

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-237284	Date Filed 3/7/2019

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 MAGELLAN HEALTHCARE, INC.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment
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3a. Employer Representative - Name and Title Michael Francisco, Human Resources Business Consultant	3b. Address (If same as 2b - state same) 14100 Magellan Plaza Maryland Heights, MO 63043-4644
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3c. Tel. No. 571-403-3760	3d. Cell No.	3e. Fax No.	3f. E-Mail Address franciscom@magellanhealth.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Various, CO see attachment
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5b. Description of Unit Involved Included: All full-time and regular part time Military Family Life Counselor (MFLC) employees known as Special Professional Associates employed by the Company and performing work on the MFLC III Program within the state of Colorado at Fort Carson, Peterson Air Force Base, US Air Force Academy, Buckley Air Force Base, and Shriever Air Force Base. Excluded: All other employees, managers, office clericals, guards, and supervisors as defined by the Act.	6a. No. of Employees in Unit: 43 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) By Petition 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? _____ 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): Ballots mailed March 19, 2019	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 620 Coolidge Drive, Suite 130, Folsom, CA 95630
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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 Association of Machinists and Aerospace Workers, AFL-CIO

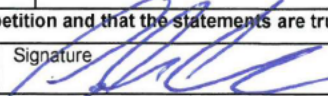
12d. Tel No. (916) 985-8101	12e. Cell No. (916) 597-6100	12f. Fax No. (916) 985-8121	12g. E-Mail Address mward@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David W. M. Fujimoto, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net dfujimoto@unioncounsel.net
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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) Caroline N. Cohen	Signature 	Title Attorney	Date March 7, 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 will cause the NLRB to decline to invoke its processes.

Attachment A

1. Fort Carson
6909 Titus Blvd
Fort Carson, CO 80913

2. Peterson Air Force Base
Platte Avenue & N Powers Blvd
Colorado Springs, CO 80916

3. US Air Force Academy
2304 Cadet Drive
Air Force Academy, CO 80840-0000

4. Buckley Air Force Base
18500 E 6th Ave
Aurora, CO 80011

5. Shriever Air Force Base
730 Irwin Ave # 83
Colorado Springs, CO 80912

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-237278	Date Filed 3/7/2019

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 Spectrum Healthcare Resources	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6909 Titus Blvd, Fort Carson, CO 80913
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3a. Employer Representative - Name and Title Rachel Hearn Client Relations Manager	3b. Address (If same as 2b - state same) 6760 Corporate Drive, STE 220 Colorado Springs, CO 80919
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3c. Tel. No. 719-528-7969	3d. Cell No. 719-332-5494	3e. Fax No. 1-866-847-1860	3f. E-Mail Address rachel_hearn@spectrumhealth.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Fort Carson, CO
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5b. Description of Unit Involved

Included: All full-time and regular part-time Military Family Life Counselor (MFLC) employees employed by the Company and performing work on the MFLC III Program within the state of Colorado at Fort Carson.

Excluded: All other employees, managers, office clericals, guards, and supervisors as defined by the Act.

6a. No. of Employees in Unit: 7	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) By Petition 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? _____ 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
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11b. Election Date(s): Ballots mailed March 19, 2019	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 620 Coolidge Drive, Suite 130, Folsom, CA 95630
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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 Association of Machinists and Aerospace Workers, AFL-CIO

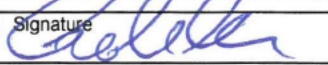
12d. Tel No. (916) 985-8101	12e. Cell No. (916) 597-6100	12f. Fax No. (916) 985-8121	12g. E-Mail Address mward@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David W. M. Fujimoto, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net dfujimoto@unioncounsel.net
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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) Caroline N. Cohen	Signature 	Title Attorney	Date March 7, 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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-237318	Date Filed 3/7/2019

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 Strategic Resources, Inc. (SRI)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment
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3a. Employer Representative - Name and Title Kirby Collins Senior Human Resources Manager	3b. Address (If same as 2b - state same) 7927 Jones Branch Drive, Suite 600W McLean, VA 22102-3329
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3c. Tel. No. (703) 749-3040	3d. Cell No.	3e. Fax No. (703) 749-3046	3f. E-Mail Address kcollins@sri-hq.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Various, CO see attachment
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5b. Description of Unit Involved Included: All full-time and regular part-time Military Family Life Counselor (MFLC) employees employed by the Company and performing work on the MFLC III Program within the state of Colorado at US Air Force Academy, Buckley Air Force Base, and Shriever Air Force Base. Excluded: All other employees, managers, office clericals, guards, and supervisors as defined by the Act.	6a. No. of Employees in Unit: 9	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) By Petition 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? _____ 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): Ballots mailed March 19, 2019	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 620 Coolidge Drive, Suite 130, Folsom, CA 95630
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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 Association of Machinists and Aerospace Workers, AFL-CIO

