UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS	SPACE
Case No. 28-RC-242867	Date Filed June 6, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 800 E. Highway 372, Pahrump, NV 89048 Valley Electric Association, Inc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Same Angela Evans, CEO 3c. Tel. No 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (775) 727-5312 (775) 253-5507 (775) 727-6320 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Electrical Cooperative Electrical Power Service Pahrump, NV 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time master fleet technicians, lead master fleet technicians, fleet technicians and journeyman fleet technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes All other employees, managers, and guards and supervisors as defined under the Act and Employer declined recognition 04/18/19 04/18/19 on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? $N_{
m O}$ (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 and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail Manual Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Pahrump, NV 6/19/19 6AM - 2PM 12a, Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International, Brotherhood of Electrical Workers, Local 396 3520 Boulder Highway Las Vegas, Nevada 89121 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers 12d. Tel. No. 12e. Cell No 12f. Fax No 12g. E-Mail Address (702) 457-7441 (702) 457-3011 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). 4270 S. Decatur Blvd. Suite A-9, Las Vegas, NV 89103 Nathan R. Ring, Esq. 13f. E-Mail Address 13c, Tel. No. 13d, Cell No. 13e. Fax No (702) 968-8087 (702) 301-0081 (702) 968-8088 nring@theurbanlawfirm.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Nathan Ring Attorney for Petitioner 06/06/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 28-RC-242889

DO NOT WRITE IN THIS SPACE

Date Filed June 6, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Valley Electric Association, Inc. 800 E. Highway 372, Pahrump, NV 89048 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Angela Evans, CEO Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (775) 727-5312 (775) 253-5507 (775) 727-6320 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Electrical Cooperative Electrical Power Service Pahrump, NV 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: All full-time and regular part-time Metering Service Technicians, Apprentice Metering Technicians, and Meter Service Representatives employed 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes 🔲 No All other employees, managers, and guards and supervisors as defined under the Act Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) 04/18/19 and Employer declined recognition 04/18/19 on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? $m N_{O}$ (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 and 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): 6/19/19 6AM - 2PM Pahrump, NV 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International, Brotherhood of Electrical Workers, Local 396 3520 Boulder Highway Las Vegas, Nevada 89121 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers 12e. Cell No. 12d. Tel. No 12f. Fax No. 12g. E-Mail Address (702) 457-3011 (702) 457-7441 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): 4270 S. Decatur Blvd. Suite A-9, Las Vegas, NV 89103 Nathan R. Ring, Esq. 13c, Tel. No 13d. Cell No 13e. Fax No 13f. E-Mail Address (702) 968-8087 (702) 968-8088 nring@theurbanlawfirm.com (702) 301-0081 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title Attorney for Petitioner 06/06/19 Nathan Ring

Nathan Ring

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
28-RC-242900	6/6/2019				

06/06/19

RC 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 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): 800 E. Highway 372, Pahrump, NV 89048 Valley Electric Association, Inc. 3b. Address (if same as 2b - state same): Same 3a. Employer Representative - Name and Title: Angela Evans, CEO 3c. Tel. No. 3d Cell No 3e. Fax No. 3f. E-Mail Address (775) 727-5312 (775) 253-5507 (775) 727-6320 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Electrical Cooperative Electrical Power Service Pahrump, NV 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time NOC technicians, OSP technicians, NOC technician trainees, and OSP technician trainees. 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner?

No All other employees, managers, and guards and supervisors as defined under the Act Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) 04/18/19 and Employer declined recognition on or about (Date) 04/18/19 (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 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? N_{O} 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. F-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 6/19/19 6AM - 2PM Pahrump, NV 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 3520 Boulder Highway International, Brotherhood of Electrical Workers, Local 396 Las Vegas, Nevada 89121 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers 12d, Tel, No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address (702) 457-7441 (702) 457-3011 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): Nathan R. Ring, Esq. 4270 S. Decatur Blvd. Suite A-9, Las Vegas, NV 89103 13f. E-Mail Address 13c. Tel. No. 13d, Cell No. 13e. Fax No (702) 968-8087 (702) 301-0081 (702) 968-8088 nring@theurbanlawfirm.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date

-Attorney for Petitioner

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
28-RC-242872	6/6/2019				

(2-18)		OR RELATIONS BO PETITION	DARD	Case No. 28-RC-2	Date Filed 6/6/2019		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition mus s named in the p	be accompanied be etition of: (1) the pe	by both a showing of interest (atition; (2) Statement of Positi	of this Petition to see 6b below) an on form (Form NL	an NLRB o d a certifica .RB-505); an	te of service sho d (3) Descriptio	on in which the owing service on n of Representation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner sequests that the National Laboratory	tioner desires to b	e certified as represe	entative of the employees. The	Petitioner alleges	that the foll	owing circumst	ances exist and
2a. Name of Employer: Valley Electric Association	on, Inc.	2b. Add 800 I	dress(es) of Establishment(s) in E. Highway 372, Pahru	volved <i>(Street and</i> Imp, NV 890	number, City 48	, State, ZIP code):
3a. Employer Representative - Nar Angela Evans, CEO	ne and Title:	3b. Add Same	dress (if same as 2b - state sam	e):			
3c. Tel. No. (775) 727-5312	3d. Cell No. (775) 253-5	5507	3e. Fax No. (775) 727-6320	3f. E-Mail	Address		
4a. Type of Establishment (Factory, Electrical Cooperative	mine, wholesaler,	etc.)	4b. Principal Product or Service Electrical Power Services		5a. City an Pahrun	nd State where ur	nit is located:
5b. Description of Unit Involved: Included: All full-time and regular part-time Custome	r Service Representa	atives and Customer Se	rvice Supervisors employed by the er	mployer.	6a. Numbe	er of Employees i	n Unit:
Excluded: All other employees, man					of the e	ubstantial numbe employees in the ented by the Petit	unit wish to be ioner? ☑ Yes ☐ No
on or about (Date)	4/1819	(If no reply re	e was made on (Date) eceived, so state). esentative and desires certificat		id Employer o	declined recogniti	on
8a. Name of Recognized or Certific None							
8c. Tel. No.	8d. Cell No.		8e, Fax No.	8f. E-Mail A	Address		
8g. Affiliation, if any:	<u> </u>	81	Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			ar)	
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's	establishment(s) invo	olved? N_0 If so, appr	oximately how man		s are participating	
Organizations or individuals other individuals known to have a repressione				ed recognition as r	epresentative		
10a. Name	10b.	Address		10c. Tel. N	0.	10d. Cell No.	
				10e. Fax N	0.	10f. E-Mail Addr	ress
11. Election Details: If the NLRB co			e your position with respect to a		11a. Election	I Mail] Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 6AM - 2PM				Pahrum	on Location(s \mathbf{p},NV):	
12a. Full Name of Petitioner (include International, Brotherhood)	ling local name ar d of Electrica	nd number): al Workers, Lo	ocal 396 12b. Address (stree 3520 Boulder Las Vegas, N	· Highway	, State and 2	IP code):	
12c. Full name of national or internat International Brotherhood	ional labor organi of Electrica	zation of which Petiti I Workers	oner is an affiliate or constituent	t (if none, so state)	:		
12d. Tel. No. (702) 457-3011	12e. Cell No.		12f. Fax No. (702) 457-7441	12g. E-Mail			
13. Representative of the Petitione 13a. Name and Title: Nathan R. Ring, Esq.	r who will accep	t service of all pape	rs for purposes of the repres 13b. Address (street and numb 4270 S. Decatur Blvd. S	er, city, State and	ZIP code):	√ 89103	
13c, Tel. No. (702) 968-8087	13d. Cell No. (702) 301-0		13e. Fax No. (702) 968-8088			awfirm.com	
I declare that I have read the above Name (Print)	e petition and tha	t the statements ar	re true to the best of my know	Title			Date
Nathan Ŕing	<u> </u>	Nati	VIC/L	Attorney fo	r Petition	ner	06/06/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
28-RC-242864	6/6/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Valley Electric Association, Inc. 800 E. Highway 372, Pahrump, NV 89048 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Angela Evans, CEO Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (775) 727-5312 (775) 253-5507 (775) 727-6320 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Electrical Cooperative Electrical Power Service Pahrump, NV 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time Broadband Installers and Broadband Installer Trainees employed by the employer. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All other employees, managers, and guards and supervisors as defined under the Act Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) 04/18/19 and Employer declined recognition on or about (Date) 04/18/19 (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 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? $N_{
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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
28-RC-242976	6/7/2019			

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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							ċ
(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 b	e served on	the employer or any	y other party.				
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 R							
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
Magellan Healthcare, Inc.		4311	N Washington Blvd		Air Force E	Base, NV 89191	
3a. Employer Representative – Name Michael Francisco, Human Re	and Title sources Bu	siness Consultant	3b. Address (if same as 14100 Magellan Pl		eights, MO	63043-4644	
3c. Tel. No.	3d. Cell N		3e. Fax No.		3f. E-Mail Add		
571-403-3760						@magellanhealth.com	
4a. Type of Establishment (Factory, mir	ne, wholesaler, e	, p				and State where unit is located:	
Military Contractor 5b. Description of Unit Involved		Military Suppo	JIL		Neilis	AFB, NV 89191	
Included: All full-time and regu	lar nart-time	Military Family Life	Counselors (MELC) working for the	MELC	6a, No. of Employees in Unit: 2	
Program, which is be				, working for the	20	6b. Do a substantial number (30%	į
Excluded: All other employees	managar	office clericals a	uarde and eupopie	ore se dofinad k	ou the Act	or more) of the employees in the	!
All other employees	, managers	s, office cieficals, gr	uaius, anu supervis	ors as demied t	by the Act.	unit wish to be represented by the Petitioner? Yes No	
Check One: 7a. Request for	or recognition as	s Bargaining Represental	tive was made on (Date)	By Petition and	Employer dec	lined recognition on or about	
		ate) (If no reply received					
			presentative and desires	certification under the	Act.		1
8a. Name of Recognized or Certified	Bargaining Age	ent (If none, so state).	8b. Address			1	
none 8c. Tel No.	8d Cell N	^	8e. Fax No.		8f. E-Mail Add	rass	
56. 7E. NO.	00 0014	0.	oc. vax no.	į	OI, L-Mail Add		
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent	
		Į.	Contract, if a		Contract, if an	y (Month, Day, Year)	
9. Is there now a strike or picketing at the	e Employer's e	stablishment(s) involved	2 no lifeo approx	imately how many em	nlovees are na	uticipating?	
			eted the Employer since (
10. Organizations or individuals other th	an Petitioner ar	nd those named in items	8 and 9, which have claim	ed recognition as repr	esentatives an	d other organizations and individuals	
known to have a representative interest	in any employe	es in the unit described in	n item 5b above. (If none.	so state)		-	
10a. Name	T 10	b. Address		10c. Tel. No.		10d. Cell No.	
	'	. riddi Çdg		700. 70. 70.		1 700. 00.710.	
None				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond any such election.	lucts an election	in this matter, state your	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	1	1c. Election Time(s):		11d. Election Locat	ion(s):		
Ballots mailed .	n/			n/a	<u>, , , , , , , , , , , , , , , , , , , </u>		
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12c. Full Name of Petitioner (including local name and number) 12c. Address (street and number, city, state, and ZIP code) 15c. Street and number, city, state, and ZIP code) 15c. Address (street and number, city, state, and ZIP code)							
12c. Full name of national or international labor organization of which Pétitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO							
12d. Tel No.	12e. Cell		12f. Fax No.		12g. E-Mail A		
(916) 985-8101	(916) 597		(916) 985-8121	ontation essentia	mward@iama	iw.org	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a, Name and Title David W.	M. Fujim	oto, Attorney	13b. Address (street and Weinberg, Roger & Rosenfe		arkway, Suite 200		
13c. Tel No.	13d. Ceil	No.	13e. Fax No.			dress nirbnotices@unioncounsel.n	ei
510-337-1001 I declare that I have read the above p	etition and the	t the statements are to	510-337-1023	ladge and belief	arujimoto@un	ioncounsel.net	
<u> </u>	Signature	tine statements are tru		neuge and belier.	Locia		
Name (Print) David W. M. Fujimoto	Title Date Attorney June 7, 2019			019			

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.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No-	Date Filed
28-RC-243677	6/20/2019

