

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-228669	Date Filed 10/4/2018

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: Phoenix Logistics Incorporated	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2130 Khe Sanh St., Ft. Carson CO 80913, Building 2130
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3a. Employer Representative - Name and Title: Reed Dent, CPA/CFO	3b. Address (if same as 2b - state same): 1840 W 1st Ave. Mesa, AZ 85202
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3c. Tel. No. 602-231-8616 ext. 1001	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rdent@phxlogistics.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) U.S. Army Base (Federal Service Contractor)	4b. Principal Product or Service Training/Instruction	5a. City and State where unit is located: Colorado Springs, CO
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5b. Description of Unit Involved: Included: All Regular Full and Part-Time EMT Training Instructor Operators including Lead Excluded: All others as defined by the act	6a. Number of Employees in Unit: 3
	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/4/2018 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): October 24th	11c. Election Time(s): 1:30 pm to 2:00 pm	11d. Election Location(s): Building 2130 Class Room 2
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12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, AFL-CIO, Local Lodge 47	12b. Address (street and number, city, State and ZIP code): 5621 Bowen Court, Suite 101 Commerce City, CO 80022
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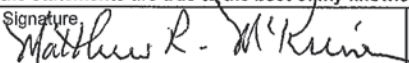
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No.	12e. Cell No. 916-542-3351	12f. Fax No.	12g. E-Mail Address rcarrillo@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: Matthew R. McKinnon, Grand Lodge Representative	13b. Address (street and number, city, State and ZIP code): 620 Coolidge Drive Suite 130 Folsom, CA 95630

13c. Tel. No. 916.985.8101	13d. Cell No. 916-737-8577	13e. Fax No. 916.985.8121	13f. E-Mail Address mmckinnon@iamaw.org
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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) Matthew R. McKinnon	Signature 	Title Grand Lodge Representative	Date 10/04/18
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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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-228701	Date Filed 10/04/2018

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
Trane Commercial Systems

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
101 William White Blvd, Pueblo CO 81001

3a. Employer Representative - Name and Title
Tom Herberg

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

3c. Tel. No.
(719) 585-3800

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
HVAC and other machinery

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

5b. Description of Unit Involved

Included: All full-time and regular part-time production employees, including but not limited to the following departments and/or positions: Maintenance, Lab, Shipping/Receiving, and Engineering Specialists.

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

6a. No. of Employees in Unit:
300

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) 10/4/18 and Employer declined recognition on or about (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

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)

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):
October 29, 2018

11c. Election Time(s):
5am-6:30am, 11am-12:30pm, 2:30pm-5:30pm

11d. Election Location(s):
Break Room, Main (East) Building

12a. Full Name of Petitioner (including local name and number)
United Food and Commercial Workers Local 7

12b. Address (street and number, city, state, and ZIP code)
7760 W 38th Ave, Suite 400, Wheat Ridge CO 80033

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No.
(303) 425-0897 extension 429

