FORM NLRB-502 (RC)	UNITED STATES OF AMERICA			DO NOT WRITE IN THIS SPACE								
(2-18)	NATIONA	ONAL LABOR RELATIONS BOARD			Case No. Date Filed				iled			
		RC F	PETITION				2	7-RC-2	228669	10/4/2018		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	must t the pet	be accompan ition of: (1) th	ied by he petit	both a s ion; (2)	howing of interest (s Statement of Positio	of thi see 6) on for	s Petition to b below) an m (Form NL	o an NLRB o d a certifica _RB-505); an	ffice in the Regi te of service sho d (3) Descriptio	ion in w owing s on of Re	hich the service on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labor	tioner desire	s to be	certified as re	presen	tative of	the employees. The P	Petitic	oner alleges	that the foll	owing circumst	tances	ollective exist and
2a. Name of Employer: Phoenix Logistics Incorp	orated		2b 21	2130 Khe Sanh St., Ft. Carson CO 80913, Building 2130								
3a. Employer Representative - Na Reed Dent, CPA/CFO	me and Title	:				me as 2b - state same Ave. Mesa, AZ		202				
^{3c. Tel. No.} 602-231-8616 ext. 1001	3d. Cell No).		3	e. Fax N	lo.		3f. E-Mail rdent@	Address phxlogist	ics.com		
4a. Type of Establishment <i>(Factory,</i> U.S. Army Base (Federal						pal Product or Service ng/Instruction	e		5a. City an Colora	d State where un do Springs,	nit is loc , CO	ated:
5b. Description of Unit Involved: Included: All Regular Full and Part	-Time El	MT T	raining In	struc	tor Or	perators includi	ng I	ead	6a. Numbe 3	er of Employees i	in Unit:	
Excluded: All others as defined by t			8		1				of the e	ubstantial numbe employees in the ented by the Petit	unit wis	h to be
Check One: X 7a. Request for re- on or about (Date)			(If no re	ply rec	eived, so		/4/20			declined recognit		
8a. Name of Recognized or Certifi						ddress;	on un	idei tile Act,				
	-											
8c. Tel. No.	8d. Cell No).			e. Fax N			8f. E-Mail Address				
8g. Affiliation, if any:						Recognition or Certific		Recent Co	ntract, if any	urrent or Most (Month, Day, Yea		
9. Is there now a strike or picketing a	at the Employ	/er's es	tablishment(s)) involv	ed?	If so, appro	oxima	tely how ma	ny employee	s are participatin	g?	
(Name of Labor Organization)								-		er since (Month,		,
 Organizations or individuals othe individuals known to have a reprint individuals known to have a reprint individual known to have a reprint indit known to have a reprint individual known	er than Petition esentative in	oner an terest ir	d those name n any employe	d in iter es in ti	ns 8 and 1e unit de	l 9, which have claime escribed in item 5b ab	ed rec ove.	ognition as r (If none, so a	epresentative state)	es and other orga	anizatio	ns and
10a. Name 10b. Address			ddress					10c. Tel. No.		10d. Cell No.		
								10e. Fax N		10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	onducts and		lection Time(s		your pos	ition with respect to ar	ny suo		11a. Election Manua on Location(s	I 🗌 Mail 🗌	Mixed	Manual/Mail
October 24th			pm to 2:0		1					". lass Room 2	2	
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 11ternational Association of Machinists and Aerospace 5621 Bowen Court, Suite 101 Workers, AFL-CIO, Local Lodge 47 Commerce City, CO 80022												
12c. Full name of national or internat International Association	ional labor of Mach	rganiza inists	ition of which I and Aero	Petition	er is an a e Wor	affiliate or constituent kers, AFL-CIO	(if no	ne, so state,):			
12d. Tel. No. 12e. Cell No. 916-542-3351			12f. Fax No.			12g. E-Mail Address rcarrillo@iamaw.org						
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Matthew R. McKinnon, Grand Lodge Representative			papers for purposes of the representat 13b. Address <i>(street and number, ci</i> 620 Coolidge Drive Suite 13 Folsom, CA 95630			er, city, State and ZIP code):						
13c. Tel. No. 916.985.8101	13d. Cell N 916-737	-857		9		5.8121	13f. E-Mail Address mmckinnon@iamaw.org					
I declare that I have read the above Name (Print)	e petition ar	nd that	the statemen	ts are	true to t	he best of my knowl	-					Data
Matthew R. McKinnon			Signature. Math	w	K.	M. Kum	Gr		ge Repre	sentative		Date 10/04/18

