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

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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
27-RC-242988	6/10/2019					

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accomp named in the petition of: (	anied by	y both a sh titlon; (2) S	owing of inte tatement of i	erest (see 6b Position form	below) and n (Form NL	l a certificat RB-505): an	e of service : d (3) Descrip	showing so	ervice on presentation			
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be certified a	s represe	ntative of th	e employees	The Petition	ner alleges	that the follo	owing circun	nstances e	llective xist and			
2a. Name of Employer: 2b. Address(es) of Establishment(s) involved						Street and r	number, City	State, ZIP co	ode):				
Global Management Serv	W. 61	V. 6th Ave. and Kipling St. Lakewood, CO 80225 Building #45 GMS											
3a. Employer Representative - Name and Title: 3b. Add				Address (if same as 2b - state same):									
Krystal Nelson-COO		C Street, Suite 400 Anchorage, AK 99503											
3c. Tel. No.	3d. Cell No.		3e. Fax No	) <b>.</b>		3f. E-Mail Address							
907-563-3788	07-563-3788			907-334-8315			hr@beringstraits.com						
4a. Type of Establishment (Factory, I	mine, wholesaler, etc.)		4b. Principal Product or Service			5a. City and State where unit is located:							
Service Provider			Facility	Mainten	ance	Lakewood,CO							
5b. Description of Unit Involved:							6a. Numbe	r of Employee	es in Unit:				
Included:	7.1	<b>.</b>					8						
All Full-Time Grounds M	lantenace, Laborers,	Iracto	r and Ec	uipment	Operator	S							
Excluded: All Management and Supervisors as defined in the Act						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes							
Check One: X 7a. Request for reconnection on or about (Date)			was made ceived, so s	• •	6/7/19	and	d Employer o	leclined recog	Inition				
<u> </u>	mently recognized as Bargain		-	•	rtification und	der the Act.							
8a. Name of Recognized or Certific	<u> </u>												
None													
8c. Tel. No.	8d. Cell No.	8e. Fax No.				8f. E-Mail Address							
8g. Affiliation, if any:								on Date of Current or Most ntract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a	t the Employer's establishme	nt(s) invo	tved? No	₩ If so	, approximat	ely how mar	y employee:	s are participa	iting?				
(Name of Labor Organization)	·			h-mil.	.1	nas picketed	the Employe	er since (Mon	th, Day, Ye	ar)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)													
None													
10a. Name	10b. Address	Address				10c. Tel. No	Э.	10d. Cell No	3d. Cell No.				
					ŀ	10e. Fax No.		10f. E-Mail Address					
						,							
11. Election Details: If the NLRB co.	nducts and election in this ma	atter, stat	e your posit	ion with resp	ect to any suc	h election:	11a. Election			44 - 4/9 4 - 11			
	<del> </del>				,	Manual Mail Mixed Manual/Mail							
11b. Election Date(s):		11c. Election Time(s):					11d. Election Location(s): Building #45						
6/24/19	12 Noon-11			405 444	. /			71D codel:					
12a. Full Name of Petitioner (including local name and number):12b. Address (street and number, city, State and ZIP code):International Union of Operating Engineers Local 12200 E. 104th Ave. Suite # 260 Thornton, CO 80233													
12c. Full name of national or international AFL-CIO	ional labor organization of wh	ich Petiti	oner is an a	ffiliate or con	stituent (if noi	ne, so state)	:	<del></del>					
12d. Tel. No.	12e. Cell No.		12f. Fax N	D.		12g. E-Mail	Address						
303-433-8482	303-915-3396		303-43	3-4108		scott@i	uoelocal	1.org					
13. Representative of the Petitione	r who will accept service of	ali pape											
13a. Name and Title: Scott Hanshaw-Organizer	NLR8,	13b. Address (street and number, city, State and ZIP code):  UE C 2200 5 104th Ave. Suite #260 Thornton, CO 80233											
40a Tal Na			13e. Fax N			13f, E-Mail							
13c. Tel. No. 303-433-8482	13d. Cell No. 303-915-3396 77./	· 4	303-43		1		uoelocal	1.org					
1 declare that I have read the above				• •	knowledge								
Name (Print)	Signator			. 7	Title					Date			
Scott Hanshaw	<u>  ₹.C</u>	7	KIN	Blu	Or	ganizer				6/7/19			

