

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 31-RD-233505	Date Filed 1/2/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> USC Verdugo Hills Hospital	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1812 Verdugo Blvd CA Glendale 91208-1409
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<b>3a. Employer Representative - Name and Title</b> Christi Cohen Human Resources Director	<b>3b. Address (if same as 2b - state same)</b> 1812 Verdugo Blvd CA Glendale 91208-1409
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<b>3c. Tel. No.</b> (818) 952-4728	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> kristi.cohen@vhh.usc.edu
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Glendale, CA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details  <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 260 <b>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?</b> Yes <input type="checkbox"/> No <input checked="" 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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> Service Employees International Union- United Healthcare Workers West Linda McKenzie	<b>8b. Address</b> 5480 Ferguson Dr CA Commerce 90022-5119
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<b>8c. Tel No.</b> (323) 734-8399	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (323) 721-3538	<b>8f. E-Mail Address</b> lmckenzie-arnold@seiu-uhw.org
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<b>8g. Affiliation, if any</b> Service Employees International Union	<b>8h. Date of Recognition or Certification</b> 01/01/2016	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 01/31/2019
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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)**

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 01/28/2019-2/2/2019	<b>11c. Election Time(s):</b> 0001-2359
	<b>11d. Election Location(s):</b> 1812 Verdugo Blvd Glendale, CA 91208 Conference Room A and B 2n

<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C) USC Verdugo Hills Hospital	<b>12b. Address (street and number, city, state, and ZIP code)</b> (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)** (b) (6), (b) (7)(C)  
None

<b>12d. Tel No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b> (b) (6), (b) (7)(C)	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (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.**

<b>13a. Name and Title</b> Glenn A Taubman National Right to Work Legal Defense Foundation, Inc.	<b>13b. Address (street and number, city, state, and ZIP code)</b> 8001 Braddock Rd Ste 600 VA Springfield 22151-2110
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<b>13c. Tel No.</b> (703) 321-8510	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (703) 321-9319	<b>13f. E-Mail Address</b> gmt@nrtw.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.

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date</b> 01/2/2019 13:42:14
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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

<b>DO NOT WRITE IN THIS SPACE</b>	
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, and PMR 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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

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

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
BMC West LLC

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
43717 and 43755 N. Division Street  
Lancaster, California 93535

**3a. Employer Representative - Name and Title:**  
Rob Lyons

**3b. Address (if same as 2b - state same):**  
43755 N. Division Street  
Lancaster, California 93535

**3c. Tel. No.** 661-291-3601      **3d. Cell No.**      **3e. Fax No.** 661-254-3699      **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Lumber yard

**4b. Principal Product or Service**  
Lumber

**5a. City and State where unit is located:**  
Lancaster, California

**5b. Description of Unit Involved:**  
Included:  
See Attachment A.

**6a. Number of Employees in Unit:**  
16

Excluded:  
See attachment A.

**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) \_\_\_\_\_ n/a \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**      **8b. Address:**

**8c. Tel. No.**      **8d. Cell No.**      **8e. Fax No.**      **8f. E-Mail Address**

**8g. Affiliation, if any:**      **8h. Date of Recognition or Certification**      **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** 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):** To be determined      **11c. Election Time(s):** To be determined      **11d. Election Location(s):** To be determined

**12a. Full Name of Petitioner (including local name and number):**  
Cabinet Makers, Millmen and Industrial Carpenters Local 721

**12b. Address (street and number, city, State and ZIP code):**  
10015 Rose Hills Road  
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

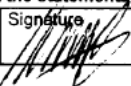
**12d. Tel. No.** (562) 695-0571      **12e. Cell No.**      **12f. Fax No.** (562) 695-1159      **12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:**  
Desmond C. Lee (attorney)

**13b. Address (street and number, city, State and ZIP code):**  
DeCarlo & Shanley  
533 S. Fremont Avenue, 9th Floor, Los Angeles, California 90071

**13c. Tel. No.** (213) 488-4100      **13d. Cell No.**      **13e. Fax No.** (213) 488-4180      **13f. E-Mail Address** 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.**

Name (Print) Desmond C. Lee      Signature       Title Lawyer      Date 1/9/19

**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.

**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.

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

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

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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-503); 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:  
Pinewood Studios Group and see attached.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
See attached.