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

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
RC PE	RCPETITION Case No. 27-RC-228701 Date Filed 10/04/2018					10/04/2018	
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 in	s located. Th	e petition must	be acco	mpanied by l	both a showing o	of interest (se	e 6b below) and a certificate
of service showing service on the	employer and	all other partie	s named	in the petitic	on of: (1) the peti	tion: (2) State	ement of Position form
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case I	Procedur	es (Form NL	RB 4812). The s	howing of int	erest should only be filed
with the NLRB and should not be s	erved on the	emplover or an	v other n	narty.		•	-
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de	RTIFICATION OF sires to be certifi	F REPRESENTAT	IVE - A sub	stantial number	Petitioner alleges the	hat the followin	a circumstances exist and
requests that the National Labor Relat	ions Board proc	eed under its pro	per author	rity pursuant to	Section 9 of the Na	ational Labor R	elations Act.
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Trane Commercial Systems 101 William White Blvd, Pueblo CO 81001							
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Tom Herberg Same							
3c. Tel. No.	3d, Cell No.		3e. Fax	No		3f. E-Mail Add	ress
(719) 585-3800 4a. Type of Establishment (Factory, mine, w	hale to be here						
Manufacturing Plant	nolesaler, etc.)	4b. Principal pro					and State where unit is located:
5b. Description of Unit Involved		HVAC and ot	nermaci	ninery		Pueblo	, Colorado
Included: All full-time and regular par	timo productiv		oluding hu	م السوغ السوند ما ا	a the fellowing day		6a. No. of Employees in Unit: 300
and/or positions: Maintenar	ice. Lab. Shipp	and an pioyees, in a single second seco	iciuaing bi	ut not limited t eering Special	io the tollowing dej	partments	6b. Do a substantial number (30%
Excluded: All supervisors (including Managers confidential, professional, temporar	Work Group Man	angricocrang, a		centry opecial	lioto.		or more) of the employees in the
confidential, professional, temporar	, and contracted e	agers and interim Ma mployees, as defined	in the Act.	lineers, guards, El	HS department, salaried	, office clerical,	unit wish to be represented by the
Check One: 🗸 7a. Request for re-					0/4/40		Petitioner? Yes 🖌 No
	(Date)	(If no reply receive	d so state)		L0/4/18 ar	id Employer dec	lined recognition on or about
7b. Petitioner is cu	mently recognize	d as Bargaining R	epresentati	 NO (CP) ive and desires 	certification under the	Act	
8a. Name of Recognized or Certified Barg	aining Agent (H	f none, so state).	oprosernad	8b. Address		- AUL	
Bc. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recognition or Certification 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recognition or Certification							
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No							
(Name of labor organization)						infried and he	
10. Organizations or individuals other than P							
known to have a representative interest in a	ny employees in	the unit described	in item 5b a	above. (If none,	so state)	resentatives and	a other organizations and individuals
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in thi	is matter, state you	r position w	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): October 29, 2018 5am-6:30am, 11am-12:30pm, 2:30pm-5:30pm Break Room, Main (East) Building					.		
12a. Full Name of Petitioner (including lo United Food and Commercial Workers Log	cal name and nu		0011, 2.001	pm-0.00pm	12b. Address (stre	et and number,	city, state, and ZIP code)
12c. Full name of national or international la	bor organization	of which Petitioner	is an affilia	ite or constituen		Suite 400, VVne	at Ridge CO 80033
United Food and Commercial Workers Inte 12d, Tel No.			105 Eau	No		40- E Mail A	t
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (303) 425-0897 extension 429 (303) 250-0773 (303) 403-1387 rajaraghunath@ufcw7.com							
13. Representative of the Petitioner who					entation proceedin		50000 C
13a. Name and Title Randy Tiffey, Director of Organizing same as above							
13c, Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address					dress		
(303) 425-0897 extension 302 (720) 439-0056 (303) 403-1387 rktiffey@ufcw7.com							
I declare that I have read the above petition	on and that the s	statements are tru	le to the b	est of my know	ledge and belief.		
	nature		Title			Date	
	and Til			of Organizing		October 4,	
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)							

