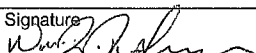


UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-244645	Date Filed 7/10/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Sterling Crane		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9351 Grant Street, Suite # 250 Thornton, CO 80229	
3a. Employer Representative - Name and Title Arnold Mabee, President N.A.		3b. Address (If same as 2b - state same)	
3c. Tel. No. (303) 548-9285	3d. Cell No.	3e. Fax No.	3f. E-Mail Address amabee@sterlingcrane.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Equipment Provider		4b. Principal product or service Crane Rentals	5a. City and State where unit is located: Thornton, CO
5b. Description of Unit Involved Included: All Sterling Crane employees performing work in the State of Wyoming Excluded: Employees excluded under the Act.			6a. No. of Employees in Unit: ~35 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address N/A	
8c. Tel No. N/A	8d Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? <u>N/A</u> (Name of labor organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u>			
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 N/A		10b. Address N/A	
10c. Tel. No. N/A		10d. Cell No. N/A	
10e. Fax No. N/A		10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): As soon as possible		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers Local 800		12b. Address (street and number, city, state, and ZIP code) 4925 Wardwell Industrial Ave, Bar Nunn, WY 82601	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) International Union of Operating Engineers, AFL-CIO			
12d. Tel No. (307) 265-1397	12e. Cell No.	12f. Fax No.	12g. E-Mail Address iuoe800bm@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title William R. Reinken		13b. Address (street and number, city, state, and ZIP code) 8085 East Prentice Avenue, Greenwood Village, CO 80111	
13c. Tel No. (303) 721-7399	13d. Cell No.	13e. Fax No. (720) 528-1220	13f. E-Mail Address will@rosenblattgosch.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) William R. Reinken	Signature 	Title Attorney for Petitioner IUOE 800	Date 7-10-2019

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

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-244857	Date Filed 7-15-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Aurora Littleton UniServ Unit		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2851 S. Parker Road, Aurora, CO 80014	
3a. Employer Representative - Name and Title: Amanda Crosby		3b. Address (if same as 2b - state same): SAME	

3c. Tel. No. 303-696-6265	3d. Cell No.	3e. Fax No.	3f. E-Mail Address acrosby@coloradoea.org
4a. Type of Establishment (Factory, mine, wholesaler, etc) Labor Organization		4b. Principal Product or Service Labor Organization	
5a. City and State where unit is located: Aurora, CO			5b. Description of Unit Involved: Included: All staff, including Program Assistant and UniServ Director Excluded: None

6a. Number of Employees in Unit: 3		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 6/4/2019 and Employer declined recognition on or about (Date) N/A (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) N/A	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Yes
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): Office is open Mon-Fri	11c. Election Time(s): 9am-4pm	11d. Election Location(s): Aurora Littleton UniServ Unit Office
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12a. Full Name of Petitioner (including local name and number): Allied Workers of Aurora Littleton	12b. Address (street and number, city, State and ZIP code): 2730 S. King Street, Denver, CO 80236
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Allied Workers of Aurora Littleton (Affiliated with CEASO and NSO)

12d. Tel. No. 3039463837	12e. Cell No.	12f. Fax No.	12g. E-Mail Address sara.fitouri@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Sara Fitouri, UniServ Director	13b. Address (street and number, city, State and ZIP code): 2730 S. King Street, Denver, CO 80236

13c. Tel. No. 303-946-3837	13d. Cell No.	13e. Fax No.	13f. E-Mail Address sara.fitouri@gmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Sara Fitouri	Signature /s/ Sara Fitouri	Title UniServ Director	Date 7/15/2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

DO NOT WRITE IN THIS SPACE

Case No.
27-RC-244857

Date Filed
7/12/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Aurora Littleton UniServ Unit	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2851 S. Parker Road, Aurora, CO 80014
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3a. Employer Representative - Name and Title: Amanda Crosby	3b. Address (if same as 2b - state same): SAME
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3c. Tel. No. 303-696-6265	3d. Cell No.	3e. Fax No.	3f. E-Mail Address acrosby@coloradocpa.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Labor Organization	4b. Principal Product or Service Labor Organization	5a. City and State where unit is located: Aurora, CO
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5b. Description of Unit Involved: Included: All staff, including Program Assistant and UniServ Director Excluded: None	6a. Number of Employees in Unit: 3
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 6/4/2019 and Employer declined recognition on or about (Date) N/A (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) N/A	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Yes
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): Office is open Mon-Fri	11c. Election Time(s): 9am-4pm	11d. Election Location(s): Aurora Littleton UniServ Unit Office
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12a. Full Name of Petitioner (including local name and number): Sara Fitouri	12b. Address (street and number, city, State and ZIP code): 2730 S. King Street, Denver, CO 80236
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Allied Workers of Aurora Littleton (Affiliated with CEASO and NSO)

