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.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 employer or any other party.

of service showing service on t (Form NLRB-505); and (3) Desc	ription of Rep	resentation Cas	se Procedures (Form NL					
with the NLRB and should not k 1. PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	-CERTIFICATIO	N OF REPRESENT	ATIVE - A substantial number	r of employees wish to Petitioner alleges tha	be represented	for purposes of collective		
requests that the National Labor R		proceed under its	proper authority pursuant to	o Section 9 of the Nat	ional Labor Re	elations Act.		
2a. Name of Employer Sterling Crane		l l	. Address(es) of Establishmer 51 Grant Street, Suite #	, ,		, State, ZIP code)		
3a. Employer Representative – Name Arnold Mabee, President N.A.	and Title		3b. Address (If same a	3b. Address (If same as 2b – state same)				
3c. Tel. No. (303) 548-9285			3e. Fax No.		3f. E-Mail Addr amabee@st	ress terlingcrane.com		
4a. Type of Establishment (Factory, min Construction Equipment Provid		fc.) 4b. Principal Crane Rer	product or service itals	•	5a. City a Thornto	and State where unit is located: on, CO		
or .						6a. No. of Employees in Unit:		
Included: All Sterling Crane employees performing work in the State of Wyoming Excluded: Employees excluded under the Act. Employees excluded under the Act.								
	(Da	ite) (If no reply rece	entative was made on (Date) _ vived, so state). g Representative and desires		. ,	lined recognition on or about		
8a. Name of Recognized or Certified				certification under the	ACL.	· · · · · · · · · · · · · · · · · · ·		
None			N/A					
8c. Tel No. 8d Cell No. N/A N/A		•	8e. Fax No. N/A	1	8f. E-Mail Address N/A			
8g. Affiliation, if any			8h. Date of Recognition o		•	Date of Current or Most Recent		
N/A			N/A	Contract, if any (<i>Month, Day, Year</i>) N/A				
9. Is there now a strike or picketing at the	e Employer's es			kimately how many em		rticipating? N/A		
(Name of labor organization) N/A			picketed the Employer since (· · · · · · · · · · · · · · · · · · ·		
Organizations or individuals other the known to have a representative interest None					esentatives and	d other organizations and individuals		
10a. Name		. Address		10c. Tel. No. N/A		10d. Cell No. N/A		
N/A	N	/A		10e. Fax No. N/A		10f. E-Mail Address N/A		
11. Election Details: If the NLRB cond any such election.	ucts an election	in this matter, state	your position with respect to	11a. Election Type:	Manual	✓ Mail Mixed Manual/Mail		
11b. Election Date(s): As soon as possible	11	c. Election Time(s):		11d. Election Location	11d. Election Location(s):			
12a. Full Name of Petitioner (includin International Union of Operating Engir		d number)		12b. Address (street 4925 Wardwell Indu		city, state, and ZIP code) Nunn, WY 82601		
12c. Full name of national or internation International Union of Operating Engin		tion of which Petitio	ner is an affiliate or constituer	nt (if none, so state)				
12d. Tel No. (307) 265-1397	12e. Cell N	lo.	12f. Fax No.	l l	12g. E-Mail Ad uoe800bm@g			
13. Representative of the Petitioner w	ho will accept :	service of all paper	s for purposes of the repres	sentation proceeding	•			
13a. Name and Title William R	13b. Address (street and 8085 East Prentice Avenue,							
13c. Tel No. (303) 721-7399	13d. Cell N	lo.	13e. Fax No. (720) 528-1220	13e. Fax No. 13f. E-Mail Address				
I declare that I have read the above p	etition and that	the statements are	true to the best of my know	vledge and belief.				
Name <i>(Print)</i> William R. Reinken	Signature . K	Show	Title Attorney for Petitioner I	UOE 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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD FIRST AMENDED RC PETITION