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR F			Case No.				
RC PE1	ITION		27-RC-2	27-RC-229311 10/16/2018			
INSTRUCTIONS: Unless e-Filed usi	Inless 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 the e							
(Form NLRB-505); and (3) Descripti							
with the NLRB and should <u>not</u> be s				ND 4012). The Sho	wing of inte	erest should only be med	
1. PURPOSE OF THIS PETITION: RC-CEP				of employees wish to h	e represented	for purposes of collective	
bargaining by Petitioner and Petitioner de							
requests that the National Labor Relation	ions Board pro						
2a. Name of Employer		20	dress(es) of Establishmen 15 E Comstock Ave	t(s) involved (Street and	d number, city,	State, ZIP code)	
Allied Waste Services of North America, LLC	-	Services ID	Nampa 83687-3159				
3a. Employer Representative – Name and	litte		3b. Address (If same as 3015 E Comstock				
Jeff Mitchell			3015 E Comstock ID Nampa 83687-3				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	1	3f. E-Mail Addr	ess	
(208) 297-8300	h-l(+-)	Alt. Dringing I and	(208) 465-4524		5- 0:1:	and Office where writin langted	
4a. Type of Establishment (Factory, mine, w	noiesaier, eic)	4b. Principal proc		oval	Sa. City a	and State where unit is located:	
Waste Management Services 5b. Description of Unit Involved			Recycling/Waste rem	Uvai		Nampa, ID	
						6a. No. of Employees in Unit: 59	
Included: See Attached Page 2 for addition	al details				ŀ	6b. Do a substantial number (30%	
						or more) of the employees in he	
Excluded: See Attached Page 2 for addition	al details					unit wish to be represented by the	
						Petitioner? Yes [Vo []	
Check One: 7a. Request for re-				and	Employer decl	ined recognition on or about	
7h Dotitioner is su		(If no reply received		contification under the A	ct		
8a. Name of Recognized or Certified Barg			epresentative and desires 8b. Address	ceruncation under the P	ICI.		
			00.710000				
8c. Tel No.	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							
8g. Affiliation, if any			on. Date of Recognition of			(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 pick	eted the Employer since (I	Month. Dav. Year)			
(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. Ad	ldress		10c. Tel. No.		10d. Cell No.	
				10e, Fax No.		10f. E-Mail Address	
				100. T 4X 110.			
11. Election Details: If the NLRB conducts	an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
any such election.							
11b. Election Date(s): October or Novembers	0500-0	lection Time(s):		11d. Election Loca io 3015 E. Comstock Av		83687	
_12a, Full Name of Petitioner (including lo	cal name and n					ity, state, and ZIP code)	
Darel T. Hardenbrook General Teamsters Warehousemen and Helpers Loo	al 483			225 N 16th St Ste 112 ID Boise 83702-5187	and nambol, o		
12c. Full name of national or international la International Brotherhood of Teamsters		of which Petitioner	is an affiliate or constituen				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress	
(208) 343-5439	(208) 585-7761		(208) 343-7993 12g. E-Ivall Address dhardenbrook@teamsters483.org				
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repres	entation 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 Add	iress	
I declare that I have read the above petition	on and that the	statements are tru	le to the best of my know	vledge and belief.			
Name (Print) Sig	Name (Print) Signature Title Date						
	rel T. Hardenbro	ok	Director of Representation	on	10/16/2018	10:48:31	
WILLFUL FALSE STATEMEN	NTS ON THIS P	ETITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.S			

PRIVACY ACT STATEMENT

	DO NOT WRITE IN THIS SPACE			
ſ	Case 27-RC-229311	Date Filed 10/16/2018		

Employees Included

Attachment

All current and future PT and FT Nampa Drivers, Helpers, Mechanics, Dispatchers, Leads, and Floaters (wall to wall).

