UNITED STATE		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR	Case No.	Date Filed					
RC PE		RC-260482					
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Re						n 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.	80.0	0.771	-	
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 representa ive 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)							
Albertsons 1076 CY Avenue WY Casper 883							
3a. Employer Representative – Name and Title     3b. Address (If same as 2b – state same)							
Robert McLauchlin	6900 South Yoser CO Centennial 80	nite 112-					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add		
(208) 395-6154			(623) 295-3892			in@safeway com	
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal prod					
Retail (Grocery)			Groceries	Groceries Casper, WY			
5b. Description of Unit Involved				6a. No. of Employees in Ur 4			
Included: See Attached Page 2 for addition	onal details					6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for addition	onal details					unit wish to be represented by the Petitioner? Yes 7 No 7	
Check One: 73 Dequest for n	ecognition as Barr	aining Depresentat	tive was made on (Date)	and	Employer dec	Tanked Street	
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).							
(Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act.							
8a. Name of Recognized or Certified Bargaining Agent ( <i>If none, so state</i> ).       8b. Address							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
9a Affiliation if any				tion or Certification 8i. Expiration Date of Current or Most Recent			
8g. Affiliation, if any	on. Date of Recognition of	of Recognition or Certification 8i. Expiration Date of Current or Contract, if any (Month, Day, Ye					
						1. • STERSTER • • STERS • • • • • • • • • • • • • • • • • • •	
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 recogni ion 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.		
			Transmort Internet, Archivers,				
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position			position with respect to				
any such election.	position with respect to	n respect to 11a. Election Type: Manual Mail Mixed Manual/M					
11b. Election Date(s):     11c. Election Time(s):       June 1, 2020     N/A				11d. Election Location(s):			
		By mail ballot					
12a. Full Name of Petitioner (including la Randy Tiffey United Food and Commercial Workers Internationa		12b. Address (street and number, city, state, and ZIP code) 7760 West 38th Avenue Suite 400 CO Wheat Ridge 80033-					
12c. Full name of national or international labor organization of which Petitioner is an affiliate or consiluent ( <i>if none, so state</i> ) United Food and Commercial Workers International Union AFL/CIO							
12d. Tel No.         12e. Cell No.         12f. Fax N				x No. 12g, E-Mail Address			
(303) 425-0897					rktiffey@ufcw7	.com	
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)         Todd McNamara General Counsel       7760 West 38th Avenue Suite 400							
United Food and Commercial Workers Inter	CO Wheat Ridge 80033	L	13f. E-Mail Ad	drace			
13c. Tel No. 13d. Cell No. 13e. F (303) 425-0897			13e. Fax No.		treese@ufcw7		
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			
Todd McNamara Todd McNamara General Cou				05/15/2020 16:58:48			
WILLFUL FALSE STATEME	ENTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.S.	CODE TITL	E 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

# **Employees Included**

All full-time and part-time Pharmacy Technicians in a self-determination election to determine whether such employees wish to be included within the existing Bargaining Unit presently represented by Petitioner (Armour-Globe election).

## **Employees Excluded**

All supervisors (including Managers, Work Group Managers, and Interim Managers), guards, salaried, office clerical, confidential, professional, temporary, and contracted employees, as defined in the Act

