UNITED STATE	S GOVERNMENT	-		DO NOT	WRITE IN THIS	SPACE	
NATIONAL LABOR			Case No.				
RC PE	TITION		19-RC-24	47623	9/4	/2019	
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	v's website, w					
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descrip							
				KD 4012). The Si	lowing of int	erest should only be med	
with the NLRB and should not be a 1. PURPOSE OF THIS PETITION: RC-CE	served on the	employer or an	y other party.	of omployoos wish to	ho roprocontor	for purposes of collective	
bargaining by Petitioner and Petitioner d							
requests that the National Labor Rela		eed under its pro	per authority pursuant to	Section 9 of the Na	tional Labor R	elations Act.	
2a. Name of Employer			Idress(es) of Establishmen	t(s) involved (Street a	nd number, city	, State, ZIP code)	
Stadelman Fruit LLC		33 O	366 Stadelman Drive R Hood River 97031-				
3a. Employer Representative – Name and	d Title		3b. Address (If same as				
Jeff Baldwin	-		3366 Stadelman D OR Hood River 97	001-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress	
(509) 314-6590					denise@stadeIm	nanfruit.com	
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal pro	duct or service		5a. City	and State where unit is located:	
Food Processing			Fruit			Hood River, OR	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal details					40	
						6b. Do a substantial number (30% or more) of the employees in he	
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the	
						Petitioner? Yes [🔽 No [🗋]	
Check One: 7a. Request for re	ecognition as Barg	aining Representa	tive was made on (Date) 0	9/03/2019 an	d Employer dec	lined recognition on or about	
	(Date)	(If no reply received	d, so state). No reply recei	ived			
	urren ly recognize	ed as Bargaining Re	epresentative and desires		Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (h	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any			8h. Date of Recognition or	r Certification		Date of Current or Most Recent	
					Contract, il any	y (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involved	2 NO If so approv	imately how many en		rticipating?	
(Name of labor organization)			eted the Employer since (I			·	
10. Organizations or individuals other than					resentatives and	d other organizations and individuals	
known to have a representative interest in a	any employees in	the unit described i	in item of above. (If none,	so state)			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct	s an election in thi	is matter, state you	r position with respect to	11a. Election Type:	🔽 Manual 🗌	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	11c E	lection Time(s):		11d. Election Loca	ion(s).		
09/18/2019	4pm	lection fille(3).		Employers Lunchro			
12a. Full Name of Petitioner (including lo Marcus L Williams Teamsters Local Union No. 670		umber)			et and number, o	city, state, and ZIP code)	
12c. Full name of national or international la International Brotherhood of Teamsters	abor organization	of which Petitioner	is an affiliate or constituen		11-		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	Idress	
(971) 606-0045	(971) 606-0045				mwilliams@tea	amster670.org	
13. Representative of the Petitioner who	will accept servi	ice of all papers fo	or purposes of the repres	entation proceeding].		
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 petit	ion and that the	statements are tru	l le to the best of my know	ledge and belief.			
Name (Print) Si	gnature		Title		Date		
	arcus Williams		Business Agent		09/3/2019	17:28:16	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE F	PUNISHED BY FINE AND	IMPRISONMENT (U			

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 19-RC-247623	Date Filed 9/4/2019			

Employees Included

Sorters, Clean up Crew/Sanitation, Forklift Drivers, box makers, packers, segregation room workers