3a. Employer Representative - Name and Title:  
Thom Berryman, Head of Pinewood Digital

3b. Address (if same as 2b - state same):  
See attached re Pinewood Studios Group

3c. Tel. No.      3d. Cell No.      3e. Fax No.      3f. E-Mail Address

                         +44 7557 914103      Thom.Berryman@pinewoodgroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Film & TV Post-Production Services

4b. Principal Product or Service  
Film & TV Post-Production Svcs

5a. City and State where unit is located:  
See attached.

5b. Description of Unit Involved:  
Included:  
See attached.  
Excluded:  
See attached.

6a. Number of Employees in Unit:  
5

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

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 01/11/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No response.  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)  
None

8b. Address:

8c. Tel. No.      8d. Cell No.      8e. Fax No.      8f. E-Mail Address

8g. Affiliation, if any:      8h. Date of Recognition or Certification      8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type:  
 Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): ASAP      11c. Election Time(s): N/A      11d. Election Location(s): N/A

12a. Full Name of Petitioner (including local name and number): Motion Picture Editors Guild, Local 700, I.A.T.S.E.

12b. Address (street and number, city, State and ZIP code): 7715 Sunset Blvd., Suite 200, Hollywood, CA 90046

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Alliance of Theatrical Stage Employees

12d. Tel. No.      12e. Cell No.      12f. Fax No.      12g. E-Mail Address

323-876-4770      323-876-0961

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title: Michael R. Feinberg, Attorney

13b. Address (street and number, city, State and ZIP code): Schwartz, Steinsapir, Dohrmann & Sommers LLP, 6300 Wilshire Blvd., Ste. 2000, Los Angeles, CA 90048

13c. Tel. No.      13d. Cell No.      13e. Fax No.      13f. E-Mail Address

323-655-4700      323-655-4488      mrf@ssdslaw.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)      Signature      Title      Date

Michael R. Feinberg            Attorney      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

Notification 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.

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.

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Pinewood Studios Group	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> See attached.
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<b>3a. Employer Representative - Name and Title:</b> Thom Berryman, Head of Pinewood Digital	<b>3b. Address (if same as 2b - state same):</b> 461 Sandy Creek Road, Fayetteville, Georgia 30214
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<b>3c. Tel. No.</b> +44 7557 914103	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Thom.Berryman@pinewoodgroup.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Film & TV Post-Production Services	<b>4b. Principal Product or Service</b> Film & TV Post-Production Svc	<b>5a. City and State where unit is located:</b> See attached.
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached. <b>Excluded:</b> See attached.	<b>6a. Number of Employees in Unit:</b> 5	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  **7a. Request for recognition as Bargaining Representative was made on (Date) 01/11/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No response.**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**  
None

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

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> ASAP	<b>11c. Election Time(s):</b> N/A	<b>11d. Election Location(s):</b> N/A
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<b>12a. Full Name of Petitioner (including local name and number):</b> Motion Picture Editors Guild, Local 700, I.A.T.S.E.	<b>12b. Address (street and number, city, State and ZIP code):</b> 7715 Sunset Blvd., Suite 200, Hollywood, CA 90046
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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 Alliance of Theatrical Stage Employees

<b>12d. Tel. No.</b> 323-876-4770	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 323-876-0961	<b>12g. E-Mail Address</b>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Michael R. Feinberg, Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> Schwartz, Steinsapir, Dohmann & Sommers LLP, 6300 Wilshire Blvd., Ste. 2000, Los Angeles, CA 90048
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<b>13c. Tel. No.</b> 323-655-4700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 323-655-4488	<b>13f. E-Mail Address</b> mrf@ssdslaw.com
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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) Michael R. Feinberg	Signature 	Title Attorney	Date 01/18/19
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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



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.

