### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### **RD PETITION**

DO NOT WRITE IN THIS SPACE					
Case No. 233505	Date Filed 1/2/2019				

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 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1812 Verdugo Blyd CA Glendale 91208-1409 2a. Name of Employer USC VErdugo Hills Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1812 Verdugo Blvd Christi Cohen Human Resources Director CA Glendale 91208-1409 3c Tel No 3f. E-Mail Address 3d. Cell No. 3e. Fax No. (818) 952-4728 kristi.cohen@vhh.usc.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facilities Healthcare Glendale, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? Yes 🔽 No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 5480 Ferguson Dr CA Commerce 90022-5119 Service Employees Interna ional Union- United Healthcare Workers West Linda McKenzie 8d Cell No. 8e. Fax No. 8f. E-Mail Address (323) 734-8399 (323) 721-3538 Imckenzie-arnold@seiu-uhw.org 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Service Employees Interna ional Union 01/01/2016 01/31/2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 01/28/2019-2/2/2019 0001-2359 1812 Verdugo Blvd Glendale, CA 91208 Conference Room A and B 2n 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) USC Verdugo Hills Hospital (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) None 12d. Tel No. 12q. E-Mail Address 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Glenn A Taubman 8001 Braddock Rd Ste 600 National Right to Work Legal Defense Foundation, Inc. VA Springfield 22151-2110 13c Tel No 13d Cell No 13e Fax No 13f F-Mail Address amt@nrtw.ora (703) 321-8510 (703) 321-9319 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 Date Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 01/2/2019 13:42:14

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	Date Filed			

### Employees Included

All full-time, regular part-time, and per diem non-professional service employees,including Clerk-Same Day Surgery, Unit Secretary, CT/MRI Patient Coord,Storekeeper/Records Clerk, Buyer, Patient Service Rep, OR Scheduler/ORT, LabCollection Coordinator, CPD Processing Tech, Surg Scheduler/ ORT, CPD Technician,OB Tech, Cert Phlebotomist I, Cert Phleb II, Sr. Cert Phleb II, Lead Spec Diag Tech,Surg Tech, GI Tech, Surgical Materials Coordinator, Unt Sec/MNT Tech, ActivityLeader 8HR, Front Office Coordinator/Medical Imaging Radiology Receptionist, LVN,Patient Ambassador, Rad Receptionist, Activity Aide, CAN, Emergency NurseAssistant, Nurse Assistant, Orderly, Pathology Lab Asst, PT Aide I, ED Tech, andPMR Secretary employed by the Employer at its acute care facilities located at 1808, 1812,and 1818 Verdugo Boulevard, Glendale CA 91208.

Employees Excluded
All Managers, Supervisors and Confidential Employees

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

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

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
31-RC-233927	1/11/2019			

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. 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): BMC West LLC 43717 and 43755 N. Division Street Lancaster, California 93535 3b. Address (if same as 2b - state same): 43755 N. Division Street 3a, Employer Representative - Name and Title: Rob Lyons Lancaster, California 93535 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 661-291-3601 661-254-3699 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Lumber yard Lumber Lancaster, California 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 16 See Attachment A. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

Yes 

No See attachment A. 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: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_0$ 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): To be determined To be determined To be determined 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 10015 Rose Hills Road Cabinet Makers, Millmen and Industrial Carpenters Local Whittier, California 90601 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Brotherhood of Carpenters and Joiners of America 12d, Tel, No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (562) 695-0571 (562) 695-1159 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): Desmond C. Lee (attorney) DeCarlo & Shanley 533 S. Fremont Avenue, 9th Floor, Los Angeles, California 90071 13c, Tel. No. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address (213) 488-4100 (213) 488-4180 dlee@deconsel.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Desmond C. Lee Lawyer

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

## Attachment A

Included: All truck drivers, hardware store employees, lumber yard employees including but

not limited to any employees performing work on lumber.

Excluded: Guards, clerical employees, and supervisors.