NationAL LABOR RELATIONS BOARD         Case No.         27-RC-260937         5/28/2020           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.         The Showing service on the employer and all other States States and requests that the Autonal Labor Relations Act.           19 URPOSE OF THIS FEITTION NO- FEREPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective barganing by Petitoner and Petitoner dearres to be certified as representative of the employees. The Petitoner (Street and number, civ. State, ZIP Code)           Billings Cazette         201 N BroadWay Billings, MT 59101           3a. Employer Representative - Name and Tile         3b. Address (If same as 2b - state same)           3c. Tel No         3d. Cell No.         3e. Exa No.           4a. Type of Establishment (Factory. mine, wholesaler, etc.)         4b. Principal product or service Now Spaper's         5a. Cir and State where unit is located.           Newspaper's         State where unit as located.         5b. Description of Unit Involved         5b. Description of Unit Involved         21 </th					
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 (2) Statement of Position form (Form NLR8-505); and (3) Description of Representation Case Procedures (Form NLR8 4812). The showing of interest should only be filed with the NLRB and should pot be served on the employer or any other party. I PURPOSE OF THIS PETITION R-C-CERTIFICATION OF REPRESENTATIVE - A subtainil 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 National Labor Relations Abord proceed under its proper authority pursuant to Section 9 of the National Labor Relations Abord Proceed under its proper authority pursuant to Section 9 of the National Labor Relations Abord Proceed under its proper authority pursuant to Section 9 of the National Labor Relations Abord Proceed under its proper authority pursuant to Section 9 of the National Labor Relations Abord Proceed under its proper authority pursuant to Section 9 of the National Labor Relations Abord Proceed under its proper authority pursuant to Section 9 of the National Labor Relations Abord Proceed under its proper authority pursuant to Section 9 of the National Labor Relations Abord Proceed Under its proper authority pursuant to Section 9 of the Statistisment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Newspapers Sint Relations Abord Proceeved, so state). No Reply Procees. Sci Proceed Under Abord Proceeved, so state). No Reply 7b Petitore is currently recognized as Bargaining Representative and con (Date) 5/28/2020_ and Employee declined recognition on or about N/A UA NA NA N/A N/A N/A N/A N/A N/A N/A N/A					
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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-305); 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. ECCERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and a sergensentative of the employees. The Petitioner alleges that the following circumstances exist and reguests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Representative - Name and Title 2b. Address (If same as 2b – state same) 3c. Tel No. 406-657-1352 3d. Cell No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 400 Address (If same as 2b – state same) 3c. Tel No. 406-657-1352 4b. Poncipal product or service A Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Pencipal product or service A Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Dencipal product or service A Type of Establishment (Factory, managerial employees, and confidential employees.  Excluded: All supervisors, managerial employees, and confidential employees.  Check One: All Supervisors, managerial employees, and confidential employees.  Check One: All Address N/A  B A					
(Form NLR8-505); and (3) Description of Representation Case Procedures (Form NLR8 4812). The showing of interest should only be filed with the NLR8 and should not be served on the employeer or any other party.         1       PURPOSE OF TWIS PETTIGEATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be centified as representative of the employees. The Petitioner alleges that the National Labor Relations Act.         2a. Name of Employer       2b. Address(es) of Establishment(s) involved (Street and number. city, State, Z/P code)         Billings Gazette       2b. Address(es) of Establishment(s) involved (Street and number. city, State, Z/P code)         Ba. Employer       2b. Address(es) of Establishment(s) involved (Street and number. city, State, Z/P code)         Ba. Employer Representative – Name and Title       3b. Address (If same as 2b – state same)         Sac. Tel, No.       3d. Cell No.         3d. Cell No.       3d. Cell No.         4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service         Newspaper       Sa. City and State where unit is located.         Newspaper       Sa. No. of Employees.         Excluded:       All supervisors, managerial employees, and confidential employees.         No       The Petitioner' as substantial number (if nore, so state).         No       No         Check One:       Ya. Request for recognized as Barga					
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1       PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining versions and period as representative of the analoyeat. The Petitioner alleges that the following circumstances exist and requests that the stational Labor Relations Act.         2a. Name of Employer       2b. Address(e) description of Unit Involved (Street and number, ciry, State, ZIP code)         Billings Gazette       401 N. Broadway Billings, MT 59101         3a. Employer Representative - Name and Title       3b. Address (if same as 2b - state same)         Dave Worstell, Publisher       3c. Cell No.         3c. Tel. No.       3d. Cell No.         40.7 State Stabilishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service         Newspaper       5a. Of stabilishment (Factory, mine, wholesaler, etc.)         Newspapers       5a. Of state and number (and the employees in the unit is located.         Newspaper       5a. Of state and number (and 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) 5/28/2020_ and Employer declined recognition on ar about         None       N/A       8b. Address         None       8d. Cell No.       8d. Cell No.         None       8d. Cell No.       8d. Cell No.         N/A       8d. Cell No.       8d. Cell No. </td					