Employees Excluded

Office clerical, supervisor, managers and forman

FORM NLRB-502 (RC) UNITED STATES OF AMERICA			ICA [DO NOT WRITE IN THIS SPACE						
(2-18)	NATIONAL	RC PETITIO	TION				se No. -RC-247685		Date Fil 9/5/2			
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 t	must be accomp the petition of: ("	oanied b 1) the pe	by both a sh etition; (2) S	nowin Staten	g of interest (s nent of Positio	see 6b in form	below) and n (Form NLI	l a certificat RB-505); an	e of service sh d (3) Descriptio	owing se on of Rep	rvice on resentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	s to be certified a	s repres	entative of the	he em	ployees. The P	etitio	ner alleges t	that the foll	owing circums	tances e	
2a. Name of Employer: Tyree Oil			1355	Address(es) of Establishment(s) involved <i>(Street and number, City, State, ZIP code):</i> 355 W. First Ave. ugene, OR 97402								
3a. Employer Representative - Nan Ron Tyree, Owner	ne and Title:		3b. Add Same	o. Address (if same as 2b - state same): ame								
3c. Tel. No. 541-687-0076	3d. Cell No	<u> </u>	J	3e. Fax No 541-34)52		3f. E-Mail A HR@ty1		m		
4a. Type of Establishment (Factory, I Distributor	. Type of Establishment (Factory, mine, wholesaler, etc.) istributor			4b. Princip Oil Pro		oduct or Service ts	9		5a. City an Eugene	d State where u e, OR	nit is loca	ted:
5b. Description of Unit Involved: Included: Lubricant Division, including Warehouse and Drive				rs (Euge	ne a	nd Portlan	d loc	cations)	6a. Numbe 14	r of Employees	in Unit:	
Excluded: Lubricant Division (Rose	burg and	Coos Bay);	All F	uel Divis	sion	, Office, M	lana	gers	of the e	ubstantial number mployees in the ented by the Pet	unit wish	to be
Check One: X 7a. Request for rec on or about (Date) 7b. Petitioner is cu	NO RE	PLY (If n	o reply r	eceived, so	state)).	9/02/1 on une			leclined recogni		
8a. Name of Recognized or Certific Leonard Stoehr				te) 8b. Ad 711	ddress She							
8c, Tel. No. 541-746-6500				8e. Fax No 541-74		994		8f. E-Mail A leonard.		teamsterslo	cal206	.org
^{Bg.} Affiliation, if any: Teamsters Local 206			-8	h. Date of R	ecogr	nition or Certific	ation			urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	t the Employ	yer's establishme	nt(s) inv	olved? No		lf so, appro				s are participatir	-	
(Name of Labor Organization) 10. Organizations or individuals othe individuals known to have a represent None							ed reco	ognition as re	presentative	er since <i>(Month,</i> es and other org	-	·
10a. Name		10b. Address						10c. Tel. No	 D.	10d. Cell No.	<u></u>	
								10e. Fax No) .	10f. E-Mail Add	iress	
11. Election Details: If the NLR8 co	nducts and e	election in this ma	atter, sta	ate your position with respect to any such e			ch election:	ection: 11a. Election Type:			Manual/Mail	
11b. Election Date(s):		11c. Election Tir							n Location(s	g -		
Teamsters Local 206	ling local nai	me and number):			71	Address (stree Shelley S ringfield, C	Stree	t	, State and J	ZIP code):		
12c. Full name of national or internat International Brotherhood			nich Peti	tioner is an a	affiliato	e or constituent	t (if noi	ne, so state).				
12d. Tel. No. 202-624-6800	12e. Cell N			12f. Fax N				12g. E-Mail				
13. Representative of the Petitione 13a. Name and Title: Leonard Stoehr, Representat		iccept service o	f all pap	13b. Addre 711 She	ess (s elley	treet and numb						
13c. Tel. No. 541-746-6500	13d. Cell N 541-285	5-3792		13e. Fax N 541-74	6-19	0				teamsterslo	cal206	.org
I declare that I have read the above Name (Print) Leonard Stoehr	e petition a	nd that the state		l and	he be	st of my know	Title	9	tive/Tea	msters Loca	al 206	Date 09/03/19
L		- 51-00	~~~~	~ ~	T							

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 (NLRA) 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.

FORM NLRB-502 (RC) (4-15)