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

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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
31-RC-234457	1/31/2019					

					·		J 1 - 14	C-20-40	•		1 1/3	1/2019
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer end ell other perties Case Procedures (Form NLR8 48	he petition s named in 12). The sh	must be accom the petition of: ( owing of interes	penied i 1) the per t should	by bo etitle foni	oth a si n; (2) S y be fil	nowing of Interest (so Statement of Position and with the NLRB an	ee 6b b n form ( id shoul	elow) and Form NLF Id not be:	a certifica 18-505); an served on t	te of service sh d (3) Description the employer of	owing a in of Rej any off	ervice on presentation per party.
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner Compared that the National Laboratory	ioner desire	s to be certified a	s repres	enta	tive of t	he employees. The Po	etitione	r alleges t	hat the fol	owing circums	tances e	
2a. Name of Employer:			2b. Ad	dress	(es) of	Establishment(s) invo	lved (SI	reel and n	umber, City	. State. ZIP code	e):	<del></del>
Pinewood Studios Group	and see	attached.	See	atta	ched.	•						
3a. Employer Representative - Nar	ne and Title	:	3b. Add	dress	(if san	e as 2b - state same)	):					
Thom Berryman, Head of	f Pinewo	ood Digital	See	atta	ched	re Pinewood St	tudios	Group	ı			
3c. Tel. No.	3d. Cell No	57 914103		30.	Fax No	).		E-Mail Ac		@pinewoo	demu	n com
4a. Type of Establishment (Factory,				40.	Princip	al Product or Service		110111.12		d State where u		
Film & TV Post-Producti				•	-	TV Post-Produ		Svc	See at			
5b. Description of Unit involved:		<del></del>		ــــــــــــــــــــــــــــــــــــــ						r of Employees	in Unit	· • • ·
Included:									5			
See attached.										hotorial acorb	120W	
See attached.									of the e	ubstantial number imployees in the	unit wis	h to be
Check One: R 7a. Request for rec	conition as	Bargaining Repre	sentativ	e wa	s made	on (Date) 01/1	1/2019	) And		inted by the Peti lectined recogni		Yes No
on or about (Date)		(If n	o reply r	eceiv	red, so	state). No respo	nse.				•••	
7b. Petitioner is cur 8a. Name of Recognized or Certifia		mized as Bargain	ing Rep	reser	itative a	nd desires certificatio	n under	the Act.		<del></del>		
•	a sargam	ug Agant (# noni	9, 30 518	18)	8b. Ad	cress:						
None												
8c. Tel. No. 8d. Cell No.				8e, Fax No. 8f. E-Mail Address								
8g. Affiliation, if any:				h. De	n. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Manth, Day, Year)							
8. Is there now a strike or picketing a	t the Emplo	yer's establishme	nl(s) inv	olved	? No	If so, approx	ulmately	how many	employee	s are participatin	g?	
(Name of Labor Organization)					7		, has	picketed 1	the Employ	er since (Month,	Day, Ye	81)
Organizations or individuals other individuals known to have a repre None										es and other org	anization	s and
10a. Name		10b. Address	-				10	c. Tel. No.		10d. Cell No.	_	
·								10e. Fax No.		10/, E-Mail Address		
							"	e, rax no.	•	TOI. E-MAIL AGG	1622	
11. Election Octolis: # the NLRS co	nducts and	election in this me	mer, sta	te yo	ur posif	ion with respect to an	y such e				Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tin	ne(a):		·············				Location(s	):		
ASAP 12a. Full Name of Politioner (including local name and number):						12b. Address (street		I/A.	State and 2	7IP codel:		
Motion Picture Editors G	-	•	T.S.E.	•		7715 Sunset B		-			9004	6
12c. Full name of national or internati					is an a	filiate or constituem (	(if nane,	so state):	·			· <del>-</del>
International Alliance of			pioyee		Ear N	<u> </u>	112	o F-Mail	Address			
				12f. Fax No. 12g. E-Mail Address 323-876-0961								
13. Representative of the Petitions	r who will t	ccept service of	all pap	ers f	or purp	oses of the represen	ntation	proceedir	g.			
13a. Name and Thie: Michael R. Feinberg, Attorn	ney			13b. Address (street and number, city, State and ZIP code): Schwartz, Steinsapir, Dohrmann & Sommers LLP, 6300 Wilsh			/ilshire	Blvd.,				
13c. Tel. No.	13d. Cell N	<u> </u>			te. 20	00, Los Angeles,		CA 90048   13/, E-Mali Address				
323-655-4700	130. Cell N	·V.		•		5-4488		mrf@ssdslaw.com				
I declare that I have read the above	petition a	nd that the state	ments a				dge an					
Name (Print)		Signature					Tille.					Date
Michael R. Feinberg		Much	ELL		ヘブ	The same	Atto	теу				01/31/19