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2a. Name of Employer       2b. Address(es) of Establishment(s) involved (Street and number. city. State, ZIP code)         Billings Gazette       401 N. Broadway Billings, MT 59101         3a. Employer Representative – Name and Title       3b. Address (if same as 2b – state same)         Dave Worstell, Publisher       3d. Cell No.         3c. Tel, No.       3f. E-Mail Address (f same as 2b – state same)         Same       3c. Tel, No.         406-657-1352       4b. Principal product or service Newspaper         5b. Description of Unit Involved Included: All Newsroom employees.       5a. Orf employees in Unit. 21         Excluded:       All supervisors, managerial employees, and confidential employees.         7b. Petitioner is currently recognition as Bargaining Representative was made on (Date) 5/28/2020_ and Employer declined recognition or about NIA					
Billings Gazette       401 N. Broadway Billings, MT 59101         3a. Employer Representative – Name and Title       3b. Address (if same as 2b – state same)         Dave Worstell, Publisher       3a. Ena No.         3. Tel. No.       3d. Cell No.         40. Type of Establishment (Factory. mine, wholesaler, etc.)       4b. Principal product or service Newspaper       Sa. City and State where unit is located.         5b. Description of Unit Involved Included: All Newsroom employees.       6a. No. of Employees in the unit wish to be represented by the Petitioner? Yes [] No []         Check One:       7.a. Request for recognition as Bargaining Representative was made on (Date) 5/28/2020_ and Employer declined recognition on or about M/A(Date) (If none pily received, so state).       No. Reply         None       MA       N/A(Date) (If none, so state).       No. Address N/A         8c. Tel No. N/A       8d Cell No. N/A       8b. Address N/A       N/A         8g. Affiliation, if any N/A       8d Cell No. N/A       8b. Fax No. N/A       8b. Address N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A       8b. Date of Recognition or Certification N/A       8b. Ead Recognition or Certification? N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A       8b. Date of Recognition or Certification N/A       8b. Date of Recognition or Certification N/A         9. Is there now a strike or					
3a. Employer Representative – Name and Title       3b. Address (if same as 2b – state same)         Dave Worstell, Publisher       3d. Cell No.         3c. Tel. No.       3d. Cell No.         4a. Type of Establishment ( <i>Factory, mine, wholesaler, etc.</i> )       4b. Principal product or service Newspaper       5a. City and State where unit is located.         5b. Description of Unit Involved       A. No.       3d. Cell No.       3d. Cell No.         Included: All Newsroom employees.       Sa. No.       Sa. No. of Employees in Unit. 21         Excluded:       All supervisors, managerial employees, and confidential employees.       Sa. Confidential employees.         Check One:       Image: Confidential employee as a bargaining Representative was made on (Date) 5/28/2020       and Employer declined recognition on or about         8a. Name of Recognized or Certified Bargaining Agent (if none, so state).       No Reply       No         None       8d Cell No.       8e. Fax No.       Ni/A         8b. Address       Ni/A       Ni/A       Ni/A         8c. Tel No.       Ni/A       Sh. Date of Recognized or Certified Bargaining Agent (if none, so state).       Ni/A         8c. Tel No.       Ni/A       Ni/A       Ni/A       Ni/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No       Ni/A         9. Is there now a s					
Dave Worstell, Publisher       Same         3c. Tel. No.       3d. Cell No.       3e. Fax No.       3f. E-Mail Address         406-657-1352       dworstell@billingsgazette.com       4b. Principal product or service       Sa. City and State where unit is located.         Newspaper       Sb. Description of Unit Involved       Included: All Newsroom employees.       Sa. City and State where unit is located.         Excluded:       All supervisors, managerial employees, and confidential employees.       6a. No. of 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) 5/28/2020_ and Employeer declined recognition on or about       N/A         MIA       (Date) (If no reply received, so state).       No Reply         7b. Petrioner is currently recognized as Bargaining Representative and desires certification under the Act.       8b. Address         8a. Name of Recognized or Certified Bargaining Agent (If none, so state).       N/A       8b. Address         N/A       N/A       N/A       8i. Erax No.         N/A       N/A       N/A       8i. Expiration Date of Current or Most Recent Contract. If any (Morith. Day. Year)         N/A       N/A       N/A       N/A       8i. Expiration Date of Current or Most Recent Contract. If any (Morith. Day. Year)         N/A       9. Is there now a strike or pick					
3c. Tel. No.       3d. Cell No.       3e. Fax No.       3f. E-Mail Address dworstell@billingsgazette.com         40.5657-1352       4b. Principal product or service Newspaper       Se. City and State where unit is located. Billings, MT         5b. Description of Unit Involved Included: All Newsroom employees.       Se. Tex No.       Se. City and State where unit is located. Billings, MT         6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Pettioner? Yes []] No []       Se. No. of Employees in Unit. 21         7b. Check One:       7a. Request for recognition as Bargaining Representative was made on (Date) 5/28/2020_ and Employer declined recognition on or about N/A					