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

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition must i named in the pe	be accompan tition of: (1) t	ied by bo he petitioi	th a sh n; (2) S	owing of interest (se tatement of Position	e 6b below) form (Form	ano NLI	l a certificati RB-505); and	e of servic f (3) Desci	e showi ription o	ing sei of Repi	rvice on resentation
PURPOSE OF THIS PETITION: F bargaining by Pelitioner and Peliti requests that the National Labo	oner desires to be	certified as re	epresentati	ve of th	ie employees. The Pe	titioner alle	ges :	that the follo	wing circ	umstan	ces ex	
2a. Name of Employer:		2t	. Address	es) of	Establishment(s) invol	ved (Street a	ind r	number, City,	State, ZIP	code):		
Aurora Littleton UniServ	Unit	2	851 S. I	Parke	er Road, Aurora	, CO 800	14					
3a. Employer Representative - Nan	ne and Title:	31:	. Address	(if sam	e as 2b - state same):							· · · ·
Amanda Crosby		S	AME									
3c. Tel. No.	3d, Cell No.		3e.	Fax No		3f. E-M	ail A	ddress	·	, .—		
303-696-6265						acros	by	@colorac	loea.org	2		
4a. Type of Establishment (Factory, i	nine, wholesaler, e	etc)	- 1		al Product or Service			5a. City and	State who	ere unit i	is locat	led:
Labor Organization			La	bor (Organization			Aurora, C	Ö			
5b. Description of Unit Involved:								6a. Number	r of Employ	ees in l	Unit:	
Included:	Assistant	and Unic	ora Dire	ator				3				
All staff, including Progra	un Assisian	and Ome	erv Dire	ector				6b. Do a su	hetantial n	umbor (30% or	moral
None								of the er	mployees it	n the un	il wisn	to be
Check One: 🔀 7a. Request for rec	ognition as Barnai	nina Represer	nlalive was	made	on (Date) 6/4	/2019	and	represe	nted by the			Yes No
on or about (Date)	N/A		eply receiv					- Lp.o, o. L		~g	•	
. D 7b. Petitioner is cui			· · · · · · · · · · · · · · · · · · ·			n under the A	ict.		······			
Ba. Name of Recognized or Certific	ed Bargaining Age	ent (if none, s	o state)	8b. Ad	dress:							
N/A												
	pate patiette de la company			<u> </u>		12.54						
8c. Tel. No.	8d. Cell No.		8e.	Fax No).	8f. E-M	ail A	ddress				,
8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)												
9. Is there now a strike or picketing a	the Employer's e	stablishment/s	involved	2 No	If so, approx	imately how	man	v employees	are partici	ipating?		
(Name of Labor Organization)	rate chiproye. 5 c.	3000mm	,,	. 140	,, 00, 00	•		the Employe	•		v Vea	<u></u>
10. Organizations or individuals other	than Petitioner ar	d those name	ed in items	Pand 9	which have claimed			<u> </u>	<u> </u>			
individuals known to have a repre									3 Grid Curc	. Organie	ZDUONS	Gr.G
10a. Name	10b. /	Address			, <u>.</u> .	10c. Te	I. No).	10d, Cell N	NO.		
	1.22											
				11			10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB co.	nducts and election	n in this matte	r state voi	ir posit	ion with respect to any	v such electio		11a Election	Tyne:			
Yes	nddw wid cicello	THE UND THOSE	it, Diate you	a posi	ion vini respect to any	, oboli biooni		X Manua		I 🗆 N	Mixed I	Manual/Mail
11b. Election Date(s):	11c E	lection Time(s):		<u> </u>	11d. El	ectio	n Location(s				
Office is open Mon-Fri		ı-4pm	-,-			ł.		Littleton	•	v Unit	t Offi	ice
12a. Full Name of Petitioner (includ				·	12b. Address (street							
Allied Workers of Au	ırora Littleto	on			2730 S. King S	Street, De	env	er, CO 80	0236			
12c. Full name of national or internat	ional labor omaniz	a ion of which	Petitioner	is an a	ffiliate or constituent //	if none, so st	ate	•				
Allied Workers of Aurora						, 55 5.						1
12d. Tel. No.	12e. Cell No.			Fax N		12a, E-	Mail	Address				
3039463837						, -		uri@gma	ail.com			
13. Representative of the Petitione	r who will accept	service of al	papers fo	or purp	oses of the represer							
13a. Name and Title: 13b. Address (street and number, city, State and ZIP code):												
Sara Fitouri, UniServ Direct	or		27	30 S.	King Street, Den	iver, CO 8	023	36				
13c. Tel. No.	13d. Cell No.		13e	. Fax N	lo.	1		Address				
303-946-3837								uri@gma	il.com			
I declare that I have read the above	petition and tha		nts are tru	ie to th	e best of m y knowle	,	ief.					7-4- (65)
Name (Print)		Signature	(Eitarri	Sal	(0)	Title	, D] 1	Date 15 602
Sara Fitouri		/s/ Sara l	r HOUIT	7		UniServ	יע	nccioi				7/3/2/2019