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

# ATTACHMENT TO 1ST AMENDED RC PETITION FOR ELECTION NLRB CASE NO. 31-RC-234457

2a & 2b. The following entities constitute the joint employers or single employer of the employees in the proposed bargaining unit:

Pinewood Studios Group Pinewood Studios Pinewood Road Iver Heath Buckinghamshire SL0 0NH United Kingdom +44 (0)1753 651700

Pinewood Studios Group dba Pinewood Digital (same contact information as above)

Pinewood Group Limited Pinewood Studios Pinewood Road Iver Heath Buckinghamshire SL0 0NH United Kingdom

Pinewood Shepperton Facilities, Ltd.
Pinewood Studios
Pinewood Road
Iver Heath
Buckinghamshire, SL0 0NH
United Kingdom
+44 (0) 1353-656767

Pinewood Atlanta, LLC 461 Sandy Creek Road Fayetteville, GA 30214 678-369-5950

Pinewood USA, Inc.
Gable Building, Suite 308
Sony Pictures Studios
10202 West Washington Boulevard
Culver City, CA 90232
310-244-3770

5a.

461 Sandy Creek Road Fayetteville, GA 30214

1600 Rosecrans Avenue Manhattan Beach, CA 90266

>

5b.

Included: Post-production technicians and artisans, including Lab Operators, Senior Lab Operators, Dailies Operators, Senior Dailies Operators, Senior Dailies Colorists and Dailies Colorists.

Excluded: All other employees, including managers, guards, confidential employees, and supervisors as defined by the National Labor Relations Act.