Employees Excluded

All temporary employees, managers, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE				SPACE				
NATIONAL LABOR			Case No.	Denter	Filed			
RC PE	ITION		27-RC-2	229719	10	10/23/2018		
		v's website ww		<u>Intro 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,</u>				
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								
(Form NLRB-505); and (3) Descript				RB 4812). The sh	owing of int	erest should only be filed		
with the NLRB and should not be s								
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de	STIFICATION OF	F REPRESENTATIV ied as representa ive	'E - A substantial number e of the employees. The I	of employees wish to Petitioner alleges that	be represented at the following	for purposes of collective g circumstances exist and		
requests that the National Labor Relat	ions Board proc	eed under its prop	er authority pursuant to	Section 9 of the Nat	ional Labor Re	elations Act.		
2a. Name of Employer			ress(es) of Establishment	t(s) involved (Street ar	nd number, city,	, State, ZIP code)		
Albertsons, LLC	ID D0/5C 03/00-3939							
3a. Employer Representative – Name and	Title		3b. Address (If same as					
Katina Wood			250 E Parkcenter I ID Boise 83706-39					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr			
(208) 395-6200			(208) 395-6349		katina.wood@alk			
4a. Type of Establishment (Factory, mine, w	holesaler, etc)	4b. Principal prod			5a. City a	and State where unit is located: Boise, ID		
Retail (Grocery) 5b. Description of Unit Involved			Grocery					
l						6a. No. of Employees in Unit: 47		
Included: See Attached Page 2 for addition	al details				ŀ	6b. Do a substantial number (30%		
						or more) of the employees in he		
Excluded: See Attached Page 2 for addition	al details					unit wish to be represented by the		
						Petitioner? Yes [🖌 No [🗌		
			ve was made on (Date) 0	<u>3/16/2018</u> and	Employer decl	ined recogni ion on or about		
03/16/2018		(If no reply received,						
			presentative and desires of	certification under the	Act.			
sa. Name of Recognized of Certified Barg	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		
9g Affiliation if any	8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent							
8g. Affiliation, if any		G	3h. Date of Recognition or	Certification		(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 picke	ted the Employer since (A	Month. Dav. Year)				
						other organizations and individuals		
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. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
				IUC. I da INU.				
11. Election Details: If the NLRB conducts	an election in th	is matter, state your	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail		
any such election. 11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca i	on(s):			
11/08/2018		11:30AM, 3:00-4:30F	PM	Conference Room a				
12a. Full Name of Petitioner (including lo Luis Espinosa-Organista UFCW Local 368A	12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code)					city, state, and ZIP code)		
UFCW Local 368A State 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) United Food and Commercial Workers International Union, AFL-CIO								
12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 368-7154 (202) 368-7154 (202) 354-5117			12g. E-Mail Address lespinosa@ufcw.org		w.org			
13. Representative of the Petitioner who				entation 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 A		Address		
I declare that I have read the above petition	on and that the	statements are true	e to the best of my know	ledge and belief.				
Name (Print) Sig								
	is Espinosa-Orga	inista	Field Campaign Coordina	ator	10/23/2018	10:03:54		
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE PU	UNISHED BY FINE AND	IMPRISONMENT (U.S				

PRIVACY ACT STATEMENT

	DO NOT WRITE IN THIS SPACE			
Attachment	Case 27-RC-229719	Date Filed 10/23/2018		

Employees Included

All full-time and regular part-time employees of the Food Service department at store 199. The union requests a Armour-Globe Self Determination election for Food Service employees to be added to the Boise and Nampa Retail Food Agreement between the employer and the petitioner.