77

UNITED STATES GOVERNMENT			DO NOT WRITE IN THIS SPACE				
	ABOR RELATIO			Case No. 19-RC-	-247766	Date	= Filed 9/6/2019
INSTRUCTIONS: Unless e-Fil	ed using the	Agency's wel	osite, <u>www.nlrt</u>	.gov, submit a	an original of this	s Petition to	an NLRB office in the Region
							ee 6b below) and a certificate
of service showing service or	n the employe	er and all othe	er parties name	ed in the petiti	on of: (1) the pet	ition; (2) Sta	tement of Position form
(Form NLRB-505); and (3) Des					.RB 4812). The s	howing of ir	nterest should only be filed
with the NLRB and should no	ot be served o	on the employ	er or any othe	r party.			
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to b	be certified as rep	presentative of the	employees. The	Petitioner alleges t	hat the followi	ng circumstances exist and
2a. Name of Employer	r Relations Dua	ind proceed und			nt(s) involved (Street		
TECT Aerospace			1515 - 75t WA Evere	h Street SW			
3a. Employer Representative – Nar	me and Title		3b. A	ddress (If same a	s 2b – state same)		
Rod Holter	· .			1515 - 75th Stree WA Everett 98203	t SW		
3c. Tel. No.	3d. Cel	3d. Cell No. 3		ix No.	• • • •	3f. E-Mail Ac	dress
(425) 353-8080		17-8431			······································	rholter@tectae	
4a. Type of Establishment (Factory,		r, etc.) 4b. Pri	ncipal product or s			5a. Cit	y and State where unit is located:
Aerospace & Defe	nse	<u></u>	Manufa	cturing of Aerospa	ace Parts		Everett, WA
5b. Description of Unit Involved							6a. No. of Employees in Unit: 153
Included: See Attached Page 2 for	r additional details						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for additional details							or more) of the employees in the
							unit wish to be represented by the
			epresentative was	· · · · · · · · · · · · · · · · · · ·			Petitioner? Yes [] No []
	•		epresentative was ly received, so sta		ar	a Employer de	clined recognition on or about
Product -			-		certification under the	e Act	
8a. Name of Recognized or Certifie				8b, Address			· · · · · · · · · · · · · · · · · · ·
8c. Tel No.	8d Cell	No.	8e. Fa	x No.		8f, E-Mail Ad	dress
8g. Affiliation, if any	62		8h. Date	e of Recognition o	r Certification		Date of Current or Most Recent ny (Month, Day, Year)
9. Is there now a strike or picketing a	(Barro) ====	establishment(s)	involved? No	lf so, approx	kimately how many e	mployees are p	articipating?
(Name of labor organization)			, has picketed the	Employer since (Month, Day, Year)		
	r than Petitioner	and those named	in items 8 and 9,	which have claim	ed recognition as rep	- 1	nd other organizations and individuals
		,			, ,		
10a, Name	1780 -	10b. Address			10c. Tel. No.		10d. Cell No.
				10e. Fax No.			10f. E-Mail Address
11. Election Details: If the NLRB co any such election.	onducts an election	on in this matter,	state your positio	n with respect to	11a. Election Type	: 🔽 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): September 26-27, 2019		11c. Election Tir	ne(s):		11d. Election Loca On-Site Break Roc	.,	
12a, Full Name of Petitioner (includ Jesse Cote Aerospace Machinists Industrial, District Lod	ding local name	10am - 2pm and number)		<u> </u>		et and number	, city, state, and ZIP code)
Aerospace Machinists Industrial, District Lod 12c. Full name of national or internati International Association of Machinists	ional labor organ		Petitioner is an aff	liate or constituer	<u>WA Seattle 98108-</u> Mark (if none, so state)		
12d. Tel No.	12e. Cell No.			12f. Fax No. 12g. É-M			Address
(206) 764-0303	12e. Ce	ll No.	121.1			jessec@iam7	pi org
(206) 764-0303 13. Representative of the Petitione				ses of the repres	sentation proceedin		
13. Representative of the Petitioner 13a. Name and Title Spencer Nathan That Staff Attorney	r who will accep		papers for purpo 13b. A 9125	ddress (street an 15th Place South	d number, city, state,	g.	
13. Representative of the Petitionel 13a. Name and Title	r who will accep	pt service of all	papers for purpo 13b. A 9125 WA S	ddress (street an 15th Place South	d number, city, state,	g. and ZIP code) 13f. E-Mail A	ddress
13. Representative of the Petitione 13a. Name and Title Spencer Nathan Thal Staff Attorney Aerospace Machinists District Lodge 7 13c. Tel No. (206) 764-0338	r who will accep 751 13d. Ce	pt service of all	papers for purpo 13b. A 9125 WA S 13e. F (206)	ddress (street an - 15th Place South eattle ax No. 764-0330	<i>d number, city, state,</i> h	g. and ZIP code)	ddress
13. Representative of the Petitione 13a. Name and Title Spencer Nathan Thal Staff Attorney Aerospace Machinists District Lodge 7 13c. Tel No.	r who will accep 751 13d. Ce	pt service of all	papers for purpo 13b. A 9125 WA S 13e. F (206)	ddress (street an - 15th Place South eattle ax No. 764-0330	<i>d number, city, state,</i> h	g. and ZIP code) 13f. E-Mail A	ddress
13. Representative of the Petitione 13a. Name and Title Spencer Nathan Thal Staff Attorney Aerospace Machinists District Lodge 7 13c. Tel No. (206) 764-0338	r who will accep 751 13d. Ce	pt service of all II No. nat the statemen	papers for purpo 13b. A 9125 WA S 13e. F (206) ts are true to the Title	ddress (street an - 15th Place South eattle ax No. 764-0330	<i>d number, city, state,</i> h	g. and ZIP code) 13f. E-Mail A spencert@ia	ddress

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.

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DO NOT WRITE IN THIS SPACE

Attachment

Case 19-RC-247766 Date Filed 9/6/2019

Employees Included

All full time and regular part time assemblers, machine operators, maintenance, mechanics, machinists, quality assurance, material handlers, hand formers, shipping and receiving, leads, apprentices, janitors, drivers, packaging and tool room attendants working for TECT Aerospace at their Everett and Paine Field locations.

Employees Excluded

All other employees as defined in the Act.

							DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RD) (2-18)	UNITED STATES OF AMI NATIONAL LABOR RELATION RD PETITION			Case N 19-	₀. RD-247836		Date Filed 9–6–2019				
the employer and all other part	d using the Agency's website, I. The petition must be accomp ies named in the petition of:(1) 4812). The showing of interest	anied by both a show the petition; (2) State	wing of interest ement of Positi	t (see 7 b ion form	(Form NLRB-505); a	ate of service sh nd (3) Descripti	owing service on on of Representation				
	: RD- DECERTIFICATION (REM tative is no longer their representa d under its proper authority pu	ative. The Petitioner a	alleges that the	e foilowin	g circumstances ex	s assert that the Ist and requests	certified or currently that the National				
2a. Name of Employer Cedar Grove Sy	Ktems	2b. Address(es) of E 7343 F.	stablishment(s) Maraino		/ ()()	city, state, ZIP co	de)				
39. Employer Representative - Na UVE WCSt more and		3b Address (If same			<i></i>						
36 Tel. No. 877-764-5748	Č	I.E-Mail/	Wa Caco	mpost.	Com						
4a. Type of Establishment (Factory DIESEL Shop		b. Princip	al product or Service								
5a. Description of Unit Involved	1 10-1-12/1	2 10 - 2 (1				5b. City an	d State where unit				
Included: All Journeyn Welders and M Excluded:	vorking foremz	e mechan en	<i>ю,</i> ғ <i>оеу</i>	106е	technicians,		HIE,WA				
6. No. of Employees in Unit	7. Do a substantial number recognized bargaining re			he unit no	longer wish to be re	presented by the	certified or currently				
Ba. Name of Recognized or Certifie	hinists and across hinists and 1020	Pace work	erssist	r76 t	8b. Affiliation, if any $A = 1$	TO CL	.C.				
BC. Address Q125 15+	- PI.S.	160, 1000		-7990	Be. Cell No.	<u>10, 02</u>	<u> </u>				
1.00 .0			Bf. Fax No.	-1710	8g. E-Mail Address						
Scattle WA 9			tommyal	am160.	com						
9. Date of Recognition or Certificati	on	10. Expiration Date of		ost Recent O	Contract, if any (Mo	nth, Day, Year)					
11a. Is there now a strike or picketi	ng at the Employer's establishmer	nt(s) involved?	rs XN0 1	1b. If so, :	approximately how m	any employees a	re participating?				
11c. The Employer has been picket	led by or on behalf of (Insert Nan	ne)		1			a labor organization, of				
(Insert Address)						e (Month, Day, Y	ear)				
	a representative interest in any en		scribed in item	5 above.	(If none, so state)						
12a. Name	12b. Address		1	2c. Tel. N	o.	12d. Fax No.					
			1	2e. Cell N	lo.	12f. E-Mail Addr	ess				
13. Election Details: If the NLRB of matter, state your position with r	conducts an election in this respect to any such election.		1	3a. Electi	on Type: 🔲 Manual	🗋 Mail Ď	Mixed Manual/Mail				
13b. Election Date(s)	13c. Election Tin			-	on Location(s)	(con-	.)				
September 2019	9 11am-	2Pm		=mpla	yers facil	ity Dee .	<i>λb/</i>				
14. Full Name of Petitioner(b) (о), (D) (7)(С) (b) (6), (b	b) (7)(C) (b) (b),	, (b) (7)(C)	(a	n indivi						
(b) (6), (b) (7)(C)				4b. Tel. N 5) (6) ,	(b) (7)(C)	14c. Fax No.					
			1	4d. Cell N	lo.	(b) (6), (b) (7)(C)				
14f. Affiliation. if any							-				
15. Representative of the Petition		I papers for purpose		entation 5b.Title	proceeding.						
(b) (6), (b) (7)(C) (b) (6), (b)	b) (7)(C)										
15c. Address (Street and number, o	city. state. ZIP code)		1	5d. Tel. N	lo	15e. Fax No.					
			1	5f. Cell N	0.	15g. E-Mail Add	ess				
I declare that I have read the abo	ve petition and that the stateme	nts are true to the be	est of my know	vledge an	d bellef.		······································				
(b) (6), (b) (7)(C)(b) (6), (b)	(7)(C) (b) (b) (7)	(C)	Č	b) (6),	(b) (7)(C)		Date Filed				
WILLFUL FALSE ST	ATEMENTS	PRIVACYACT		IMPRISO	NMENT (U.S. CODE	, TITLE 18, SEC	TION 1001)				