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

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

Case No. 27-RC-243647 Date Filed 6/20/2019

DO NOT WRITE IN THIS SPACE

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 NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB-505); and (3) Description of Representation

the employer and all other pa Case Procedures (Form NLRE	rties named in the	e petition of: (1) the	petition: (2	2) Statement of Position	n form (Form	NIR	B-505): at	nd (3) Descr	rintion	n of Ren	resentation		
PURPOSE OF THIS PETITION     bargaining by Petitioner and Period Pe	Petitioner desires t	o be certified as rep	resentative of	of the employees. The F	etitioner alle	ges t	hat the fol	llowing circ	umsta	ances ex	ective cist and		
2a. Name of Employer: 2b.				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8232 E Park Meadow Dr. Lone Tree Colorado 80124									
3a. Employer Representative - Heather Treat	3b. Address (if same as 2b - state same): same												
3c. Tel. No.	3d. Cell No.		3e. Fax	No.	3f. E-Ma	ail Ad	dress						
303-649-9344			000 010 0010				ockymountainjanitorial.com						
4a. Type of Establishment (Factor Office	a. Type of Establishment (Factory, mine, wholesaler, etc.) Office				4b. Principal Product or Service 5a. City and Janitorial Lakewood					d State where unit is located:			
5b. Description of Unit Involved	d:					$\dashv$		er of Employ		Unit:			
Included:							6						
all janitorial and leads  Excluded:						L							
Clerical, supervisors, as de							of the	substantial nu employees in ented by the	the u	unit wish	to be		
Check One: X 7a. Request for on or about (Da	te)	(If no repl	y received, s	so state).	0/2019			declined reco					
8a. Name of Recognized or Cer	tified Bargaining	Agent (If none, so s	tate) 8b.	e and desires certification Address:	on under the A	ct.							
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 picketin	g at the Employer	s establishment(s) in	volved?	If so, appro	ximately how r	nany	emplovee	s are particip	ating	?			
(Name of Labor Organization)			_					er since (Moi			)		
Organizations or individuals or individuals known to have a re	ther than Petitione presentative interes	r and those named i	n items 8 an	d 9, which have claimed	d recognition a	s rep	resentative						
10a. Name		b. Address			10c. Tel. No. 10d.				d. Cell No.				
	Tob. Address												
					10e. Fax		E-Mail Address						
11. Election Details: If the NLRB	conducts and elec	tion in this matter, s	tate your po	sition with respect to an	y such election		a. Election Manua	_	П	Mixed M	lanual/Mail		
11b. Election Date(s):	11	c. Election Time(s):			ction	on Location(s):							
12a. Full Name of Petitioner (inc Operating Engineers Loca		and number):		12b. Address (street									
operating Engineers Loca				2200 e 104th av	e Unit 206	ino	rnton Co	olorado 80	1233				
12c. Full name of national or intern International Union of Opera			titioner is an	affiliate or constituent (	if none, so sta	te):							
12d. Tel. No.	12e. Cell No.		12f. Fax	No.	12g. E-M	ail Ac	dress						
303-433-8482	720-272-82		303-43	3-4108	john@i	uoel	ocal1.org	1					
13. Representative of the Petitio	ner who will acce	pt service of all pa											
13a. Name and Title: John Sutton Orgainzer				ress (street and number 104th ave Unit 20				0233					
13c. Tel. No.	13d. Cell No.		13e. Fax	No	13f. E-Ma	il A di	drage						
303-433-8482	720-272-822	21	303-43			oress ocal1.org	1						
declare that I have read the abo							34.1.019	,					
Name (Print)		Signature	PA	-	Title					Da	ate		
John Sutton		100	1000		Organizer					6	/20/19		

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.