406-657-1352       dworstell@billingsgazette.com         4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service Newspaper       5a. City and State where unit is located. Billings, MT         5b. Description of Unit Involved Included: All Newsroom employees.       5a. No. of Employees in Unit. 21       6a. No. of Employees in Unit. 21         Excluded: All supervisors, managerial employees, and confidential employees.       7a. Request for recognition as Bargaining Representative was made on (Date) 5/28/2020_ and Employer declined recognition on or about 7b. Petitioner is currently recognized as Bargaining Representative as made on (Date) 5/28/2020_ and Employer declined recognition on or about 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 N/A         8c. Tel No. N/A       8d Cell No. N/A       8b. Cate or Certification N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A       8b. Date of Recognized hor Certification for 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? N/A       1f so. approximately how many employees are participating? N/A         9. Is there now a strike or picketing at the Employer is the unit described in items 8 and 9, which have claimed recognition as representatives and other organizations and individual known to have a representative interest in any employees in the unit described in item 5b above. None					
Newspaper       Newspapers       Billings, MT         5b. Description of Unit Involved Included: All Newsroom employees.       6a. No. of Employees in Unit. 21         Excluded: All supervisors, managerial employees, and confidential employees.       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) 5/28/2020 and Employer declined recognition on or about N/A (Date) (if no reply received, so state). No Reply 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       No Reply 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       8d Cell No. N/A       8f. E-Mail Address N/A       8f. E-Mail Address N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A       1f so. approximately how many employees are participating? N/A       9f. Affiliation, are presentative and other organizations and individual known to have a representative interest in any employees in the unit described in item 5b above. None       1f none, so state)       N/A					
Newspaper       Newspapers       Billings, MT         5b. Description of Unit Involved       6a. No. of Employees in Unit 21         Included:       All Newsroom employees.       6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes I No         Excluded:       7a. Request for recognition as Bargaining Representative was made on (Date) 5/28/2020_ and Employer declined recognition on or about         M/A       (Date) (If no reply received, so state). No Reply       no Employer declined recognition on or about         N/A       (Date) (If none, so state).       No Reply         7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.       8b. Address         N/A       8d Cell No.       8f. E-Mail Address         N/A       N/A       N/A         8g. Affiliation, if any       8h. Date of Recognition or Certification       N/A         N/A       N/A       N/A       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? No       If so. approximately how many employees are participating? N/A         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 not individuals other than petitioner and those named in items 5 above. (If none, so state)       N/A         10. Organizations or individ					
Included:       All Newsroom employees.       21         Excluded:       All supervisors, managerial employees, and confidential employees.       as substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes / No         Check One:					
Included:       All Newsroom employees.       6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes view of the employees in the unit wish to be represented by the Petitioner? Yes view of the employees in the unit wish to be represented by the Petitioner? Yes view of the employees of the employees in the unit wish to be represented by the Petitioner? Yes view of the employees of the employees in the unit wish to be represented by the Petitioner? Yes view of the employees of the employ					
Excluded:       or more) of the employees in the unit wish to be represented by the Pettioner? Yes No         Check One:              7a. Request for recognition as Bargaining Representative was made on (Date) 5/28/2020             and Employer declined recognition on or about              Pettioner? Yes No             No             Pettioner? Yes No             No             No					
Excluded:       All supervisors, managerial employees, and confidential employees.       unit wish to be represented by the Petitioner? Yes No         Check One:              7a. Request for recognition as Bargaining Representative was made on (Date) 5/28/2020_ and Employer declined recognition on or about         M/A              (If no reply received, so state). No Reply          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). No Reply               8b. Address             N/A          NOne              8c. Tel No.             N/A             8d. Cell No.             N/A             8d. Cell No.             N/A             8d. Date of Recognition or Certification             N/A             8i. Expiration Date of Current or Most Recent             Contract. if any (Month. Day. Year)             N/A             N/A					