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 fitigation. 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 STATE					
	ES GOVERNMENT RELATIONS BOARD	Cose No	DO NO	T WRITE IN THIS	
		Case No. 19-RC-24	18186	Date 9-13	3-2019
INSTRUCTIONS: Unless e-Filed u in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-CI bargaining by Petitioner and Petitioner requests that the National Labor Reli 2a. Name of Employer	I is located. The petition me employer and all other par- otion of Representation Cas served on the employer or ERTIFICATION OF REPRESENT. desires to be certified as represen ations Board proceed under its 2b.	ust be accompanied by rties named in the petitie are Procedures (Form NL any other party. ATIVE - A substantial number tative of the employees. The proper authority pursuant to Address(es) of Establishmer.	both a showing of on of: (1) the peti- RB 4812). The s of employees wish the Petitioner alleges to Section 9 of the N t(s) involved (Street	of interest (se ition; (2) State howing of int o be represented hat the following ational Labor Ro and number, city	e 6b below) and a certificate ement of Position form erest should only be filed t for purposes of collective g circumstances exist and elations Act. State, ZIP code)
Highland Court 3a. Employer Representative - Name ar	Memory Carel 17	3b. Address (If same an	ody Ln,	Kort Ang	eles WA 98362
	1. EXPLOSIVE Din	ector	Juan como,	Same	
3c. Tel. No.	3d. Cell No.			3f. E-Mail Add	ess
360-452-901 4a. Type of Establishment (Factory, mine,	wholeseler etc.) 4h Principal	360-452	-9877	5a Cétra	and State where unit is located:
Assisted living	facility Heal	theore and I	Sursing		E Andeles, WA
Included: All regular fui Excluded: CNAS, Die P ^N , All Confidential Er	nplayees, an Employ	e, on Call, Ho stative Aides, lees, and guards	use keeping all other d	Employees ides. Nisots	6a. No. of Employees'in Unit: 2.8 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 r	recognition as Bargaining Represe (Date) (<i>If no reply rece</i> currently recognized as Bargaining	entative was made on (Date) <i>ived, so state).</i> g Representative and desires	DEPT. 12 ar	nd Employer deci	ined recognition on or about
Bc. Tel No.	8d Cell No.	8e. Fax No,		8f. E-Mail Addr	8 55
8g. Affiliation, if any		8h. Date of Recognition of	8h. Date of Recognition or Certification		ate of Current or Most Recent (Month, Day, Year)
 9. Is there now a strike or picketing at the f (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in 	Petitioner and those named in iter	picketed the Employer since () ms 8 and 9, which have claim	Month, Day, Year)		······································
10a, Name	10b, Address	<u>.</u>	10c. Tel. No.		10d, Cell No.
			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct any such election.	ts an election in this matter, state y	your position with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): 12a. Full Name of Petitioner (including I	ocal name and number)	6AM and 2PM	215 CON	el and number, o	N Part Angeles, WA (ity, state, and ZIP Eode) WA (St., Seattle, WA 9)
Service Employe 12c. Full name of national or international	labor organization of which Petition	ner is an affiliate or constituen	(in none, so state)		
Service Employe 12c. Full name of national or international i SEIU 12d. Tel No. 206 - 818 - 1451	abor organization of which Petition 12e. Cell No. 206-313-1451	ner is an affiliate or constituen	-3401	12g. E-Mail Ad Prince dw	
SERVICE EMPLOYE 12c. Full name of national or international i SEIV 12d. Tel No. 206 - 818 - 1451 13. Representative of the Petitioner who 13a. Name and Title Prince I 13c. Tel No.	abor organization of which Petition 12e. Cell No. 205-313-1431 will accept service of all papers Wived 13d. Cell No.	121. Fex No. 206-623- s for purposes of the repres 13b. Address (street and 215 Column 13e. Fax No.	- 3401 entation proceeding d number, city, state, Dia St	Prince du g. and ZIP code) Seattle 131. E-Mail Add	WA, 98104
SERVICE EMPLOYE 12c. Full name of national or international i SETU 12d. Tel No. 206 - 818 - 1451 13. Representative of the Petitioner who 13a. Name and Title Prince T	abor organization of which Petition 12e. Cell No. 206-818-1451 will accept service of all papers Wived 13d. Cell No. 206-818-1451	121. Fax No. 206-623- s for purposes of the repres 13b. Address (street and 215 Column 13e. Fax No. 206-623-	- 3401 entation proceeding in number, city, state, Dia 57 3401	Prince du g. and ZIP code) Seattle	WA, 98104