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: 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 <b>Windsor Arvin Healthcare</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>323 Campus Drive Arvin CA 93203</b>	
3a. Employer Representative - Name and Title <b>Ted Telmo Executive Dir.</b>		3b. Address (If same as 2b -state same) <b>Same</b>	
3c. Tel. No. <b>661-854-4475</b>	3d. Fax No. <b>661 964-3413</b>	3e. Cell No. <b>661-479 6032</b>	3f. E-Mail Address <b>ttelmo@windsorcares.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Nursing Home</b>		4b. Principal product or service <b>Healthcare</b>	

5a. Description of Unit Involved Included: <b>Certified Nurse Assistant, Restorative Nursing Assistant, Cook, Dietary Aide, Dishwasher, Maintenance Assistant, Laundry Employees</b> Excluded: <b>Housekeeper, Activities Assistant and Janitor, LVN's, RNs, professional employees, Central Supply employees, staffing coordinator, maintenance director, medical records employee, management employees, guards,</b>		5b. City and State where unit is located:
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6. No. of Employees in Unit <b>52</b>	7. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent <b>SEIU Local 2015 Shirley Todman</b>	8b. Affiliation, if any
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8c. Address <b>2910 Beverly Blvd. Los Angeles CA 90057</b>		8d. Tel. No. <b>855-810-2015</b>	8e. Cell No. <b>213 446-0715</b>
		8f. Fax No. <b>213-368-0699</b>	8g. E-Mail Address <b>shirley@seiu2015.org</b>

9. Date of Recognition or Certification <b>May 16, 2016</b>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>June 15, 2019</b>
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) <b>N/A</b>	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name <b>N/A</b>	12b. Address <b>N/A</b>	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) <b>January February 25, 2019</b>	13c. Election Time(s) <b>1:30 pm - 3:30 pm</b>	13d. Election Location(s) <b>Family Room</b>
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14. Full Name of Petitioner  
**(b) (6), (b) (7)(C)**

14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>	14b. Tel. No. <b>(b) (6), (b) (7)(C)</b>	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name <b>(b) (6), (b) (7)(C)</b>	15b. Title <b>an Individual</b>
15c. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>	15d. Tel. No.
	15e. Fax No.
	15f. Cell No. <b>(b) (6), (b) (7)(C)</b>
	15g. 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>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	Title <b>an Individual</b>	Date Filed <b>1-15-19</b>
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WILLFUL FALSE STATEMENTS 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

**RM PETITION**

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

**INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by 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.**

<b>2a. Name of Employer/Petitioner</b> The Sunrise Set, LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 326 S A St Ste 1 CA Oxnard 93030-5843
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<b>3a. Employer/Petitioner Representative – Name and Title</b> Moises none Jaime Managing Member	<b>3b. Address (If same as 2b – state same)</b> 326 S A St Ste 1 CA Oxnard 93030-5843
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<b>3c. Tel. No.</b> (805) 616-1430	<b>3d. Cell No.</b> (805) 616-1430	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> sunrisetelc@yahoo.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Trucking	<b>4b. Principal product or service</b> agricultural produce shipping/delivery
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<b>5a. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>5b. City and State where unit is located:</b> Oxnard, CA
	<b>6. No. of Employees in Unit:</b> 18

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a.  A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_.

7b.  The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Recognized or Certified Bargaining Agent - Name</b> Teamsters Local 186	<b>8b. Affiliation, if any</b> Teamsters Union
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<b>8c. Address</b>	<b>8d. Tel. No.</b>	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b> 11/21/2017	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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11. 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) \_\_\_\_\_.

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/Petitioner 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)

<b>12a. Name and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

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

13a. Election Type:  Manual  Mail  Mixed Manual/Mail

<b>13b. Election Date(s):</b> February 8, 11, or 14, 2019	<b>13c. Election Time(s):</b> 10:00 a.m.	<b>13d. Election Location(s):</b> The Sunrise Set, LLC, 326 South 'A' Street, Suite 1, Oxnard, CA 93030
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title</b> Stanley James Hodson Attorney NAVA LAW FIRM	<b>14b. Address (street and number, city, state, and ZIP code)</b> 326 South 'A' Street Suite 2 CA Oxnard 93030-
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<b>14c. Tel No.</b> (805) 483-2465	<b>14d. Cell No.</b>	<b>14e. Fax No.</b> (805) 483-0860	<b>14f. E-Mail Address</b> sjhodson@navalaw.com
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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.

<b>Name (Print)</b> Moises none Jaime	<b>Signature</b> Moises Jaime	<b>Title</b> Managing Member	<b>Date</b> 01/18/2019 10:07:47
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

Employees Included  
all truck drivers, dispatchers, & mechanics

Employees Excluded  
all other employees, guards, & supervisors

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed