CORRECTED

	S GOVERNMENT	2		DO NOT	WRITE IN THI	SERACE
NATIONAL LABOR			Case No.	DONOT		Filed
RC PE			27-RC-2	254087	3/2020	
INSTRUCTIONS: Unless e-Filed us		v'e woheito ww				
in which the employer concerned i						
of service showing service on the						
(Form NLRB-505); and (3) Descript				RB 4812). The sh	owing of in	terest should only be filed
with the NLRB and should <u>not</u> be s	served on the	employer or any	other party.			
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner di requests that the National Labor Relat	esires to be certifi	ied as representa ive	e of the employees. The	Petitioner alleges that	at the followin	g circumstances exist and
2a. Name of Employer	don's Board proc		dress(es) of Establishment			
City Market Stores		135	5 South Plum Street	(-)	,,	,,,,,,
3a. Employer Representative – Name and	1 Title) Fruita 81521- 3b. Address (If same as	s 2b – state same)		
Stephanie Klein-McClanahan						
3c. Tel. No.	3d. Cell No.		3e. Fax No.	2	3f. E-Mail Add	iress
(303) 778-3261						@kingsoopers.com
4a. Type of Establishment (Factory, mine, v	wholesaler, etc)	4b. Principal prod	luct or service		5a, Citv	and State where unit is located:
Retail (Grocery)	, , ,		Grocery			Fruita, CO
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal dotails					2
See Allacheu Page 2 101 audiluu	nal uctans					6b. Do a substantial number (30%
Fueluded						or more) of the employees in the
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the Petitioner? Yes Ves Ves
Check One: 7a. Request for re	cognition on Por	naining Depresentati	ive was made on (Date) 0	4/00/0000 000		
The Ta. Request for the			, so state). No reply recei		i Employer dec	clined recognition on or about
7h Detitioner is c			presentative and desires		Act	
8a. Name of Recognized or Certified Bar			8b. Address		ALL.	
United Food and Commercial Workers, Loca			7760 West	t 38th Avenue Ridge 80033-		
8c. Tel No.	8d Cell No.		8e. Fax No.	BIODE ODD2-	8f. E-Mail Add	Iress
(303) 425-0897					tjm@18thavelaw.com	n
8g. Affiliation, if any		8	8h. Date of Recognition or	r Certification		Date of Current or Most Recent
United Food and Commercial Workers Interr	national Union, AF	L-CIO			Contract, II an	y (Month, Day, Year) 01/29/2022
9. Is there now a strike or picketing at the E	mployorta octablic	hmont(c) involved?		imately how many em		
					pioyees are pa	
(Name of labor organization)						
10. Organizations or individuals other than	Petitioner and tho	se named in items 8	8 and 9, which have claim	ed recogni ion as repr	esentatives an	d other organizations and individuals
known to have a representative interest in a	iny employees in	the unit described in	n item 5b above. (If none,	so state)		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
iou. Humo	100.710	arooo		100.101.110.		
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	s an election in th	is matter, state your	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 Locati	on(s)	
January 27, 2020	telefort and a second sec	2:00 PM		Breakroom of the Fr		store
12a. Full Name of Petitioner (including lo Randy Tiffey United Food and Commercial Workers International	cal name and nu	umber)		12b. Address (stree 7760 West 38th Aver CO Wheat Bidge 80	t and number,	city, state, and ZIP code)
12c. Full name of national or international la United Food and Commercial Workers Intern	abor organization	of which Petitioner is L-CIO	s an affiliate or cons ituen		13.3-	
12d. Tel No. (303) 333-8700	12e. Cell No.		12f. Fax No.		12g. E-Mail A rktiffey@ufcw	ddress 7.com
13. Representative of the Petitioner who	will accept servi	ce of all naners for	r purposes of the repres	entation proceeding		
13a. Name and Title	will accept servi	lee of an papers for	13b. Address (street and			
Mathew Shechter			1888 Ste 370	a mannoor, ong, orato, o		
McNamara & Shechter LLP 13c. Tel No.	13d. Cell No.		CO Denver 80203- 13e. Fax No.		13f. E-Mail Ad	dress
(303) 333-8700	(303) 521-7010		10C. T 0A 110.		mss@18thave	
I declare that I have read the above petiti			e to the best of my know	ledge and belief.		
	gnature		Title		Date	
	andy K Tiffey		Organizing Director		01/3/2020	11:42:52
WILLFUL FALSE STATEME		TITION CAN BE P		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.

Attachment

Employees Included

All unrepresented full-time or regular part-time employees in the meat, seafood, butcher block and delicatessen departments, including department managers, in the Fruita, Colorado store in a self-determination election to join the existing unit of meatcutters, apprentices, wrappers, butcher block sales persons, delicatessen employees, clean up personnel, including part-time workers who regularly work one (1) day or more a week, employed by the Employer in the meat market or markets owned or operated by the Employer at the Grand Junction, Fruita, and Clifton (deli only) stores.

Case

Employees Excluded

All store managers, assistant store manager, management trainees, production bakers and finishers, hostesses, demonstrators, pharmacists, courtesy clerks, office and clerical employees, janitors, parking lot attendants, food clerks, warehouse employees, watchmen, guards and professional employees and supervisors as defined in the National Labor Relations Act, as amended, all other employees

PORM NLRB-GOZ (RC)	UNIT	ED STATES OF AM	ERICA		<u> </u>	DONOTV	WRITE IN THIS S	PACE
(2-10)		RC PETITION	NS BOARD		Case No.	27-RC-254	154	Date Filed 1/6/2020
INSTRUCTIONS: Unless of simpleyer concerned is loc the employer and all other Case Procedures (Form NL	ated. The pelition parties named in	the patition of: (1)	nled by both a the petition; (2	showing of interest (Statement of Positi	(see 6b below on form (Form) and a certifica n NLRB-505); an	te of service sh d (3) Descriptio	owing service on In of Representation
1. PURPOSE OF THIS PETT bargaining by Potitioner ar requests that the Nationa	nd Petitioner dusin	os to po certified as r	apresentative o	f the employees. The	Palitioner alle	ges that the fol	lowing circums	tancos exist and
Za. Name of Employers ATCO Structures &	Logistics Inc	. 3	b. Address(es) 770 Polc L Pocatello, II	of Establishment(s) in Line Rd, Buildir D 83201	volved (Streo) 1g 36	end number, City	, Slata, ZIP cod	9);
3a. Employer Representativ Darch Anglesey	e - Name and Tille		b. Address (I/ si ame	ama as 2b - state sam	e):			
30. Tel. No. 208-242-3804						3f. E-Mall Address daren.anglesey@atco.com		
4a. Type of Establishment (Fa Manufacturing	clory, mine, what	axalar, alc.)		cipal Product or Sarvic llar facilities	28	Sa. City an Pocate	llo, Idaho	nit is located;
6b. Deveription of Unit Invol Included: See attached	lvad:					6a. Numb 17	er of Employees	in Unit:
Excluded: See attached						of the r	entoloyees in the	ar (30% or mote) unit wish to be itioner? [X] Yes [] N
on or about	(Date)		reply received, e	to stato).		and Employer	declined recogni	
Diright Second S				a and desires certificer Address:	Son under the .	Act		
Bo. Tel. No.	ad. Cell N	0.	Be, Fax					
		77.0°	od. Pak	Na.	BT. E-N	tail Address		
Bg. Affiliation, If May:				No. Recognition or Certifi	salion 81. Exp	itali Address Instion Date of C t Contract, if any		
9, is there now a strike or pick			8h. Deto of	Recognition or Certifi	calion 81. Exp Recan	fration Date of C t Contract, if any many employee	(Month, Day, Ye is are participatir	10?
 8. (a there now a atriko or pick (Name of Labor Organization) 10. Organizations or individual individuals known to have 	an) Is other then Polli	yer's establishment oner and those nam	8h. Deto of (s) Involved? N ed in Kems 8 an	Recognition or Certifi O If so, appr d 9, which have claim	calion 81. Exp Recon roximately how , has pigi	Aration Date of C t Contract, if any many employee valued the Employ as representativ	(Month, Day, Ye is are participation for since (Manth,	Day, Year)
10. Organizations or individual	an) Is other then Polli	yer's establishment oner and those nam	8h. Deto of (s) Involved? N ed in Kems 8 an	Recognition or Certifi O If so, appr d 9, which have claim	calion 81. Exp Recon roximately how , has pigi	Viration Date of C t Contract, if any many employee (ated the Employ as representativ , co state)	(Month, Day, Ye is are participation for since (Manth,	Day, Year)
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9, la there now a striko or pick (Name of Labor Organization 10. Organizations or individual individuals known to have None	m) Ja other than Petili a representative in .RB conducts and 1 date (including local ne	nyer's establishment lener and those nam iteraet in any employ 10b. Address olaction in this matter 9 a.m. to 2 p. me and number):	8h. Deto of (s) Involved? N ed in Kems 8 an yees in the unit ar, sizite your po	Recognition or Certifi O If so, app If so, app d 8, which have claim described in Rem 5b a	calion 81. Exp Recent roximately how , has pici- ed recognition bove. (If none, 10c. Th 10c. F any such elsoit 11d. E ATC of and number	Aration Date of C t Contract, if any many employee (ated the Employ as representative , co state) el. No. ex. No. ex. No. (X) Manuel (C) Facility, c. city. State and	(Month, Day, Ye is are participating or since (Manth, es and other org 10d. Cell No. 10f, E-Mail Ada in Type: al [] Mail [] a): Pocatello, I ZIP codo]:	ng? Day, Year/ anizations and frees Mixed Manual/Maji
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 8. (a there now a atriko er pick (Name of Labor Organization 10. Organizations or individual Individuals known to have None 10s. Name 11. Election Delafts: If the NL 11b. Election Delafts: If the NL 12c. Full name of neulonal or in United Association of 12c. Tel. No, 208-232-6806 	n) Is other than Petili a representative in RB conducts and 1 date (including local as rs Local 648 ntomational labor f Journeymet 12c. Cell 1	nyac's establishment oner and those nam norraet in any employ 10b. Address ofaction in this matter 9 a.m. to 2 p. me and number): organization of which n and Apprent No.	Ah. Deto of (a) Involved? <u>N</u> ed in kems 8 any yees in the unit in ar, sizte your po (a): 12f. Fax	Recognition or Certifi O If so, appr If so, appr If so, appr d 9, which have claim described in Rem 5b a satisfies with respect to a 12b. Address (stro 456 N Arthur n affiliate or constituen Plumbing and P No.	aallon 81. Exp Recon noximately how , has pice and recognition hove. (Il none, 10c. Th 10c. Th 10c. F 10c. Th 10c. F 10c. A 10c. Th 10c. Th 10	Aration Date of C t Contract, if any many employee (ated the Employ as representative co state) al. No. ax No. ax No. (X) Manuti (C) Facility, city, State and (atello ID 83) (atello ID 83)	(Month, Day, Ye is are participating for eince (Manth, es and other org 10d. Cell No. 10f, E-Mail Add 10f, E-M	IG? Day, Yoarj anizations and moss Mixed Manual/Mail D
9. (a there now a strike or pick (Name of Labor Organizatio 10. Organizations or individual Individuals known to have None 10a. Name 11. Electron Details: If the Ni. 11b. Electron Details: If the Ni. 2 weeks from potition 12a. Full Name of Petitioner	n) Ja other than Petili a representative in RB conducts and 1 date (Inckrding local ne rs Local 648 htemetional labor of f Journeyme 12e. Cell I 12e. Cell I titioner who will	nyer's establishment lener and those nam iteraet in any employ 10b. Address ofaction in this matter ofaction in this matter 9 a.m. to 2 p. me and number): organization of which n and Apprent No.	Ah. Deto of (6) Involved? N ed in kems 8 an yees in the unit ar, state your po (a): 12. h Petitioner is a i ces of the 12. 12. 12. 13. 13. 13. 14. 15. Ad	Recognition or Certifi O If so, appr If so, appr If so, appr d 9, which have claim described in Rem 5b a satisfies with respect to a 12b. Address (stro 456 N Arthur n affiliate or constituen Plumbing and P No.	aalion 81. Exp Reconnormality how , has pici- any such elaoli 10c. Tr 10c. F 10c. C 10c. F 10c. C 10c. F 10c. C 10c. C 10	Aration Date of C t Contract, if any many employed (ated the Employ as representative co state) el. No. ax No. (X) Manue (C) Facility, r, city, State and (C) Facility, r, city, State and (C) Facility, f, city, State and (C) Facility, atello ID 83 (c) Sate (c) Sate	(Month, Day, Ye is are participatin er since (Manth, es and other org 10d. Cell No. 10f, E-Mail Adu in Type: al [] Mail [] a): Pocatello, I 204 f the U.S. au il.com	IG? Day, Yoarj anizations and moss Mixed Manual/Mail D
9. (a there now a atriko or pick (Name of Labor Organizatio 10. Organizations or individual individuals known to have None 10a. Name 11. Election Details: if the NL 11b. Election Details: if the NL 11b. Election Date(s): 2 weaks from potition 12a, Full Name of Petitioner Plumbers & Pipefitte: 12c. Full name of netional or is United Association o 12d. Tet. No. 208-232-6806 13. Representative of the Petition	n) Is other than Petili a representative in RB conducts and n date (inckrding local ne rs Local 648 itomational labor 12c. Cell 1 12c. Cell 1 titioner who will onoghue & O' 13d. Cell 1 247 - 5	nyer's establishment oner and those run interact in any employ 10b. Address olaction in this matter 9 a.m. to 2 p. me and number): organization of which n and Apprent No. accept service of a Donoghue LLP No.	Ah. Deto of (6) Involved? N ed in kems 8 an yees in the unit ar, state your po (a): m. h Petitioner is an ices of the 1 12f. Fax 13b. Add 325 Cl 13c. Fax 215-6	Recognition or Certifi O If so, appr If so	aalion 81. Exp Recon- roodmately how , has pici- ed recognition bove, (if none, 10c. Tr 10c. F 10c. F 10c.	Aration Date of C t Contract, if any many employee (ated the Employ as representative co state) el. No. ax No. ax No. ax No. (X) Manuti laotion Lecation (C) Facility, r, city, State and catello ID 83 (atello ID 83 (atello ID 83 (atello ID 83 (atello ID 83 (atello ID 83 (atello ID 83) (atello ID 83 (atello ID 83) (atello	(Month, Day, Ye is are participatin er since (Manth, es and other org 10d. Cell No. 10f. E-Mail Add 10f. E-Mai	ng? Day, Yearj anizations and mizations and

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18, SECTION 1001)

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), 20 U.S.C. § 161 of each The Information is to easist the National Labor Relations Board (NLRB) in proceeding representations and related procuedings or illigation. The routine uses for the information are fully sat forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will writher 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 destine (a invoke its processes.

January 6, 2020

Case No. 27 - RC - _____

Attachment to Petition filed by Plumbers & Pipefitters Local 648, United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada

- -

- -

Employer: ATCO Structures & Logistics Inc.

5b. Description of the unit involved:

Included: All full-time and regular part-time HVAC journeypersons, HVAC apprentices, Plumber journeypersons, and Plumber apprentices employed by the Employer at its 3770 Pole Line Drive, Pocatello, Idaho facility.

Excluded: All other employees, professional employees, office clericals, guards and supervisors within the meaning of the Act.

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

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

DO NOT WRITE IN THIS SPACE						
Case No. 27-RC-254792	Date Filed 1/17/2020					

INSTRUCTIONS: Unless e-Filed u employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition must be accom s named in the petition of: 812). The showing of interes	panied b (1) the pe st should	y both a s tition; (2) only be fi	howing of interest (see 6 Statement of Position for led with the NLRB and sh	b below) and m (Form NLF nould not be a	a certifica RB-505); an served on t	te of service showing d (3) Description of F the employer or any o	service on Representation other party.	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desires to be certified a	as represe	entative of t	the employees. The Petitio	oner alleges t	that the fol	lowing circumstances		
2a. Name of Employer:		2b. Add	Iress(es) of	Establishment(s) involved	(Street and n	umber, City	, State, ZIP code):		
Scaffold Rental and Erec	tion Services LLC	1150	Le Bla	nc Rd, Port Allen,	Louisiana	, 70767			
3a. Employer Representative - Na	me and Title:	3b. Add	ress (if sar	ne as 2b - state same):					
Larry Moxley Project Manager	Project Manager								
3c. Tel. No.	3d. Cell No.	Cell No. 3e. Fax No. 3f. E-Mail Address							
(580) 763-3670	N/A		N/A		Larry.m		brownandroot.co		
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)			pal Product or Service			nd State where unit is lo	ocated:	
Scaffolding Company			Scaffo	Iding Erection			, Montana		
the State Of Montana.	ces And Foreman Employ	ed out o	of the Billin		-	30	er of Employees in Unit		
All Insulators and Out By The Act.	of State Traveling worker	s and Sit	te Superir	ntendent's and Guards a	as Defined	of the e	employees in the unit we ented by the Petitioner	ish to be	
on or about (Date)	cognition as Bargaining Repro (If r rrently recognized as Bargair	no reply re	eceived, so	state).			declined recognition	B	
8a. Name of Recognized or Certific	ed Bargaining Agent (If non	e, so state	e) 8b. Ad	ddress:	der the Act.				
Pacific Northwest Region				South 27th Street,	Billings,	Montan	a, 59101		
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Mail Ad	idress			
(253) 945 - 8800	None			339 - 4908	None				
8g. Affiliation, if any:			. Date of R	ecognition or Certification	8i. Expiration	Date of Cu	urrent or Most (Month, Day, Year)	Jona	
United Brotherhood of C			lone		I		ALLER ALLER ALLER ALLER ALLER	vone	
9. Is there now a strike or picketing a	t the Employer's establishme	nt(s) invo	lved? No		C 0.020 10 pt		s are participating?	N/A	
(Name of Labor Organization)		N/A					er since (Month, Day,)	11/11	
 Organizations or individuals othe individuals known to have a representation 							es and other organization	ons and	
None									
10a. Name	10b. Address				10c. Tel. No.		10d. Cell No.		
N/A	N/A				N/A		N/A		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election in this me	attor state	a your posi	tion with respect to any sur	N/A	1a Election	N/A		
The result betails. If the NERD CO		aller, state	e your posi	tion with respect to any suc		Manua		d Manual/Mail	
11b. Election Date(s):	11c. Election Tir	ne(s):		and the second se	11d. Election	harmond			
ASAP	ASAP				By Mail	,			
12a. Full Name of Petitioner (includ	ling local name and number):			12b. Address (street and		State and Z	IP code):		
Pacific Northwest Region	al Council of Carper	nters		25120 Pacific Hv	vy S Suite	200, Ke	ent, Washington	, 98032	
12c. Full name of national or internat	ional labor organization of wh	ich Petitic	oner is an a	affiliate or constituent (if not	ne, so state):	and the Martin State			
United Brotherhood Of C	arpenters And Joiner	rs Of A	merica		100				
12d. Tel. No.	12e. Cell No.		12f. Fax N	NAMES OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTIONO	12g. E-Mail A	Address			
(253) 945 - 8800	None			39 - 4908	None				
 Representative of the Petitione Name and Title: 	r who will accept service of			ooses of the representations of the representation of the represen		-			
Riley McCauley, Organizer				1th 27th Street, Billin			1		
13c. Tel. No.	13d. Cell No.		13e. Fax N	lo.	13f. E-Mail A				
None	(406) 200 - 4940		None			ey@nw	carpenters.org		
I declare that I have read the above		and the second sec	e true to th	ne best of my knowledge	and the second sec			Date	
Rileg N McCaul	Signature Rile	4 2	Ha	uley 0	Irgani	zer		01/17/2020	
WILLEUL FALSE STA	TEMENTS ON THIS PETITIC	ON CAN E	BE PUNISH	ED BY FINE AND IMPRIS	SONMENT (U	S. CODE.	TITLE 18. SECTION 1	001)	