Petitioner? Yes V No         Check One:       7a.       Request for recognition as Bargaining Representative was made on (Date) 5/28/2020_ and Employer declined recognition on or about         N/A       (Date)       (If no reply received, so state).       No Reply         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).       No Reply         None       8b. Address         N/A       8d Cell No.       8e. Fax No.       8f. E-Mail Address         N/A       8d Cell No.       8e. Fax No.       N/A         N/A       8h. Date of Recognition or Certification       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?       No       No       Not.       N/A         9. Is there now a strike or recent factories or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individual to the resent in any employees in the unit described in item 5b above. (If none, so state)       N/A					
N/A       (Date) (If no reply received, so state).       No Reply         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         None       N/A         8c. Tel No.       8d Cell No.         N/A       8d Cell No.         N/A       N/A         8g. Affiliation, if any       8h. Date of Recognition or Certification         N/A       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No         (Name of labor organization)       N/A         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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)					
N/A       (Date) (If no reply received, so state).       No Reply         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         None       N/A         8c. Tel No.       8d Cell No.         N/A       8d Cell No.         N/A       N/A         8g. Affiliation, if any       8h. Date of Recognition or Certification         N/A       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No         (Name of labor organization)       N/A         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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, 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). None       8b. Address N/A         8c. Tel No. N/A       8d Cell No. N/A       N/A         8g. Affiliation, if any N/A       8d Cell No. N/A       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? (Name of labor organization) N/A       If so. approximately how many employees are participating? N/A         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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None					
None       N/A         8c. Tel No.       8d Cell No.         N/A       8d Cell No.         N/A       N/A         8g. Affiliation, if any       8h. Date of Recognition or Certification         N/A       8i. Expiration Date of Current or Most Recent         N/A       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No         If so. approximately how many employees are participating?       N/A         (Name of labor organization)       N/A         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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)         None					
N/A       N/A       N/A       N/A         8g. Affiliation, if any       8h. Date of Recognition or Certification       8i. Expiration Date of Current or Most Recent Contract, if any (Month. Day, Year)         N/A       N/A       N/A       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?       N/A         9. Is there now a strike or riganization)       N/A       . has picketed the Employer since (Month, Day, Year)       N/A         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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)       N/A					
8g. Affiliation, if any       8h. Date of Recognition or Certification       Bi. Expiration Date of Current or Most Recent Contract. if any (Month. Day. Year)         N/A       N/A       If so, approximately how many employees are participating?       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No       If so, approximately how many employees are participating?       N/A         9. Is there now a strike or riganization)       N/A       has picketed the Employer since (Month. Day, Year)       N/A         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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)       None					
N/A       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? N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so. approximately how many employees are participating? N/A         (Name of labor organization)       N/A         . has picketed the Employer since (Month. Day. Year)         N/A         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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)         None					
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No					
(Name of labor organization) N/A					
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 individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None					
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.					
N/A N/A					
N/A 10e. Fax No. 10f. E-Mail Address					
N/A N/A					
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mail Mail					
any such election.  11b. Election Date(s):  11c. Election Time(s):  11d. Election Location(s):					
June 11 Mail Ballots Sent Out June 25 Tally of Ballots N/A					
12a. Full Name of Petitioner (including local name and number)         12b. Address (street and number, city. state. and ZIP code)           Denver Newspaper Guild - CWA Local 37074         1175 Osage St Ste 205, Denver, CO 80204					
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America, AFL-CIO					
12d. Tel No.         12e. Cell No.         12f. Fax No.         12g. E-Mail Address           (303) 595-9818         dng@denvernewspaperguild.org					
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.					
13a. Name and Title William Reinken, Attorney 13b. Address (street and number, city, state, and ZIP code) 8085 E Prentice Ave, Greenwood Village, CO 80111					
13c. Tel No.         13d. Cell No.         13e. Fax No.         13f. E-Mail Address           (303) 721-7399         wreinken@cwa-union.org					
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					