Employees Excluded

All other department employees, guards, managers and supervisors as defined by the act.

(****)								
UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE			
R D PETITION R D PETITION				2 Ca	Case No. 27-RD-229039 Date Filed 10/11/2018			
INSTRUCTIONS: Unless e-Filed using the A located. The petition must be accompanied in the petition of: (1) the petition; (2) Statem interest should only be filed with the NLRB	d by both a showi nent of Position fo	ng of interest (see orm (Form NLRB-5	6b below) 05); and (3	iginal of this Peti and a certificate Description of	ition to an NLRB offic e of service showing s Representation Case	e in the Re service on	the employer and all other parties named	
1. PURPOSE OF THIS PETITION: RD- DI recognized bargaining representative is r Labor Relations Board proceed under	no longer their rep	presentative. The	Petitioner	alleges that the	e following circumst	ances exi		
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Darling Ingredients 2b. Address(-4707						r, city, State, ZIP code)		
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Tom L Johnson Manager 18305 S Cole Rd ID Kuna 83634-4707 ID Kuna 83634-4707								
3c. Tel. No. (208) 344-8318	3d. Cell No. (308) 325-3081		3e. Fax (208) 34	No. 3-8694		tljohnson	il Address @darlingii.com	
4a. Type of Establishment (Factory, mine, w	vholesaler, etc)	4b. Principal pro				5a.	City and State where unit is located:	
O hers			Tallow a	ind meat and bor	nemeal		Kuna, ID	
5b. Description of Unit Involved	dditional dotaile						6a. No. of Employees in Unit: 45	
Included: See Attached Page 2 for a Excluded: See Attached Page 2 for a					6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be represented by the cer ified or currently recognized bargaining representative? Yes 7 No			
Check One: 7a. Request for re	cognition as Barg	aining Representa	ative was n	nade on (Date)	an	d Employe	er declined recognition on or about	
7b. Petitioner is ci		(If no reply receive d as Bargaining R			certification under the	e Act.		
8a. Name of Recognized or Certified Bargaining Agent 8b. Address 1310 S Vista Ave Ste 3 UFCW 368A Jack Caldwell ID Boise 83705-2579								
8c. Tel No. (208) 367-9305	8d Cell No.	BIL NO. 8e. Fax No. 8f. E-Mail Address (208) 363-0624 jcaldwell@ufcw368a.org						
8g. Affiliation, if any				of Recognition of	r Certification	-	ation Date of Current or Most Recent	
				06/29/2018			, if any <i>(Month, Day, Year)</i> 12/10/2018	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating?						are participating?		
(Name of labor organization)					Month, Day, Year)			
10. Organizations or individuals other than t have a representative interest in any employ						nd other or	ganizations and individuals known to	
10a. Name	10b. Add	dress		10c. Tel. No.			10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	s an election in thi	s matter, state you	Ir position	with respect to	11a. Election Type	: 🔽 Man	nual 🔲 Mail 🔲 Mixed Manual/Mail	
any such election. 11b. Election Time(s): 11d. Election Location(s) 11/2/201 2pm-5pm Employee breakroom								
12a. Full Name of Petitioner (b) (6), (b) (7)(C)						b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		
12c. Full name of national or international la	abor organization	of which Petitioner	is an affili	ate or constituen	nt (if none, so state)) NAMPA (83651	
12d. Tel No. 12e. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)			12f. Fax No. 12g. E-Mail A (b) (6), (b)					
13. Representative of the Petitioner who will accept service of all papers fo 13a. Name and Title			or purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code)					
13c. Tel No.	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.								
(b) (6), (b) (7)(C)	gnature (b) (6), (b) (7)(Title				/2018 15:24:54	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE	PUNISHE	D BY FINE AND	IMPRISONMENT (U	.S. CODE,	TITLE 18, SECTION 1001)	

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE Date Filed

Case 27-RD-229039

10/11/2018

Employees Included All hourly employees

Employees Excluded secrateries and managers