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.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT			DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR		ARD		Case No.	Date Filed		
RC PE					<u>C-248517</u>		9/19/2019
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
of service showing service on the	employer and	all other partic	es name	d in the petitic	on of: (1) the peti	tion; (2) State	ement of Position form
(Form NLRB-505); and (3) Descript					RB 4812). The sl	nowing of int	erest should only be filed
with the NLRB and should not be s	served on the	employer or a	ny other	party.			
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de	esires to be certi	fied as representat	ive of the e	employees. The	Petitioner alleges th	at the followin	g circumstances exist and
requests that the National Labor Relat 2a. Name of Employer	tions Board pro				D Section 9 of the Na It(s) involved (Street a		
Valiant Integrated Services							8278-4295 BLDG 3001 room 204
3a. Employer Representative – Name and Bill Prescott	Title	4			s 2b - state same)	CA 00400	
3c. Tel. No.		· · · · · · · · · · · · · · · · · · ·			iite C San Diego		
270-885-4642	3d. Cell No. 858-790-46	30	3e. Fax	INO.		3f. E-Mall Add	valiantintegrated.com
4a. Type of Establishment (Factory, mine, w			duct or se	nice			and State where unit is located;
Government Contractor	10000001, 010.7				ation Whidbey Isl		
5b. Description of Unit Involved							6a. No. of Employees In Unit:
Included: All full time and perm	nanent nart	time Acousti	c Warfs	are Intellige	nce Instructor/	Analysts	2
	•			. •		-	6b. Do a substantial number (30%
Excluded: Managers, Supervisors, Clerical W	orkers, and all othe	ar employees includin	g profession	al employees, man	agerial employees, guar	ds, supervisors,	or more) of the employees in the unit wish to be represented by the
and other employees as defined by	/ the Act.						Petitioner? Yes 🗸 No
Check One: 7a. Request for re	cognition as Bar	rgaining Represent	ative was r	nade on (Date) Q	9/18/2019_an	d Employer dec	lined recognition on or about
	(Date)	(if no reply receive	ed, so state	» No Rep	oly		
					certification under the	Act	
8a. Name of Recognized or Certified Bar None	gaining Agent (i	it none, so state).		8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affillation, if any	ļ	· · · · · · · · · · · · · · · · · · ·	8h. Date	of Recognition o	r Certification		Date of Current or Most Recent
						Contract, if an	y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establ	ishment(s) involved	17 No	if so, approx	dimately how many en	nployees are pa	rticipating?
(Name of labor organization)		, has pic	keted the l	Employer since (i	Month, Day, Year)		
10. Organizations or individuals other than I	Petitioner and the	ose named in items	s 8 and 9, v	which have claim	ed recognition as rep	resentatives and	d other organizations and individuals
known to have a representative interest in a None							•
10a. Name	10b. Ac	Idress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in th	nis matter, state yo	ur position	with respect to	11a. Election Type	Manual	Maii Mixed Manual/Maii
11b. Election Date(s): ASAP	11c. E	election Time(s):			11d. Election Locat	ion(s):	<u></u>
12a. Full Name of Petitioner (Including Io				······			city, state, and ZIP code)
International Association of Machinists an 12c. Full name of national or international la				nto or constituin-	822 Park Avenue,	Bremerton, WA	98332
International Association of Machinists and	d Aerospace Wo				n (n none, so state)		
12d. Tel No. (206) 762-7990	12e. Cell No. 360-481-2209		12f. Fa:	x No.		12g. E-Mail Ac glenn@iam160	
13. Representative of the Petitioner who	will accept serv	rice of all papers f	for purpos	es of the repres	sentation proceeding		······
13a. Name and Title Jason Hardwick, G	Grand Lodge F	Representative			d number, city, state, , Folsom, CA 95630	and ZIP code)	
13c. Tel No.	13d. Cell No.	······································	13e. Fa	ix No.	<u> </u>	13f. E-Mall Ad	
916-985-8101 I declare that I have read the above petiti	916-936-6013 on and that the	statements are tr	916-985 ue to the l			jhardwick@lan	naw.org
		1	Title			Date	<u> </u>
Jason Hardwick	MALLING AL	h	Grand L	odge Represen		9/18/2019	
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE		D BY FINE AND	IMPRISONMENT (U	S. CODE, TITL	E 18, SECTION 1001)