12d. Tel. No. 3039463837	12e. Cell No.	12f. Fax No.	12g. E-Mail Address sara.fitouri@gmail.com
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13a. Name and Title: Sara Fitouri, UniServ Director	13b. Address (street and number, city, State and ZIP code): 2730 S. King Street, Denver, CO 80236
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13c. Tel. No. 303-946-3837	13d. Cell No.	13e. Fax No.	13f. E-Mail Address sara.fitouri@gmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Sara Fitouri	Signature /s/ Sara Fitouri	Title UniServ Director	Date 7/12/2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
27-RC-245039

Date Filed
7/17/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Reddaway		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4355 Buckingham Dr. CO Colorado Springs 80907-3759	
3a. Employer Representative - Name and Title Bill O'Neil		3b. Address (If same as 2b - state same) 4355 Buckingham Dr. CO Colorado Springs 80907-3759	
3c. Tel. No. (719) 534-0721	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service freight	5a. City and State where unit is located: Colorado Springs, CO

5b. Description of Unit Involved		6a. No. of Employees in Unit: 8
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/15/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): August 15, 2019	11c. Election Time(s): 0600-8:30am	11d. Election Location(s): 4355 Buckingham drive Colorado springs, Colorado 80907-0721

12a. Full Name of Petitioner (including local name and number) Edward Bagwell Edward Bagwell, President Teamsters Local 17	12b. Address (street and number, city, state, and ZIP code) 7010 Broadway #200 CO denver 80221-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (303) 433-6496	12e. Cell No. (303) 868-1712	12f. Fax No. (303) 433-5950	12g. E-Mail Address ebagwell@teamsterslocal17.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Edward Bagwell	Signature Edward Bagwell	Title President	Date 07/17/2019 10:44:10
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
All drivers

Employees Excluded
all other employees located at their 4355 Buckingham location.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-245022	Date Filed 7/17/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Meadow View Assisted Living and Memory	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5300 West 29th Street CO Greeley 80634-
---	--

3a. Employer Representative - Name and Title Bobbie Jo McCarley	3b. Address (If same as 2b - state same) 5300 West 29th Street CO Greeley 80634-
---	---

3c. Tel. No. (970) 353-6800	3d. Cell No.	3e. Fax No. (970) 576-7319	3f. E-Mail Address bobbie.jomccarley@legendseniorliving.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service Assisted Living Facility	5a. City and State where unit is located: Greeley, CO
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 40	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/17/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

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

11b. Election Date(s): August 7, 2019	11c. Election Time(s): 5:30a-9:00a; 2:30p-5:30p	11d. Election Location(s): TBD at Employer's Greeley facility
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12a. Full Name of Petitioner (including local name and number) Randy Tiffey United Food and Commercial Workers International Union, AFL-CIO, Local 7	12b. Address (street and number, city, state, and ZIP code) 7760 West 38th Avenue Suite 400 CO Wheat Ridge 80033-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union, AFL-CIO

12d. Tel No. (303) 425-0897	12e. Cell No.	12f. Fax No.	12g. E-Mail Address rtiffey@ufcw7.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Mathew Shechter McNamara & Shechter LLP	13b. Address (street and number, city, state, and ZIP code) 1888 Sherman Street CO Denver 80203-
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13c. Tel No. (303) 521-7010	13d. Cell No.	13e. Fax No.	13f. E-Mail Address mss@18thavelaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Randy Tiffey	Signature Randy Tiffey	Title Organizing Director	Date 07/17/2019 11:11:38
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All current full-time and regular part-time employees at the assisted living facility located at 5300 West 29th Street, Greeley, CO