Solicitation of the information 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)	UNITE	D STATES OF	AMERICA	A				DONOT	WRITE IN THIS	SPACE	
(2-18)	NATIONA	RC PETITION				Case No. 27-RC-255194 Date Filed 1/24/				iled 1/24/2020	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition s named in	must be accom the petition of: (panied b 1) the pe	y both a s tition; (2)	howing of interest (Statement of Positio	see 6b on forn	below) and n (Form NLF	l a certifica RB-505); ai	te of service s nd (3) Descript	howing stone of Re	service on epresentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labor	tioner desire	s to be certified a	s represe	entative of	the employees. The I	Petition	ner alleges t	that the fol	lowing circum	stances	
2a. Name of Employer:					Establishment(s) inventer Blvd	volved ((Street and n	umber, Cit	y, State, ZIP co	de):	
Albertsons LLC.			Boise	, ID 8370	06-3999						
3a. Employer Representative - Name and Title: Katina Wood, Human Resources				3b. Address (<i>if same as 2b - state same</i>): 250 E. Parkcenter Blvd Boise, ID 83706-3999							
3c. Tel. No.	3d. Cell No		Duise	3e. Fax N		-	3f. E-Mail A	ddraes	2001 - 21 2		
208-395-5786		•		208-395	10.00				rtsons.com		
4a. Type of Establishment (Factory, Delicatessen (Grocery)	mine, whole	saler, etc.)			pal Product or Servic essen (Grocery)	e			nd State where Idaho 8361		cated:
5b. Description of Unit Involved:				Donoute					er of Employee	ð	
Included: See Attachment (Pg. 2) for de	tails							11	on on 2p.o)co	o in onic	
Excluded:									ubstantial num		
See Attachment (Pg. 2) for de	1.					14.10.01	20	repres	employees in th ented by the Pe	etitioner?	
Check One: X 7a. Request for red on or about (Date)		(If r	o reply r	eceived, so	state).	/1/202		I Employer	declined recogn	hition	
7b. Petitioner is cu 8a. Name of Recognized or Certifi						ion und	ler the Act.				
oa. Name of Recognized of Certin	eu Dargann	ng Agent (ir non	e, so stat	e) ob. A	ddress:						
8c. Tel. No.	8d. Cell No).		8e. Fax N	0.		8f. E-Mail A	ddress			
8g. Affiliation, if any:			8	h. Date of F	Recognition or Certific	cation			urrent or Most (Month, Day, Y	'ear)	
9. Is there now a strike or picketing a	at the Emplo	yer's establishme	nt(s) invo	lved? No	If so, appr	oximat	ely how man	y employee	es are participat	ing?	
(Name of Labor Organization)						, t	nas picketed	the Employ	er since (Month	h, Day, Y	ear)
10. Organizations or individuals othe individuals known to have a repre									es and other or	ganizatio	ins and
10a. Name		10b. Address					10c. Tel. No).	10d. Cell No.		
						İ	10e. Fax No).	10f. E-Mail Ad	Idress	
11. Election Details: If the NLRB co	inducts and	election in this ma	atter, stat	e your pos	ition with respect to a	iny suc	h election:	11a. Electio			
11b. Election Date(s):		11c. Election Tir	ma/a):				11d. Election	× Manu		Mixe	d Manual/Mail
Jan 29, 2020		7:00 - 9:00 a.		8:00 - 5:00	0 ø.m.				s): y 16, Emmet	t. ID 83	617
12a. Full Name of Petitioner (includ David Heavener	ding local na				12b. Address (stree 2404 W. Bank						
United Food and Commercia	al Worker	s (UFCW) Lo	cal 368	A	Boise, ID 8370)5					
12c. Full name of national or internat United Food and Commercial					affiliate or constituent	t (if nor	ne, so state):		N/27		
12d. Tel. No. (208) 367-9305	12e. Cell N	lo.		12f. Fax N (208) 36	ALC: NEW DOCKNER		12g. E-Mail DHeaven		368a ora		
13. Representative of the Petitione	er who will a	iccept service o	f all pape			entatio		-	Jood.org		
13a. Name and Title:				13b. Addr	ess (street and numb	ber, city	, State and 2	ZIP code):			
13c. Tel. No.	13d, Cell N	0.		13e. Fax I			13f. E-Mail A	Address	Ð		
					24 - C			1001005			
I declare that I have read the above	e petition a			re true to t	he best of my know						1-
Name (Print) Dzvid Hezvener		Signature	DRI			Title			Outreza	6	Date 1/22/2020
ITED GIEI		0	pa				UFCW	3681	1		1 1 ALANAN

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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 be the relation to the information and related proceedings of the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will be the relation to the information and related proceedings of the NLRB will be the NLRB. 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.