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

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR		RD	Case No.	Case No. 19-RC-248807 Date Filed 9/24/2019			
	TITION		1			9/24/2019	
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned							
of service showing service on the	employer and	all other parties na	med in the petitio	n of: (1) the petitio	n; (2) State	ment of Position form	
(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case Proce	edures (Form NLF	RB 4812). The show	wing of inte	erest should only be filed	
with the NLRB and should not be	served on the	employer or any oth	her party.	·	-	-	
1. PURPOSE OF THIS PETITION: RC-CE							
bargaining by Petitioner and Petitioner of requests that the National Labor Rela							
2a. Name of Employer	liene Beard pred			(s) involved (Street and			
YouthCare		Various WA Sec	s - See Appendix A attle 98105-				
3a. Employer Representative - Name an	d Title		Address (If same as				
Melinda Giovengo			2500 NE 54th St WA Seattle 98105-				
3c. Tel. No.	3d, Cell No.	3e.	Fax No.	31	. E-Mail Addr	'ess	
(206) 694-4500		(20	6) 694-4509	п	elinda.giovenge	p@youthcare.org	
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal product of	or service		5a. City a	and State where unit is located:	
Others		shelter and s	services for homeless	or at risk youth	1	Seattle, WA	
5b. Description of Unit Involved						6a, No. of Employees in Unit:	
Included: See Attached Page 2 for addition	onal details				ŀ	170 6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for addition	onal details					unit wish to be represented by the	
	<u></u>					Petitioner? Yes [] No []	
Check One: 2 7a. Request for r		aining Representative w			mployer decl	ined recognition on or about	
		(If no reply received, so :					
8a. Name of Recognized or Certified Ba		d as Bargaining Repres	entative and desires c 8b. Address	certification under the Ad	rt,		
da. Name of Recognized of Certified Ba	ganning Agent (n	none, so statej.	bb. Address				
8c. Tel No.	8d Cell No.	8e.	Fax No.	81	. E-Mail Addr	ess	
8g. Affiliation, if any		8h. D	Date of Recognition or	of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
					om 201, " 2013	(mono), Duy, Tour	
9. Is there now a strike or picketing at the f	mplover's establis	hment(s) involved? No	If so, approxi	mately how many emplo	ovees are par	ticipating?	
(Name of labor organization)							
10. Organizations or individuals other than							
known to have a representative interest in					entatives and	other organizations and individuals	
			, , ,	· · · · ·			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10. F. N.			
				10e. Fax No.		10f. E-Mail Address	
11. Election Details; If the NLRB conduct	ts an election in thi	s matter, state vour posi	ition with respect to	11a. Election Type:		Mail Mixed Manual/Mail	
any such election.							
11b. Election Date(s): October 15, 2019		ection Time(s):		11d. Election Location(s): See Attachment A			
12a. Full Name of Petitioner (including I		achment A			nd number. c	city, state, and ZIP code)	
Corinne Cosentino Office and Professional Employees International U	nion Local 8			2800 1st Ave Ste 304 WA Seattle 98121-			
12c. Full name of national or international I	abor organization		affiliate or constituent	(if none, so state)			
Office and Professional Employees Internat							
12d. Tel No.	12e. Cell No.		f. Fax No.	1	2g. E-Mail Ad prinne@opeiu	dress 18.org	
(206) 441-8880 13. Representative of the Petitioner who	(425) 318-2650		6) 441-0207				
13a. Name and Title	accept servi			I number, city, state, and	d ZIP code)		
SaNni Lemonidis		210	01 4th Ave Ste 1000				
Robblee Detwilder & Black 13c. Tel No.	13d. Cell No.		A Seattle 98121-2346 e. Fax No.		3f. E-Mail Add		
(206) 467-6700		(20)6) 467-7589		emonidis@ur	nionattorneysnw.com	
I declare that I have read the above petit	tion and that the	statements are true to t	the best of my know	ledge and belief.			
	ignature	Titl			Date		
	orinne Cosentino		anizing Director		09/24/2019		
WILLFUL FALSE STATEMI	ENTS ON THIS PE	TITION CAN BE PUNIS	SHED BY FINE AND I	IMPRISONMENT (U.S.	CODE, TITLI	E 18, SECTION 1001)	

PRIVACY ACT STATEMENT

Chicket and 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

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DO NOT WRITE IN THIS SPACECaseDate Filed19-RC-2488079/24/2019

÷,

No. A

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Employees Included See Attached Unit Description

1

Employees Excluded See Attached Unit Description

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Unit Description

All regular, part-time and on-call employees employed by the employer in classifications set forth in Appendix B. Excluding all managerial, confidential and supervisory employees.