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.

LINITED STA	UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE							
		DO NOT WRITE IN THIS SPACE						
NATIONAL LAB	Case No. 27-RC-	-260981	Filed 8/2020					
INSTRUCTIONS: Unless e-Filed	INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , 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 t								
(Form NLRB-505); and (3) Desc				RB 4812). The sh	owing of int	erest should only be filed		
with the NLRB and should <u>not</u> 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 representa ive 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	Iress(es) of Establishment							
Albertsons	25 E. 2nd Street							
Aubertsons     WY Casper 82609-       3a. Employer Representative – Name and Title     3b. Address (If same as 2b – state same)								
Robert McLauchlin 6900 South Yosemite Street CO Centennial 80112-								
3c. Tel. No.	3d. Cell No.		3e. Fax No.	112-	3f. E-Mail Add	ress		
(208) 395-6154			(623) 295-3892			t.mclauchlin@safeway.com		
4a. Type of Establishment (Factory, min	ne wholesaler etc)	4b. Principal prod			and State where unit is located:			
Retail (Grocery)	ie, mieleculei, etc /	in the find prod	Grocery		ou. only	Casper, WY		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
	attained at the					3		
Included: See Attached Page 2 for ad	iditional details				6b. Do a substantial number (30%			
20 M A A						or more) of the employees in the		
Excluded: See Attached Page 2 for ad	ditional details				unit wish to be represented by the			
						Petitioner? Yes [ 🗹 No [ 🗌 ]		
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 05/28/2020 and Employer declined recognition on or about								
(Date) (If no reply received, so state). No reply received								
			presentative and desires of	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					ress			
8g. Affiliation, if any	Bh. Date of Recognition or	Recognition or Certification 8i. Expiration		Date of Current or Most Recent				
			Contract, if an	iny (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?								
s. is there now a surve of picketing at th	ie Employer 5 establis	Simenda) monaca :		inducity non-many citi		irticipating?		
(Name of labor organization)						rticipating?		
(Name of labor organization)		, has picke	eted the Employer since (/	Month, Day, Year)				
	nan Petitioner and tho	, has picke se named in items 8	eted the Employer since ( <i>I</i> 3 and 9, which have claim	Month, Day, Year) ed recogni ion as repre				
(Name of labor organization) 10. Organizations or individuals other the known to have a representative interest	nan Petitioner and tho in any employees in	, has picke se named in items 8 the unit described in	eted the Employer since ( <i>I</i> 3 and 9, which have claim	Month, Day, Year) ed recogni ion as repre so state)		d other organizations and individuals		
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(Name of labor organization) 10. Organizations or individuals other the known to have a representative interest	nan Petitioner and tho in any employees in	, has picke se named in items 8 the unit described in	eted the Employer since ( <i>I</i> 3 and 9, which have claim	Month, Day, Year) ed recogni ion as repre so state) 10c. Tel. No.		d other organizations and individuals		
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#### PRIVACY ACT STATEMENT

