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						
19-RD-242519	6/3/2019						

	ND CEITION		·				0/0/2027
employer concerned is locate the employer and all other pa	led using the Agency's website, ed. The petition must be accomp arties named in the petition of:(1) B 4812). The showing of interest	panied by both a shi the petition; (2) Sta	owing of Inter- ntement of Pos	est (see 7 b sition form	elow) and a certific (Form NLRB-505); a	ate of service and (3) Descr	e showing service on Iption of Representation
recognized bargaining represe	N: RD-DECERTIFICATION (REM entative is no longer their represent seed under its proper authority pu	ative. The Petitioner	r alleges that t	the followin	g circumstances e		
2a. Name of Employer		2b. Address(es) of	Establishment	(s) involved	(Street and number,	city, state, Zl	P code)
Vancover Special 3a. Employer Reprodentative		3b. Address (If sam			rison Pd	Vancous	ver Wa 981do4
Michael Moses -	Administrator	Sam	e				,
3c. Tel. No.	3d. Fax No.	3e. Cell No.		3f. E-Mail	_		
360-694-7501	360-694-8148	<u> </u>		MMOS	es @ vane	puver	specialty con
4a. Type of Establishment (Facto	T ·				al product or service		in Made
5a Description of Unit Involved	tome	<del></del>			er, vent,		y and State where unit
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Excluded:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110			4. 1 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OFFICE MANAGER	managers, confiders, professional em	Max employ	yees pay	الى الع	erks, busine	55	
6. No. of Employees in Unit	_ I /. Do a substantial north-	1 (30 % 01 11010) 07 11	iesemployees i	n the unit no	longer wish to be re	presented by	the certified or currently
Ba. Name of Recognized or Certif		epresentative?	res No		8b. Affiliation, if any	,	
55511 775	Sdd Land	•					
8c. Address	cary maye	2	8d. Tel. No.	KIOCO -	8e. Cell No.		
215 Columbia &	St		371-32		1	31-15	302
			81. Fax No.	<del></del>	3LO-7 8g. E-Mail Address	<u> </u>	- T
Seattle, Wa 99	8104				Eddy Ha	us C.	SEIU775.00a
9. Date of Recognition or Certification		10. Expiration Date	of Current or I	Most Recen	t Contract, if any (Mo	fith, Day, Yea	n J
11a. Is there now a strike or picke	eting at the Employer's establishme	nt(s) involved?	res 🗗 No	11b. If so	approximately how n	nany employe	es are participating?
	seted by or on behalf of (Insert Na			L		,	a labor organization, of
(Insert Address)					sino	e (Month, Day	
	ther those named in items 8 and 1					anizations	
and individuals known to have 12a. Name	e a representative interest in any er 12b. Address	inproyees in the unit o	Jaschided in Ité	m 5 above. 12c. Tel. N		12d. Fax No.	
	ł			12e. Cell N	ło.	12f. E-Mail A	ddress
13. Election Details: If the NLRI matter, state your position with	B conducts an election in this h respect to any such election.			1	on Type: Manual		Mixed Manual/Mail
13h. Election Date(s)	13c. Election Ti	, ,		13d. Electi	on Location(s) Br	cakroo	2/0
6/27/19-6/28	19 5:300	m-le:30	0m				l lancouer Wa
14. Full Name of Petitioner (b) (6), (b) (7)(C)			1				9866
(-) (-), (-) (-)(-)				1445 T	7(b) (6) (b) (7)(c)	140 -	
(b) (6), (b) (7)(C)				(b) (6), (b) (7)(C	(b) (6), (b) (7)(C)	14c. Fax No.	
(b) (6), (b) (7)(C)				14d, Cell N		14e. E-Mail A	Address
(b) (b), (b) (1)(c)				1-3.0611		(b) (6), (b	
14f. Affiliation, if any				L	.—.—.		
	oner who will accept service of a	Il papers for purpos	ses of the repr	esentation	proceeding.		
(b) (6), (b) (7)(C)				15b.Title		(4-) (6) (1-)	m
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	eove petition and that the statemeters (b) (6), (b) (7)		Dest of my kn	Title			Date Filed
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	· ·		N.	r imekigo	MINERY (U.S. CODE	.,	ECTION 1001)

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 19-RC-242554	Date Filed 6-3-2019						

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 215 N Hill Blvd WA Burlington 98233 Brinderson, a subsidiary of Aegion 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 215 N Hill Blvd WA Burlington 98233 Adam Coleman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address acoleman@brinderson.com (360) 239-6559 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Contractors Anacortes, WA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 60 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No 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 curren ly 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 8q. 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 Mail \_\_\_\_ Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 6/29/2019 6:00 am - 6:00 pm Break Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Ryan M Meyhoff
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, 24437 Russell Road Suite 205 WA Kent 98445-\*12c: Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC 12g. E-Mail Address rmevhoff@usw.org 12d. Tel No. 12e. Cell No. (253) 495-6903 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. F-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. Name (Print) Signature Title Date Staff Representative Ryan M Meyhoff 06/3/2019 11:47:24 Ryan M Meyhoff