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-244857	Date Filed 7/12/2019					

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.

Case Procedures (Form NLRB 48											
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Laboratory	tioner desires to be	certified as re	presentative	e of th	e employees. The Pe	titioner all	eges that	the foll	owing circumstan		
2a. Name of Employer:		2b	. Address(e	es) of E	Establishment(s) invol	ved (Street	and numl	ber, City	, State, ZIP code):		_
Aurora Littleton UniServ	Unit	2	851 S. P	arke	er Road, Aurora	, CO 80	014		,		
3a. Employer Representative - Nar	me and Title:	3b	. Address (i	if sam	e as 2b - state same):						_
Amanda Crosby		S	AME								
3c. Tel. No.	3d. Cell No.		3e. F	ax No	l.		Mail Addre				_
303-696-6265						acro			doea.org		
4a. Type of Establishment (Factory, Labor Organization	mine, wholesaler, e	etc.)			al Product or Service Organization			. City an urora, (d State where unit i ${ m CO}$	s located:	
5b. Description of Unit Involved:			I				6a	. Numbe	er of Employees in U	Jnit:	_
Included: All staff, including Progra	am Assistant	and UniSe	erv Dire	ctor			3	D	halas Calas salas (200/	
Excluded: None								of the e	ubstantial number (3 employees in the un ented by the Petition	it wish to be ner? × Yes	0
Check One: 7a. Request for reconnection on or about (Date) 7b. Petitioner is cu	N/A	(if no re	ply receive	d, so s		/2019 n under the	-	nployer	declined recognition		
8a. Name of Recognized or Certific				3b. Ad			, 101.				_
N/A											
8c. Tel. No. 8d. Cell No.			8e. F	8e. Fax No.			8f. E-Mail Address				
8g. Affiliation, if any:	1		8h. Date	e of Re	ecognition or Certificat				urrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	at the Employer's e	stablishment(s) involved?	No	▼ If so, approx	imately hov	w many er	nployee	s are participating?		_
(Name of Labor Organization)					<u> </u>	, has pic	keted the	Employ	er since (Month, Da	y, Year)	_
Organizations or individuals other individuals known to have a representation.									es and other organiz	zations and	_
10a. Name	10b. A	Address				10c. T	el. No.		10d. Cell No.		_
						10e. F	ax No.		10f. E-Mail Addres	S	_
11. Election Details: If the NLRB $\cos Yes$	onducts and election	n in this matte	r, state your	r positi	ion with respect to any	y such elect		. Election		lixed Manual/Mail	
11b. Election Date(s):	11c. E	Election Time(s	s):			11d. E	lection Lo				_
Office is open Mon-Fri		n-4pm							UniServ Unit	Office	
12a. Full Name of Petitioner (include Sara Fitouri	ding local name and	d number):			12b. Address (street 2730 S. King S				,		
12c. Full name of national or international						if none, so	state):				_
Allied Workers of Aurora		ffiliated w									
12d. Tel. No. 3039463837	12e. Cell No.			Fax No		sara			ail.com		
13. Representative of the Petitione 13a. Name and Title:	er who will accept	service of all			oses of the represer ss (street and number			code).			
Sara Fitouri, UniServ Direct	tor				King Street, Den			code).			
13c. Tel. No. 303-946-3837	13d. Cell No.		13e.	Fax N	0.		-Mail Add .fitouri		ail.com		
I declare that I have read the abov	e petition and tha	t the stateme	nts are true	e to th	e best of my knowle			.,			_
Name (Print)		Signature				Title	Г.	,		Date 7/10/2016	
Sara Fitouri /s/ Sara			Fitouri U			UniServ Director				7/12/2019	,