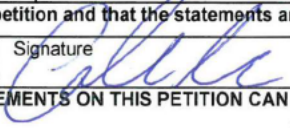
12d. Tel No. (916) 985-8101	12e. Cell No. (916) 597-6100	12f. Fax No. (916) 985-8121	12g. E-Mail Address mward@iamaw.org
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13. **Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title David W. M. Fujimoto, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address dfujimoto@unioncounsel.net
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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) Caroline N. Cohen	Signature 	Title Attorney	Date March 7, 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

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Attachment A

1. US Air Force Academy
2304 Cadet Drive
Air Force Academy, CO 80840-0000

2. Buckley Air Force Base
18500 E 6th Ave
Aurora, CO 80011

3. Shriever Air Force Base
730 Irwin Ave # 83
Colorado Springs, CO 80912

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-237341	Date Filed 3/7/2019

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
MHN Government Services, Inc. (MHNGS)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
6909 Titus Blvd, Fort Carson, CO 80913/2304 Cadet Drive, Air Force Academy, CO 80840-0000

3a. Employer Representative - Name and Title
Elena Honeycutt, Manager, Human Resources

3b. Address (If same as 2b - state same)
2370 Kerner BLVD San Rafael, CA 94901-5546

3c. Tel. No. 916-935-0988 **3d. Cell No.**

3e. Fax No. 916-353-6287 **3f. E-Mail Address** elena.m.honeycutt@healthnet.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor

4b. Principal product or service Military Support

5a. City and State where unit is located: Fort Carson and Air Force Academy, CO

5b. Description of Unit Involved

Included: All full-time and regular part-time Military Family Life Counselor (MFLC) employees known as Special Professional Associates employed by the Company and performing work on the MFLC III Program within the state of Colorado at Fort Carson and the US Air Force Academy.

Excluded: All other employees, managers, office clericals, guards, and supervisors as defined by the Act.

6a. No. of Employees in Unit: 12

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition 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? _____ 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): Ballots mailed March 19, 2019 **11c. Election Time(s):** **11d. Election Location(s):**

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
620 Coolidge Drive, Suite 130, Folsom, CA 95630

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. (916) 985-8101 **12e. Cell No.** (916) 597-6100 **12f. Fax No.** (916) 985-8121 **12g. E-Mail Address** mward@iamaw.org

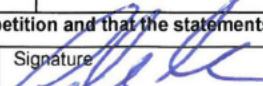
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David W. M. Fujimoto, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No. 510-337-1001 **13d. Cell No.** **13e. Fax No.** 510-337-1023 **13f. E-Mail Address** nlrnotices@unioncounsel.net
dfujimoto@unioncounsel.net

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) Caroline N. Cohen **Signature**  **Title** Attorney **Date** March 7, 2019

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PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-237350	Date Filed 3/8/2019

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
Prime Thermal Solutions

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1565 South 1800 West, Woods Cross, UT 84087-2318

3a. Employer Representative - Name and Title
Ben Hess, Office Manager

3b. Address (if same as 2b - state same)
Same

3c. Tel. No. (385) 777-2486 **3d. Cell No.** (801) 349-9362 **3e. Fax No.** **3f. E-Mail Address** lpickell@irexcorp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Construction

4b. Principal product or service
Insulation

5a. City and State where unit is located:
Littleton, Colorado

5b. Description of Unit Involved
Included: All insulators employed in the State of Colorado
Excluded: All other employees, guards and supervisors

6a. No. of Employees in Unit:
5

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/8/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**
 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

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)
None

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

11. Election Details: If the NLRB conducts 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):
March 18, 2019 **11c. Election Time(s):**
8:00-8:15 a.m. **11d. Election Location(s):**
Job Shack, 12257 S. Wadsworth Boulevard, Littleton, CO 80127

12a. Full Name of Petitioner (including local name and number)
Heat and Frost Insulators & Allied Workers, Local 28

12b. Address (street and number, city, state, and ZIP code)
821- Carr Street, Arvada, CO 80004

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Heat and Frost Insulators & Allied Workers


12d. Tel No. (303) 742-9010 **12e. Cell No.** (b) (6), (b) (7)(C) **12f. Fax No.** (303) 742-9026 **12g. E-Mail Address** (b) (6), (b) (7)(C)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **David A. Rosenfeld, Attorney** **13b. Address (street and number, city, state, and ZIP code)**
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No. (510) 337-1001 **13d. Cell No.** **13e. Fax No.** (510) 337-1023 **13f. E-Mail Address** drosenfeld@unioncounsel.net

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) David A. Rosenfeld **Signature**  **Title** Attorney **Date** March 8, 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.