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

Attachment

## **Employees Included**

All full-time and regular part-time pharmacists in self-determination election to determine whether they will be represented by Petitioner and join the existing Casper retail bargaining unit represented by Petitioner (Armour-Globe election).

## **Employees Excluded**

Store Director, Assistant Store Director, all other employees, supervisors, security, confidential, and all temporary employees as defined in the Act.

					DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RD) UNITED STATES OF AMERICA (2-18) NATIONAL LABOR RELATIONS BOARD RD PETITION				Case N	lo. 27-RD-26		Date Filed 5/26/2020		
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 7 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 recognized bargaining represe Labor Relations Board proce	ntative is no long	er their representa	ative. The Petitioner	alleges that th	e followir	ng circumstances ex			
2a. Name of Employer 2b. Address(es) of Establishment(						city, state, ZIP cod	e)		
Shamrock Foods Inc 1495 North Hickory Ave.					n, ID 83642				
3a. Employer Representative - Name and Title     3b. Address (If same as 2b - state       Jim Lehman, Operations Manager     Same					ang kapat ju n				
3c. Tel. No. 3d. Fax No. 3e. Cell No. 208/884-8400				3f. E-Mail	Address				
4a. Type of Establishment (Factory, mine, wholesaler, etc.)				1		al product or service	an Anna		
Warehouse					Food Se	ervice			
5a. Description of Unit Involved Included:							5b. City and is locate	State where unit	
Truck Drivers and Transp	ortation Den	ertment emplo	VAAS				Meridian	The second se	
Excluded:	onation Depa	a unem emplo	yees						
Supervisors, Managers, Co	onfidential E	mplovees Me	chanics						
6. No. of Employees in Unit 34			and the second sec	e employees in	the unit no	longer wish to be re	presented by the o	ertified or currently	
	recog	nized bargaining re	epresentative? X Y					,	
8a. Name of Recognized or Certifi Teamsters Local 483	ed Bargaining Ag	gent				8b. Affiliation, if any Int'l Bro. of Te			
8c. Address				8d. Tel. No.	6	8e. Cell No.	amsters		
225 N. 16th St. Suite 112	Boise, ID 83	702		208/343-54	139				
8f. Fax No.				8f. Fax No.		8g. E-Mail Address			
9. Date of Recognition or Certification       10. Expiration Date of Current or I         March 7, 2019       No current contract					Most Recent Contract, if any (Month, Day, Year)				
11a. Is there now a strike or picket	ting at the Emplo	yer's establishmer	nt(s) involved?	es XNo	11b. If so,	approximately how m	nany employees are	e participating?	
11c. The Employer has been picke	and the second se							a labor organization, of	
(insert Address)						sinc	e (Month, Day, Yea	ar)	
12. Organizations or individuals of							anizations		
and individuals known to have a representative interest in any employees in the unit described in i 12a. Name 12b. Address N/A					12c. Tel. No. 12d. Fax No.				
IVA .					12e. Cell N	No.	12f. E-Mail Addres	2f. E-Mail Address	
13. Election Details: If the NLRB conducts an election in this					12o Elect		Mail M		
matter, state your position with respect to any such election.					13a. Election Type: X Manual Mail Mixed Manual/Mail				
13b. Election Date(s) 13c. Election Time(s)						on Location(s) n and Twin Falls	ID		
May 28-29, 2020 Several blocks of time 14. Full Name of Petitioner					Iviendia	n and I win Falls	s, ID		
(b) (6), (b) (7)(C)									
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)					14b. Tel. No. 14c (b) (6), (b) (7)(C)		14c. Fax No.	ic. Fax No.	
				Ľ			4e. E-Mail Address		
					(b) (6), (b) (7)(C)			Contraction and the second sec	
14f. Affiliation, if any									
15. Representative of the Petitio	ner who will acc	cept service of all	papers for purpos			proceeding.			
15a. Name N/A					15b.Title				
15c. Address (Street and number, city, state, ZIP code)					15d. Tel. No. 15e. Fax No.				
N/A				ŀ	15f. Cell No. 15g. E-Mail Address		35		
I dealers that I have a start of	(b	) (6), (b) (7)(	C)		ulada : :	d hallef			
I declare that I have read the abo Name (Print)	ove petition a			· · ·	wledge ar Title	ia bellet.		Date Filed	
(b) (6), (b) (7)(C)					Petitione				
WILLFUL FALSE ST	TATEMENTS	morennoi	CAN DE L'ONIGHE			NMENT (U.S. CODE	, TITLE 18, SECTI		
			PRIVACY ACT					50	

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