RC PETITION 2				28-RC-	28-RC-243677 6/20/2019				
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/. submit an original of this Petition to an NLRB office in the Region in which the employer concerned is 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									
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration is the property of the National Laboration in the National Laboration is the National Laboration in the	tioner desires to be	certified as repre	sentative of	the employees. The Po	etitioner allege	s that the fol	lowing circumsta	inces exist and	
2a. Name of Employer: AMS, A Beacon Roofing Supply Company 2b. Address(es) of Establishment(s) involved (Street and number, City, State, 2lP code): 4424 Polaris Ave. Las Vegas NV.89103):			
3a. Employer Representative - Nar Dennis Dessaints, Branch		3b. Ac SAN		me as 2b - state same)	;				
3c. Tel. No. (702) 795-1738	3d, Cell No. (702) 303-8			795-2034	ddessa	l Address ints@a-m	-s.com		
4a. Type of Establishment (Factory, Wholesale	mine, wholesaler, o	etc.)		ipal Product or Service ials Delivery			egas NV.	it is located:	
5b. Description of Unit Involved: Included: All Full & Re						- 20	er of Employees in	n Unit:	
ers, Forklift Oper Excluded: All other em				en, employed employees,	i at the guards,	6b. Do as	gas, NV F ubstantial number employees in the o	r (30% or more)	
and supervisors a Check One: 🔀 7a. Request for rec				(ee/10	represe	ented by the Petiti	oner? V Yes No	
on or about (Date)	06.4/19	(If no reply	received, a	o state).		, ,	declined recognition	on	
7b. Petitioner is cu 8a. Name of Recognized or Certific	rrently recognized	as Bargaining Rep	resentative	and desires certificatio	n under the Ac	<u>. </u>			
oa. Name of Recognized of Cerum	so pargaining Agi	ent (ir none, so st	(B) OD. 7	Address;					
NONE									
8c. Tel. No.	8d, Cell No.		6e. Fax I	No.	8f. E-Mai	8f. E-Mail Address			
8g. Affiliation, if any:			8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			u)			
9. Is there now a strike or picketing a	it the Employer's e	stablishment(s) inv	olved? No) if so, approx	dimately how m	any employee	s are participating	17	
(Name of Labor Organization)					, has picket	ed the Employ	er since <i>(Mant</i> h, <i>L</i>	Day, Year)	
 Organizations or individuals othe individuals known to have a representation. 							es and other organ	nizations and	
10a. Name	10b. /	Address			10c, Tel.		10d. Cell No.		
					10e. Fax		10f. E-Mail Addn	BSS	
11. Election Datalis: If the NLRB co			ate your pos	sition with respect to any			ıl Mail 🗌	Mixed Manual/Mail	
Wednesday July 3, 2019		Hection Time(s): Jam – 5:30am	L			tion Location(s 'olaris Ave): e. Las Vegas	NV.89103	
12a, Full Name of Politioner (includ Teamsters, Chauffeurs, Wa Union No.631	arehouseman	and Helpers		12b. Address (street 700 N. Lamb F	BLVD, Las	Vegas N			
12c. Full name of national or internati International Brotherhood	ional labor organiza Of Teamster	ation of which Peti 'S	tìoner is an	affiliate or constituent (if none, so stat	e):			
12d. Tel. No. (702) 453-5031 12e. Cell No. 12f. Fax No. (702) 437-7237									
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title: Francisco Miranda, Organizer			pers for purposes of the representation proceeding, 13b. Address (street and number, city, State and ZIP code): SAME AS ABOVE						
13c, Tel. No. (702) 430-5010	13d. Cell No. (702) 672-46		1	AS ABOVE	francis	13f, E-Mail Address franciscom@teamsters631.com			
I declare that I have read the above	petition and that		re true to	the heat of my knowle		Ī,			
Name (Print) Francisco Miranda Signature			- /		Title Organizer			Date 06/22/19	
	4.5.8		4					A 41. Detail 1. 2	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

	DO NOT WRITE IN THIS SPACE
Case No.	Date Filed
20 DC 242706	6/21/2019

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 80 Kinley Dr Bldg 1706 Nellis AFB, NV 89191 Lockheed Martin 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Same as 2b Israel Harden, Manager 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. Israel.m.harden@Imco.com 702) 679-0379 5a. City and State where unit is located: 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nellis AFB, NV Air Force F-35 Flight instruction Government Contractor 6a. No. of Employees in Unit: 5b. Description of Unit Involved F-35 Flight Instructors, Field Engineers, Simulator Technicians Included: 6b. Do a substantial number (30% or more) of the employees in the Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, unit wish to be represented by the Petitioner? Yes V No and other employees as defined by the act. 7a. Request for recognition as Bargaining Representative was made on (Date) 6/21/2019 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8f. E-Mail Address 8e. Fax No. 8d Cell No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? ______ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____ 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c. Tel. No. 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Sim Tech Lead Office, 80 Kinley Dr, Bldg 1706, Nellis AFB NV 89191 9am - 9:30am 7/10/2019 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) PO Box 74811, Phoenix, AZ 85087 International Association of Machinists and Aerospace Workers, Local Lodge 519 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12f. Fax No. 12e. Cell No. 12d. Tel No. pshepherd@iamaw.org 928-441-1157 801-201-3715 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Jason Hardwick, Grand Lodge Representative 620 Coolidge Rd., Suite 130, Folsom, CA 95630 13f. E-Mail Address 13e. Fax No. 13d. Cell No. 13c. Tel No. jhardwick@iamaw.org 916-985-8121 916-936-6013 916-985-8101 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Grand Lodge Representative 6/21/2019 Jason Hardwick PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

WILLFUL FALSE STATEMENTS OF

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