Affiliation, if any

8c. Address
215 Columbia St
Seattle, WA 98104

8d. Tel. No.
206-371-8200

8e. Cell No.
360-731-0307

8f. Fax No.

8g. E-Mail Address
Eddy.Hayes@seiu775.org

9. Date of Recognition or Certification
3/31/18

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
3/31/18

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?

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address) since (Month, Day, Year)

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

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

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 ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)
11/28/18 & 11/29/18

13c. Election Time(s)
5:30pm to 8:00pm

13d. Election Location(s)
Break Room
1015 N. Garrison Rd Vancouver WA 98661

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Tel. No.

14b. Fax No.

14c. E-Mail Address
(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.

15a. Name
(b) (6), (b) (7)(C)

15b. Title
(b) (6), (b) (7)(C)

15c. Address
(b) (6), (b) (7)(C)

15d. E-Mail Address
(b) (6), (b) (7)(C)

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)

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

Date Filed
11/7/18

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
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RM-231275	Date Filed 11/19/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 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.

2a. Name of Employer/Petitioner Valley Transit		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 225 W Riley Ave AK Wasilla 99654	
3a. Employer/Petitioner Representative – Name and Title Jennifer Tew Executive Director		3b. Address (If same as 2b – state same) 225 W Riley Ave AK Wasilla 99654	
3c. Tel. No. (907) 232-2226	3d. Cell No.	3e. Fax No. (907) 892-8801	3f. E-Mail Address jtew@valleytransitak.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service transportation	
5a. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			5b. City and State where unit is located: Wasilla, AK
			6. No. of Employees in Unit: 5

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. ☐ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

7b. ☒ The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Recognized or Certified Bargaining Agent - Name John Marton Teamsters Local Union No. 959		8b. Affiliation, if any Teamsters	
8c. Address 520 E 34th Ave AK Anchorage 99503		8d. Tel. No. (907) 751-8557	8e. Cell No. (907) 575-6525
		8f. Fax No. (907) 751-8565	8g. E-Mail Address jmarton@akteamsters.com

9. Date of Recognition or Certification 08/14/2009	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 07/31/2018
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11. 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) _____

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)

12a. Name and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

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 ☐ Mail ☒ Mixed Manual/Mail

13b. Election Date(s): As soon as possible	13c. Election Time(s): any time	13d. Election Location(s): Wasilla
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14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title		14b. Address (street and number, city, state, and ZIP code)	
14c. Tel. No.	14d. Cell No.	14e. Fax No.	14f. 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) Jennifer Tew	Signature Jennifer Tew	Title Executive Director	Date 11/14/2018 16:30:44
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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

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