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Appendix B:

Activities Coordinator

Assistant GED Teacher

Bilingual Community Advocate

Care Coordinator

Career Coordinator

Case Manager

Communications Specialist

Construction Trainer

Data Entry

Donor Database Assistant

Educational Aide

Employer Engagement Specialist

Family Engagement Case Manager

Foundation & Corporate Program Specialist

GED Instructor

Housing Case Manager

Housing Navigator

Housing Stabilization Case Manager

Intake Specialist

Life Skills Coordinator

Maintenance Tech

Meal Coordinator

្ត ភ្លាស់ ហើយ។ 40)

12

Medical Coordinator Mental Health Therapist On Call Youth Counselor Operations Assistant Outreach Worker Program Coordinator Under 18 Case Manager Volunteer & Community Engagement Specialist Volunteer/In Kind Coordinator Youth Counselor Youth Counselor/Community Outreach

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Appendix A - YouthCare Location Addresses Main Office, 2500 NE 54th St, Seattle WA 98105 Orion Center, 1828 Yale Ave, Seattle WA 98101 UDYC, 4516 15th Ave NE, Seattle WA 98105 Jackson Street, 3722 S Hudson St, Seattle WA 98118

- 44 Mar -

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And various other confidential locations in Seattle to be provided by the Employer

4. E.

Attachment A

1

Election Details

Date: Tuesday, October 15

 $\{\cdot, j\}$

Location 1: YouthCare Main Office, Conference Room, 2500 NE 54th St, Seattle. Times: 6:00am-10:00am and 2:30pm – 6:30pm.

Print and a start

Location 2: Orion Center, Barista Room, 1828 Yale Ave, Seattle. Times: 6:00am-10:00am and 2:30pm-8:00pm.

Location 3: Interagency Classroom, 3528 S Ferdinand St, Seattle. Times: 6:00am-7:00am and 2:00pm-5:00pm

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UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR		ARD	Case No.		Date		
RC PE			19-RC-24			0/2019	
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
of service showing service on the							
(Form NLRB-505); and (3) Descript				RB 4812). The sh	nowing of int	erest should only be filed	
with the NLRB and should <u>not</u> be s							
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de							
requests that the National Labor Relat		ceed under its prop	per authority pursuant to	Section 9 of the Na	tional Labor R	elations Act.	
2a. Name of Employer			dress(es) of Establishmen 24 N. Lombard	t(s) involved (Street a	nd number, city	, State, ZIP code)	
Siegner and Company		OF	R Portland 97203-				
3a. Employer Representative – Name and	The		3b. Address (If same as 8824 N Lombard				
Ian Siegner 3c. Tel. No.	3d. Cell No.		8824 N. Lombard OR Por land 9720 3e. Fax No.	3-	3f. E-Mail Add	2291	
(503) 735-3001			00. T dx 110.		ian@siegnerand		
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal prod	duct or service			and State where unit is located:	
Construction			Painting		-	Portland, OR	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal details					50	
						6b. Do a substantial number (30% or more) of the employees in he	
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the	
						Petitioner? Yes [🗹 No [🗌]	
Check One: 7a. Request for re				an	d Employer dec	lined recognition on or about	
7h Patitionar is c		(If no reply received	d, so state). epresentative and desires	contification under the	Act		
8a. Name of Recognized or Certified Bar			8b. Address		AU.		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any			8h. Date of Recognition or	r Certification	8i, Expiration [Date of Current or Most Recent	
-3			j			y (Month, Day, Year)	
			D No	I			
9. Is there now a strike or picketing at the E				kimately how many en		rticipating?	
(Name of labor organization)							
 Organizations or individuals other than I known to have a representative interest in a 					resentatives and	d other organizations and individuals	
known to have a representative interest in a	iny employees in	une unit desenbed i		, so sidie)			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				40- E N			
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in th	is matter, state your	r position with respect to	11a. Election Type:	Manual _	_ Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	11c F	lection Time(s):		11d. Election Loca ion(s):			
10/11/2019	7 am	iccuon ninc(3).		Employer's Portiand			
12a. Full Name of Petitioner (<i>including lo</i> Scott Oldham International Union of Painters and Allied Trades, Lo	cal name and n	umber)		12b. Address (stree 11105 NE Sandy Bh OR Portland 9/220-	et and number, o vd.	city, state, and ZIP code)	
12c. Full name of national or international la International Union of Painters and Allied Tra	bor organization	of which Petitioner i	is an affiliate or constituen				
12d. Tel No. (503) 227-6644	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad scotto@iupatd	ldress c5.org	
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repres	entation proceeding	J.		
13a. Name and Title Daniel Hutzenbiler			13b. Address (street and	d number, city, state,	and ZIP code)		
McKanna Bishop Joffe			1635 NW Johnson St OR Portland 97209-	<u>.</u>			
13c. Tel No. (503) 226-6111	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad dhutzenbiler@		
I declare that I have read the above petiti	on and that the	statements are tru	l le to the best of mv know	vledge and belief.		,	
	qnature		Title	•	Date		
	aniel Hutzenbiler				09/27/2019	15:40:52	
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.			

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-RC-249045	9/30/2019			

Employees Included

All full-time and regular part time painters.

Employees Excluded

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