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.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) 4355 Buckingham Dr. S Buckingnam Dr. <u>Colorado Springs 80907-3759</u> 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 4355 Buckingham Dr. CO Colorado Springs 80907-3759 Rill O'Neil 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (719) 534-0721 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Colorado Springs, CO freiaht 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 07/15/2019 (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 8q. 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? (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 11a. Election Type: Manual Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): August 15, 2019 4355 Buckingham drive Colorado springs, Colorado 80907-0721 0600-8:30am 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Edward Bagwell, President Teamsters Local 17 7010 Broadway #200 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhhod of Teamsters 12g. E-Mail Address ebagwell@teamsterslocal17.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (303) 868-1712 (303) 433-5950 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) Signature Title Date Edward Bagwell President 07/17/2019 10:44:10 **Edward Bagwell**

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

D	O NOT WRITE	IN THIS SPACE	
Case		Date Filed	

Employees Included All drivers

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

RC PETITION

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

in which the employer concerns of service showing service on t (Form NLRB-505); and (3) Desc with the NLRB and should not be	he employe ription of Re be served or	r and all other pa epresentation Ca n the employer o	arties se P r any	s named in the petitic Procedures (Form NLI y other party.	on of: (1) the petit RB 4812). The sh	tion; (2) St nowing of	atement of Position form interest should only be filed		
1. PURPOSE OF THIS PETITION: RC									
bargaining by Petitioner and Petition requests that the National Labor R									
2a. Name of Employer		2t		dress(es) of Establishment	t(s) involved (Street a	and number,	city, State, ZIP code)		
Meadow View Assisted Living and Memo	-		53 CC	00 West 29th Street O Greeley 80634-					
3a. Employer Representative – Name	and Title			3b. Address (If same as					
Bobbie Jo McCarley				5300 West 29th St CO Greeley 80634	1				
3c. Tel. No.	3d. Cell	No.							
(970) 353-6800	aa whalaaalar	ota) 4h Drinaina	lnroo	(970) 576-7319			carley@legendseniorliving.com		
4a. Type of Establishment (Factory, min Healthcare Facilities		etc.) 4b. Principa	ıı proc	duct or service	lity.	5a. C	ity and State where unit is located:		
5b. Description of Unit Involved				Assisted Living Facil	iity		Greeley, CO 6a. No. of Employees in Unit:		
							40		
Included: See Attached Page 2 for ad	ditional details						6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for ad	ditional details						or more) of the employees in the unit wish to be represented by the Petitioner? Yes [v] No []		
Check One: 7a. Request for				tive was made on (Date) 0		d Employer o	declined recognition on or about		
				d, so state). No reply recei					
				epresentative and desires	certification under the	Act.			
8a. Name of Recognized or Certified	Bargaining Ag	gent (<i>It none, so sta</i>	ite).	8b. Address					
8c. Tel No.	8d Cell N	No.		8e. Fax No.		8f. E-Mail A	ddress		
8g. Affiliation, if any	L					8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	ne Employer's e	establishment(s) invo	lved?	No If so, approx	imately how many en	nployees are	participating?		
(Name of labor organization)		, has	picke	eted the Employer since (I	Month, Day, Year)		·		
10. Organizations or individuals other the known to have a representative interest						resentatives	and other organizations and individuals		
10a. Name	10	0b. Address			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB cond any such election. 		·		r position with respect to	11a. Election Type		I Mail Mixed Manual/Mail		
11b. Election Date(s): August 7, 2019	5	11c. Election Time(s) 5:30a-9:00a; 2:30p-5:	,	11d. Election Location(s): TBD at Employer's Greele			eley facility		
12a. Full Name of Petitioner (includir Randy Tiffey United Food and Commercial Workers Internati	ional Union, AFL-	·CIO, Local 7			7760 West 38th Ave CO Wheat Ridge 80		er, city, state, and ZIP code)		
12c. Full name of national or internation United Food and Commercial Workers In			oner i	is an affiliate or constituen	t (if none, so state)				
12d. Tel No. (303) 425-0897	12e. Cell	l No.		12f. Fax No.		12g. E-Mail rtiffey@ufcv			
13. Representative of the Petitioner v 13a. Name and Title Mathew Shechter McNamara & Shechter LLP			ers fo	13b. Address (street and 1888 Sherman Street CO Denver 80203-		and ZIP code	,		
13c. Tel No. (303) 521-7010	13d. Cell	l No.		13e. Fax No.		13f. E-Mail mss@18tha			
I declare that I have read the above p	etition and tha	at the statements ar	re tru	e to the best of my know	ledge and belief.				
Name (Print)	Signature			Title		Date			
Randy Tiffey	Randy Tiffey	INO DETITION OF THE	DE 5	Organizing Director		07/17/2	019 11:11:38		