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

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

DO NOT WRITE IN	THIS SPACE
31-RC-234457	Date Filed 1/18/2019

RC PETITION					Case IV	31-RC-234457 1/18/2019					
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submemployer concerned is located. The petition must be accompanied by both a showin the employer and all other parties named in the petition of: (1) the petition; (2) Statem Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with					howing of interest (s Statement of Position	see 6b be	elow) and Form NLR	a certificat (B-505): an	e of service shi d (3) Descriptio	owing se	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires	to be certified a	s represe	ntative of t	he employees. The P	etitione	r alleges t	hat the foll	owing circums	tances e	
2a. Name of Employer:			2b Add	ress(es) of	Establishment(s) invo	olved (St	reet and n	umber, City	State, ZIP code	9):	
tand tand to at				ttached	•						
3a. Employer Representative - Name and Title:			3b. Add	b. Address (if same as 2b - state same):							
Thom Berryman, Head of Pinewood Digital			461 5	461 Sandy Creek Road, Fayetteville, Georgia 30214							
3c. Tel. No.	3d. Cell No			3e. Fax N	0.	1923	. E-Mail Ad		320 Y	9	
+44 7557 914103							hom.B		@pinewoo		
4a. Type of Establishment (Factory, Film & TV Post-Producti					to TV Post-Prod		Suo-		d State where u	nit is loca	ited:
5b. Description of Unit Involved:	on Servi	ces		rimo	2 I V Post-Prod	luction	13/0	See att	r of Employees	in I Init	
Included: See attached.								5			
See attached.			Die 75					of the e represe	ibstantial number mployees in the inted by the Peti	unit wish tioner?	to be
Check One: x 7a. Request for reconnection on or about (Date)  7b. Petitioner is cur		(If n	o reply re	ceived, so	state). No respon			Employer o	leclined recogni	tion	
8a. Name of Recognized or Certific					ddress:	on ander	1107101				-
None											
8c. Tel No. 8d. Cell No.				8e. Fax No. 8f			8f. E-Mail Address				
8g. Affiliation, if any:			81	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 a	t the Employ	er's establishme	nt(s) invo	lved? No	) If so, appro	oximately	how many	y employee	s are participatin	ıg?	
(Name of Labor Organization)				2.	<del></del> -	, has	s picketed	the Employ	er since (Month,	Day, Yes	ar)
Organizations or individuals other     individuals known to have a repressione	r than Petitic esentative in	ner and those na terest in any emp	amed in it ployees in	ems 8 and the unit de	9, which have claime escribed in item 5b ab	oove. (If r	nition as re none, so st	presentative ate)	es and other org	anization	s and
10a. Name	- T	10b. Address				10	Oc. Tel. No	8	10d. Cell No.		
						10	De. Fax No		10f. E-Mail Add	fress	
						10000			A THE REAL PROPERTY OF THE PERSON NAMED IN		
11. Election Details: If the NLRB co	nducts and	election in this m	atter, slat	e your pos	ition with respect to a	ny such (	election:	11a. Election Manua		Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tir	ne(s):					n Location(s	):		
ASAP		N/A			12b. Address (stree	1 -	V/A	Ctata and	710 andali		
Motion Picture Editors G					7715 Sunset					9004	6
12c. Full name of national or internat International Alliance of					affliate or constituent	l (if none,	, so state):				
12d. Tel. No. 323-876-4770	12e. Cell N	Carried and the contact of		12f Fax N	No. 76-0961	1:	2g E-Mail	Address			
13. Representative of the Petitione 13a. Name and Title:	er who will a	ccept service o	f all pape	rs for pur	poses of the represe	per, city.	State and a	ZIP code):		DOS PIO	1388 51
Michael R. Feinberg, Attorn	ney			Schwartz, Steinsapir, Dohrmann & Ste. 2000, Los Angeles, CA 90048				nn & Sommers LLP, 6300 Wilshire Blvd.,			
13c. Tel. No. 323-655-4700	13d. Cell N	o.		13e. Fax		13	3f. E-Mail A	Address dslaw.co	om		
I declare that I have read the above	e petition a	nd that the state	ments a	e true to	the best of my know	ledge ar					
Name (Print)		Signatur	200	n	Juby	Title					Date 01/19/10
Michael R. Feinberg		Mer	and the same	1	D	Atto	orney				01/18/19

## ATTACHMENT TO RC PETITION FOR ELECTION AT PINEWOOD STUDIOS GROUP

2b. 461 Sandy Creek Road Fayetteville, GA 30214

1600 Rosecrans Avenue Manhattan Beach, CA 90266

5a. 461 Sandy Creek Road Fayetteville, GA 30214

1600 Rosecrans Avenue Manhattan Beach, CA 90266

5b.

Included: Post-production technicians and artisans, including Lab Operators, Senior Lab Operators, and Dailies Operators.

Excluded: All other employees, including managers, guards, confidential employees, and supervisors as defined by the National Labor Relations Act.

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
31-RD-234188	1/16/2019				

KDTETHIO				
INSTRUCTIONS: Unless e-Filed using the Agency's website, employer concerned is located. The petition must be accon the employer and all other parties named in the petition of:( Case Procedures (Form NLRB 4812). The showing of intere	panied by both a showing 1) the petition; (2) Statemen	of interest (see 7 b nt of Position form	elow) and a certificat Form NLRB-505); an	d (3) Description of Representation
PURPOSE OF THIS PETITION: RD- DECERTIFICATION (RE recognized bargaining representative is no longer their representation Relations Board proceed under its proper authority;	ntative. The Petitioner alleg	es that the followin	g circumstances exis	assert that the certified or currently st and requests that the National \
2a. Name of Employer	2b. Address(es) of Estab	lishment(s) involved	Street and number, ci	ity, state, ZIP code)
Windsor Hrvin Hea Hicare 3a. Employer Representative - Name and Title	3 23 Can 3b. Address (If same as	2b Istate same)	ve Arvin	CA 93203
Ted Telmo Executive Dir.	99	ane		
30. Tel. No. 3d. Fax No. 661-854-4475 661 964-3413	3e. Cell No.	3f. E-Mail		sorcares, com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)	,	4b. Princip	al product or service	557 6-1703 , 65111
Nursing Home	·	He	elthcare	
5a. Description of Unit Involved	1 1 1 1 1 1		1	5b. City and State where unit is located:
Included: Certified Nurse Assistant, Re	storative Dursi	ng Assistan	t, Cook,	
Dietary Aide, Dishwasher, Main-	a Arcicland an	int, Launar	y Employees	1
Excluded: Itsuse keeper, Activities	entral Supply en	ALOYEER Sta	r. Efine coodinal	انسا
" " " Treated records	employer, mane	emon emon	ovees , guards	5.1
6. No. of Employees in Unit 7. Do a substantial number recognized bargaining	per (30% or more) of the emp prepresentative? Yes	oloyees in the unit no	longer wish to be repr	resented by the certified or currently
8a. Name of Recognized or Certified Bargaining Agent			8b. Affiliation, if any	
SEIU Local 2015 Shirle	y Todman	,		
On Addings	'   8d. T	ſel. No.	8e. Cell No.	
2910 Beverly Blud.		5-810-2015	213 446	0-0715
los Angeles CA 90057		ax No. - 368-0699	8g. E-Mail Address	SC142015,000
Date of Recognition or Certification	10. Expiration Date of Cu	rrent or Most Recent	Contract, if any (Mont	SCIU ZOIS. Org
May 16, 2016	June 15,	2019		
11a. Is there now a strike or picketing at the Employer's establishm	ent(s) involved? Tyes	11b. If so, a	approximately how ma	ny employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert No.	ame)			a labor organization, of
(Insert Address) W / A			since	(Month, Day, Year)
12. Organizations or individuals other those named in items 8 and				nizations
and individuals known to have a representative interest in any of 12a. Name 12b. Address	employees in the unit descrit	12c. Tel. N		2d. Fax No.
				Į.
ula ula		12e. Cell N	0. 1	2f. E-Mail Address
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<ol> <li>Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</li> </ol>		13a. Election	on Type: Manual	Mail Mixed Manual/Mail
13b. Election Date(s) January 13c. Election 1				
· · · · · · · · · · · · · · · · · · ·	ime(s)	13d. Election	on Location(s)	
		ı		
February 25, 2019 1:30 pr		ı	on Location(s)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)		Fam	ily Room	
14. Full Name of Petitioner (b) (6), (b) (7)(C)		Fam	ily Room	4c. Fax No.
February 25, 2019 1:30 pr		Fam  14b. Tel. N  (b) (6),	ily Room  (b) (7)(C)	4c. Fax No.
14. Full Name of Petitioner (b) (6), (b) (7)(C)		Fam	ily Room  (b) (7)(C)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)		Fam  14b. Tel. N  (b) (6),	ily Room  (b) (7)(C)	4c. Fax No.
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)	n- 3:30 pm	14b. Tel. N (b) (6), 14d. Cell N	on Location(s)  ily Room  (b) (7)(C)  1	4c. Fax No.
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of 15a. Name	n- 3:30 pm	14b. Tel. N (b) (6), 14d. Cell N	on Location(s)  I V Room  (b) (7)(C)  o. 1  proceeding.	4c. Fax No.  4e. E-Mail Address (
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of	n- 3:30 pm	14b. Tel. N (b) (6), 14d. Cell N	on Location(s)  ily Room  (b) (7)(C)  1	4c. Fax No.  4e. E-Mail Address (
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of 15a. Name (b) (6), (b) (7)(C)  15c. Address (Street and number, city, state, ZIP code)	n- 3:30 pm	14b. Tel. N (b) (6), 14d. Cell N the representation	on Location(s) ily Room  (b) (7)(C)  proceeding.	4c. Fax No.  4e. E-Mail Address (
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of 15a. Name (b) (6), (b) (7)(C)	n- 3:30 pm	the representation  15b.Title  AM  15d. Tel. N	on Location(s) ily Room  (b) (7)(C)  proceeding.  Individual	4c. Fax No.  4e. E-Mail Address C  Lual  5e. Fax No.
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of 15a. Name (b) (6), (b) (7)(C)  15c. Address (Street and number, city, state, ZIP code)	n- 3:30 pm	the representation  15b.Title  AM  15d. Tel. N	on Location(s) ily Room  (b) (7)(C)  proceeding.  Individual	4c. Fax No.  4e. E-Mail Address (
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of 15a. Name (b) (6), (b) (7)(C)  15c. Address (Street and number, City, State, ZIP code) (b) (6), (b) (7)(C)	n - 3: 30 ρm	the representation  15b. Title  AM  15d. Tel. N  15d. Tel. N  15f. Cell Nc  (b) (6), (	proceeding.  In divide to the control of the contro	4c. Fax No.  4e. E-Mail Address C  Lual  5e. Fax No.
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of 15a. Name (b) (6), (b) (7)(C)  15c. Address (Street and number, City, State, 21P code) (b) (6), (b) (7)(C)	n - 3: 30 ρm	the representation  15b. Title  AM  15d. Tel. N  15d. Tel. N  15f. Cell Nc  (b) (6), (	proceeding.  In divide to the control of the contro	4c. Fax No.  4e. E-Mail Address C  Lual  5e. Fax No.
14. Full Name of Petitioner (b) (6), (b) (7)(C)  14a. A (b) (6), (b) (7)(C)  14f. Affiliation, if any  15. Representative of the Petitioner who will accept service of 15a. Name (b) (6), (b) (7)(C)  15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	n - 3: 30 ρm	the representation  15b. Title  AM  15d. Tel. N  (b) (6),  15d. Tel. N  (b) (6), (	proceeding.  In divide to the control of the contro	4c. Fax No.  4e. E-Mail Address (  Lual  5e. Fax No.  5g. E-Mail Address