12e. Cell No.
(303) 250-0773

12f. Fax No.
(303) 403-1387

12g. E-Mail Address
rajaraghunath@ufcw7.com

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

13a. Name and Title Randy Tiffey, Director of Organizing

13b. Address (street and number, city, state, and ZIP code)
same as above

13c. Tel No.
(303) 425-0897 extension 302

13d. Cell No.
(720) 439-0056

13e. Fax No.
(303) 403-1387

13f. E-Mail Address
rktiffey@ufcw7.com

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) Randy Tiffey

Signature *Randy Tiffey*

Title Director of Organizing

Date October 4, 2018

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 27-RC-229311	Date Filed 10/16/2018
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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 Allied Waste Services of North America, LLC, d/b/a Republic Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3015 E Comstock Ave ID Nampa 83687-3159
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3a. Employer Representative - Name and Title Jeff Mitchell	3b. Address (If same as 2b - state same) 3015 E Comstock Ave ID Nampa 83687-3159
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3c. Tel. No. (208) 297-8300	3d. Cell No.	3e. Fax No. (208) 465-4524	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services	4b. Principal product or service Recycling/Waste removal	5a. City and State where unit is located: Nampa, ID
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 59	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) _____ 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? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): October or Novembers	11c. Election Time(s): 0500-0900	11d. Election Location(s): 3015 E. Comstock Ave., Nampa, ID 83687
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12a. Full Name of Petitioner (including local name and number) Darel T. Hardenbrook General Teamsters Warehousemen and Helpers Local 483	12b. Address (street and number, city, state, and ZIP code) 225 N 16th St Ste 112 ID Boise 83702-5187
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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 Brotherhood of Teamsters

12d. Tel No. (208) 343-5439	12e. Cell No. (208) 585-7761	12f. Fax No. (208) 343-7993	12g. E-Mail Address dhardenbrook@teamsters483.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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Darel T. Hardenbrook	Signature Darel T. Hardenbrook	Title Director of Representation	Date 10/16/2018 10:48:31
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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

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

Employees Included

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
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-229719	Date Filed 10/23/2018

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 Albertsons, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 E Parkcenter Blvd ID Boise 83706-3999
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3a. Employer Representative - Name and Title Katina Wood	3b. Address (If same as 2b - state same) 250 E Parkcenter Blvd ID Boise 83706-3999
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3c. Tel. No. (208) 395-6200	3d. Cell No.	3e. Fax No. (208) 395-6349	3f. E-Mail Address katina.wood@albertsons.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Grocery	5a. City and State where unit is located: Boise, ID
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 47
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Excluded: See Attached Page 2 for additional details	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) 03/16/2018 and Employer declined recognition on or about 03/16/2018 (Date) (If no reply received, so state). Yes No

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? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 11/08/2018	11c. Election Time(s): 10:00-11:30AM, 3:00-4:30PM	11d. Election Location(s): Conference Room at Store 199
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12a. Full Name of Petitioner (including local name and number) Luis Espinosa-Organista UFCW Local 368A	12b. Address (street and number, city, state, and ZIP code) 1310 S Vista Ave Ste 3 ID Boise 83705-2579
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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)
United Food and Commercial Workers International Union, AFL-CIO

12d. Tel No. (202) 368-7154	12e. Cell No. (202) 368-7154	12f. Fax No. (202) 354-5117	12g. E-Mail Address lespinosa@ufcw.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	13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Luis Espinosa-Organista	Signature Luis Espinosa-Organista	Title Field Campaign Coordinator	Date 10/23/2018 10:03:54
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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

DO NOT WRITE IN THIS SPACE	
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
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RD-229039	Date Filed 10/11/2018

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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **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 Darling Ingredients	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 18305 S Cole Rd ID Kuna 83634-4707
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3a. Employer Representative – Name and Title Tom L Johnson Manager	3b. Address (if same as 2b – state same) 18305 S Cole Rd ID Kuna 83634-4707
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3c. Tel. No. (208) 344-8318	3d. Cell No. (308) 325-3081	3e. Fax No. (208) 343-8694	3f. E-Mail Address tjohnson@darlingii.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Others	4b. Principal product or service Tallow and meat and bonemeal	5a. City and State where unit is located: Kuna, ID
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 45	6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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) _____ 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 UFCW 368A Jack Caldwell	8b. Address 1310 S Vista Ave Ste 3 ID Boise 83705-2579
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8c. Tel No. (208) 367-9305	8d Cell No.	8e. Fax No. (208) 363-0624	8f. E-Mail Address jcaldwell@ufcw368a.org
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8g. Affiliation, if any	8h. Date of Recognition or Certification 06/29/2018	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/10/2018
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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 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 11/2/201	11c. Election Time(s): 2pm-5pm
	11d. Election Location(s): Employee breakroom

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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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) ID NAMPA 83651- _____

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date 10/11/2018 15:24:54
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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

Employees Included
All hourly employees

Employees Excluded
secretaries and managers

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
27-RD-229039	10/11/2018