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

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

DO NOT WRI	TE 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.

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.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) 2390 Freight St. ID Boise 83716-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2390 Freight St ID Boise 83716 Scott Quest 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (208) 954-8272 (208) 954-8282 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Distribution Boise, ID 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (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 8q. 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) FAC #91 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. (208) 954-8272 2390 Freight St. Mike Gallagher 10e. Fax No. 10f. E-Mail Address ID Boise 83716eac91boise@gmail.com 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. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8/13/2019 Employers location at 2390 Freight St. Boise, ID 83716 as needed 12b. Address (street and number, city, state, and ZIP code)
225 N. 16th St. Ste 112
ID Boise 83702-12a, Full Name of Petitioner (including local name and number) Darel T. Hardenbrook General Teamsters Warehousemen and Helpers Local 483 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 12g. E-Mail Address dhardenbrook@teamsters483.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (208) 585-7761 (208) 343-7993 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) Signature Title Date Darel T. Hardenbrook 07/25/2019 08:22:55 Darel T. Hardenbrook

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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Employees Included

All part-time and full-time warehouse employees.

Employees Excluded

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

RC PETITION

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Case No.	Date Filed	
27-RC-245495	7/25/2019	

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) 251 NW 13th Pl. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 251 NW 13th Pl. ID Meridian 83642 Scott Barton 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address scott.barton@ameripride.com (208) 733-6716 (208) 613-7186 (208) 377-1968 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Linen and Uniform Services Meridian, ID 5b. Description of Unit Involved 6a. No. of Employees in Unit: 7 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (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 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) _ , has picketed the Employer since (Month, Day, Year) _ 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual

Mail

Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8/08/2019 The employers address at 251 NW 13th Pl. Meridian, ID 83642 As needed 12b. Address (street and number, city, state, and ZIP code) 225 N. 16th St. Ste 112 ID Roise 83702. 12a. Full Name of Petitioner (including local name and number) REBECCA JEAN GIBSON General Teamsters Warehousemen and Helpers 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 12g. E-Mail Address rgibson@teamsters483.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (208) 921-0686 (208) 343-7993 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) Signature Date Rebecca Jean Gibson Recording Secretary REBECCA JEAN GIBSON 07/25/2019 10:18:51

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

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PRIVACY ACT STATEMENT

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

Employees Excluded Those excluded by the Act.

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
27-RC-245080	7/17/2019	

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. 2a. Name of Employer 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 3b. Address (If same as 2b - state same) 2390 Freight St ID Boise 83716 Scott Quest 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (208) 954-8272 (208) 954-8282 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Distribution Boise, ID 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (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 8q. 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) FAC #91 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. (208) 954-8272 2390 Freight St. Mike Gallagher 10e. Fax No. 10f. E-Mail Address ID Boise 83716-11. 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. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 08/07/2019 Employers Location at 2390 Freight St. Boise, Id 83716 As needed 12b. Address (street and number, city, state, and ZIP code)
225 N. 16th St. Ste 112
ID Boise 83702-12a, Full Name of Petitioner (including local name and number) Darel T. Hardenbrook General Teamsters Warehousemen and Helpers Local Union 483 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 12g. E-Mail Address dhardenbrook@teamsters483.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (208) 585-7761 (208) 343-7993 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) Signature Title Date Darel T. Hardenbrook VP Teamsters Local 483 07/17/2019 08:05:36 Darel T. Hardenbrook

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PRIVACY ACT STATEMENT

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Employees Excluded

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