PRIVACY ACT STATEMENT

Moises none Jaime

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### PETITION RM

Moises Jaime

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
31-RM-234419	1/18/2019				

01/18/2019 10:07:47

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 326 S A St Ste 1 The Sunrise Set, LLC Oxnard 93030-5843 3b. Address (If same as 2b – state same) 326 S A St Ste 1 3a. Employer/Petitioner Representative - Name and Tile Moises none Jaime Managing Member CA Oxnard 93030-584 3f. E-Mail Address 3c. Tel. No 3d. Cell No. 3e. Fax No (805) 616-1430 (805) 616-1430 sunrisesetllc@yahoo.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service agricultural produce shipping/delivery 5a. Description of Unit Involved 5b. City and State where unit is Included: See Attached Page 2 for additional details located Oxnard, CA 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 18 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative 8a. Recognized or Certified Bargaining Agent - Name Abel Garcia 8b. Affiliation, if any Teamsters Union 8c. Address 8d. Tel. No 8e. Cell No. 8g. E-Mail Address 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11/21/2017 11. Is there now a strike or picke ing 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) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Pe itioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: Manual Mail Mixed Manual/Mail any such election. 13c. Election Time(s): 13d. Election Location(s): 13b. Election Date(s): The Sunrise Set, LLC, 326 South 'A' Street, Suite 1, Oxnard, CA 93030 February 8, 11, or 14, 2019 10:00 a.m. 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 326 South 'A' Street Suite 2 14a. Name and Title Stanley James Hodson Attorney NAVA LAW FIRM CA Oxnard 93030-14c. Tel No. 14f. E-Mail Address 14d. Cell No. 14e. Fax No. sjhodson@navalaw.com (805) 483-2465 (805) 483-0860 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

Managing Member 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 truck drivers, dispatchers, & mechanics

Employees Excluded all other employees, guards, & superviosrs

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			