Employees Excluded

Resident Director and Customer Service Associate, as well as guards, supervisors, managers, temporary and occasional employees as defined under the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-245461	Date Filed 7/25/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer WinCo Foods	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2390 Freight St. ID Boise 83716-
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3a. Employer Representative - Name and Title Scott Quest	3b. Address (If same as 2b - state same) 2390 Freight St. ID Boise 83716-
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3c. Tel. No. (208) 954-8272	3d. Cell No.	3e. Fax No. (208) 954-8282	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service Food Distribution	5a. City and State where unit is located: Boise, ID
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 192 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
EAC #91

10a. Name Mike Gallagher Chairman	10b. Address 2390 Freight St. ID Boise 83716-____	10c. Tel. No. (208) 954-8272	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address eac91boise@gmail.com

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 8/13/2019	11c. Election Time(s): as needed	11d. Election Location(s): Employers location at 2390 Freight St. Boise, ID 83716
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12a. Full Name of Petitioner (including local name and number) Darel T. Hardenbrook General Teamsters Warehousemen and Helpers Local 483	12b. Address (street and number, city, state, and ZIP code) 225 N. 16th St. Ste 112 ID Boise 83702-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (208) 343-5439	12e. Cell No. (208) 585-7761	12f. Fax No. (208) 343-7993	12g. E-Mail Address dhardenbrook@teamsters483.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Darel T. Hardenbrook	Signature Darel T. Hardenbrook	Title	Date 07/25/2019 08:22:55
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All part-time and full-time warehouse employees.

Employees Excluded

All others, to include those specifically excluded by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-245495	Date Filed 7/25/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Ameripride	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 251 NW 13th Pl. ID Meridian 83642-
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3a. Employer Representative - Name and Title Scott Barton	3b. Address (If same as 2b - state same) 251 NW 13th Pl. ID Meridian 83642-
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3c. Tel. No. (208) 733-6716	3d. Cell No. (208) 613-7186	3e. Fax No. (208) 377-1968	3f. E-Mail Address scott.barton@ameripride.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service Linen and Uniform Services	5a. City and State where unit is located: Meridian, ID
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 7
Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 8/08/2019	11c. Election Time(s): As needed	11d. Election Location(s): The employers address at 251 NW 13th Pl. Meridian, ID 83642
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12a. Full Name of Petitioner (including local name and number) REBECCA JEAN GIBSON General Teamsters Warehousemen and Helpers	12b. Address (street and number, city, state, and ZIP code) 225 N. 16th St. Ste 112 ID Boise 83702-
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (208) 343-5439	12e. Cell No. (208) 921-0686	12f. Fax No. (208) 343-7993	12g. E-Mail Address rgibson@teamsters483.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) REBECCA JEAN GIBSON	Signature Rebecca Jean Gibson	Title Recording Secretary	Date 07/25/2019 10:18:51
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
All regular part-time and full-time CSR/RSRs (drivers)

Employees Excluded
Those excluded by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
27-RC-245080

Date Filed
7/17/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer WinCo Foods		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2390 Freight St. ID Boise 83716-	
3a. Employer Representative - Name and Title Scott Quest		3b. Address (If same as 2b - state same) 2390 Freight St. ID Boise 83716-	
3c. Tel. No. (208) 954-8272	3d. Cell No.	3e. Fax No. (208) 954-8282	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Food Distribution	5a. City and State where unit is located: Boise, ID

5b. Description of Unit Involved		6a. No. of Employees in Unit: 192
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
EAC #91

10a. Name Mike Gallagher EAC Chairman	10b. Address 2390 Freight St. ID Boise 83716-____	10c. Tel. No. (208) 954-8272	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 08/07/2019	11c. Election Time(s): As needed	11d. Election Location(s): Employers Location at 2390 Freight St. Boise, Id 83716	

12a. Full Name of Petitioner (including local name and number) Darel T. Hardenbrook General Teamsters Warehousemen and Helpers Local Union 483		12b. Address (street and number, city, state, and ZIP code) 225 N. 16th St. Ste 112 ID Boise 83702-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			

12d. Tel No. (208) 343-5439	12e. Cell No. (208) 585-7761	12f. Fax No. (208) 343-7993	12g. E-Mail Address dhardbrook@teamsters483.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Darel T. Hardenbrook	Signature Darel T. Hardenbrook	Title VP Teamsters Local 483	Date 07/17/2019 08:05:36
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All part-time and full-time warehouse employees.

Employees Excluded

All others, to include those specifically excluded by the Act.