						DONOT	WRITE IN THIS	SPACE		
FORM NLRB-502 (RD) (2-18)							Case No. Date Filed 27-RD-255043 1/23/2			
INSTRUCTIONS: Unless e-Fil employer concerned is locate the employer and all other pa Case Procedures (Form NLR	d. The petition rties named in	n must be accom the petition of:(1	panied by both a sh) the petition; (2) St	nowing of interest atement of Posit	st (see 7 k tion form	elow) and a certific (Form NLRB-505); a	ate of service si nd (3) Descripti	howing service on Ion of Representation		
1. PURPOSE OF THIS PETITIO recognized bargaining represe Labor Relations Board proce	entative is no lon	ger their represen	tative. The Petitione	r alleges that th	e followin	ig circumstances ex	es assert that the ist and request	certified or currently s that the National		
2a. Name of Employer			2b. Address(es) of	fEstablishment(s) involved	(Street and number,	city, state, ZIP c	ode)		
United Foods & Commercia		cal 368A	2404 W. Bank			D 83705				
3a. Employer Representative - I John Caldwell			3b. Address (If san Same							
3c. Tel. No. (208) 367-9307	3d. Fax No. (208) 363-0	624	3e. Cell No.		3f. E-Mail	Address Il@ufcw368A.org				
4a. Type of Establishment (Factor			1			al product or service	71.5.5			
Labor Union	<i>y, millo, millio</i>				Labor U					
5a. Description of Unit Involved								nd State where unit		
Included:			A /Office Chaff	0 Dusiness	D		Boise, I	Contraction of the second s		
United Food & Comme	rcial vvorke	rs Local 368	A (Office Staff	& Business	Repres	entatives)		Gano		
Excluded:							1.00			
6. No. of Employees in Unit 4			er (30% or more) of t representative?		the unit no	o longer wish to be re	presented by the	e certified or currently		
8a. Name of Recognized or Certif						8b. Affiliation, if any				
Teamsters Local 483 &	983 (Jessi	ca Prather)								
8c. Address				8d. Tel. No.		8e. Cell No.				
456 North Arthur				208232681						
Pocatello, ID 83204						8g. E-Mail Address	E-Mail Address ather@teamsterslocal983.com			
9. Date of Recognition or Certifica	tion		10 Expiration Dat	2082347242		t Contract, if any (Mo		om		
December 14, 2018	luon		10. Expliation Date	e of Current or M	ost Recen	Contract, if any (Mo	nin, Day, Year)			
11a. Is there now a strike or picke	ating at the Empl	over's establishm	ent(s) involved?	Yes X No	11h If so	approximately how m		are naticinatina?		
11c. The Employer has been pick					110.11 30,	approximately not in	any employees	a labor organization, o		
(Insert Address)						sinc	e (Month, Day, Y			
12. Organizations or individuals o	ther those name	d in items 8 and 1	11c, which have claim	ned recognition as	s represen					
and individuals known to have 12a, Name	a representativ		employees in the unit		15 above. 12c. Tel. N		12d. Fax No.			
iza. Hame	120. 744	1033			120, 101, 1		120. 1 84 110,			
				-	12e. Cell N	10.	12f. E-Mail Add	ress		
 Election Details: If the NLRE matter, state your position with 					13a. Electi	on Type: 🔀 Manual	Mail [Mixed Manual/Mail		
13b. Election Date(s)		13c. Election T			13d. Election Location(s) 2404 W. Bank Dr., Suite 103, Boise, ID 83705					
		8:00 a.m.	- 4:00 p.m.		2404 V	V. Bank Dr., Su	ite 103, Boi	se, ID 83705		
14. Full Name of Petitioner (b) (6), (b) (7)(C)										
14a. Address (Street and number	, city, state, ZIP	code)			14b. Tel. M	(o. b) (7)(C)	14c. Fax No. (b) (6), (b) (7	()(C)		
(b) (6), (b) (7)(C)										
	60 C				14d. Cell M	10.	14e. E-Mail Add (b) (6). (b) (7)(C)		
14f. Affiliation, if any Employee	1		10				(0) (0), (
15. Representative of the Petitic	oner who will a	ccept service of a	all papers for purpo	ses of the repre	sentation	proceeding.				
15a. Name	1100.0				15b.Title					
							Sec. 1997			
15c. Address (Street and number,	city, state, ZIP	code)			15d. Tel. N	lo.	15e. Fax No.			
					15f Coll M		the E Mail And			
					15f. Cell N		15g. E-Mail Add	1622		
I declare that I have read the ab	ove petition ar	(b) (6), (b) (7	(C) the	best of my know	wiedge ar	nd belief.		- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1		
Name (Print)						(6), (b) (7)(C)		Date Filed		
(b) (6), (b) (7)(C)								Jea 24, 2020		
	TATEMENTS	IN THIS PETITION	N CAN BE PUNISHE PRIVACY AC	D BY FINE AND		MILLIN (0.0. 000L	,, SEC	TION 1001)		

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef 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. 7494243 (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.