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					
19-RC-242554	6-3-2019					

Employees Included Lead, Foreman, Mechanic, Pipefitter, Welder, Tool Room Attendant, Cleaning Crew Member, Scaffold Builder

Employees Excluded
All Salaried and Management personnel as defined by the Act

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 19-RC-242614	Date Filed 6/4/2019							

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 bargeining 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 758 Illinois St., Fairbanks, Alaska, 99701 Golden Valley Electric Association, Inc. 3b. Address (If same as 2b - state same): 3a. Employer Representative - Name and Title: 7475 Clausen Rd. Helena. MT 59601 William Mede 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 907-529-1093 907-529-1093 406-449-2137 williamfmede@gmail.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: **Electric Utility** Fairbanks, Alaska Electric Utility 5b. Description of Unit Involved: 6a. Number of Employees In Unit: Included: See Attachment for Unit Description 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? ☒ Yes ☐ No Excluded: |x| 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: 4/30/19 and Employer declined recognition 5/24/19 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) None 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? , 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: Secret Mail Ballot Election Manual Mail Mixed Manual/Mall 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Mail ballot As soon as possible 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 3333 Denali Street, Suite 200, Anchorage, Alaska 99503 International Brotherhood of Electrical Workers, Local 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers 12d, Tel. No. 12e. Cell No 12f, Fax No. 12g. E-Mail Address sgreen@ibew1547.org 907-317-9554 907-777-7255 907-777-7258 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: 3333 Denali Street, Suite 200, Anchorage, Alaska 99501 Serena Green, Associate General Counsel 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 13c. Tel. No. 907-777-7258 907-317-9554 907-777-7255 sgreen@ibew1547.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) 6/4/19 Associate General Counsel Serena Green

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

#### Attachment to RD Petition:

# Description of unit:

Included: All full-time and part-time Right of Way Agents, Engineering Office Assistants, Operations Office Assistants, CAD/GIS Technicians, CAD/GIS Technician Interns, Engineering Technicians, Lead Engineering Technician, Staking Technicians, Lead Staking Technicians, Job Training and Safety Assistants, and Operations Technicians.

Excluded: All other employees, guards and supervisors as defined in the Act.

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS S	PACE			
Case No.	Date Filed			
19-RD-242911	6-7-19			

INSTRUCTIONS: Unless e-Filed using the A employer concerned is located. The petitic the employer and all other parties named in Case Procedures (Form NLRB 4812). The	on must be accompan n the petition of:(1) the	ied by both a sh e petition; (2) Sta	owing of inter- stement of Pos	est (see 7 i sition form	below) and a certific (Form NLRB-505);	cate of servi and (3) Desc	ce showing service on cription of Representati	ion
PURPOSE OF THIS PETITION: RD-DECE recognized bargaining representative is no lo Labor Relations Board proceed under its	onger their representativ	e. The Petitione	r alleges that t	he following	ng circumstances e	es assert tha xist and req	t the certified or currently uests that the National	у
2a. Name of Employer	2	b. Address(es) of	Establishment	(s) involved	(Street and number,	city, state, Z	(IP code)	_
Vancouver Specially and 3a. Employer Representative - Name and Title		oe Care b. Address (If san			Garnson	Pd.	Vancouver W	A 9846
Michael Moses - Ham. 3c. Tel. No. 3d. Fax No.	nistor	500 e. Cell No.	<u>m</u>	3f. E-Mail	Address			
}	94-8148	e. Cell No.			ses @ vand	anu VV	some alt.	
4a. Type of Establishment (Factory, mine, whole	saler, etc.)			4b. Princip	al product or service	1	ereciae i gec	
5a. Description of Unit Involved					ler, vent,	5b. Ci	ty and State where unit	ce
Included: All Full time and I	regular pai	+time	and on.	call	NAC'S, RA'	s is	located:	
Dictary aides, Hospitalis Excluded: LPN, EN, GPN's managers, Managers, protessional in 6. No. of Employees in Unit 7. Do.	tu vides as	d actio	itus a	assist	ants	_		
Excluded:	garas	· · · · · · · · · · · · · · · · · · ·	Dawrall A	lorve	builder of	ce.		
managers professional es	nolowes on	iande an	d Supe	CUISOC	s siness v	mae		
6. No. of Employees in Unit 7. Do	a substantial number (3 ognized bargaining repi	30% or more) of the resentative?	ie employees ir ∕es	the unit no	longer wish to be re	presented by	y the certified or currently	<b>'</b>
Ba. Name of Recognized or Certified Bargaining	Agent				8b. Affiliation, if any			
SSIU 775 8	ddy Hayc	5						
			8d. Tel. No. 8		8e. Cell No.	<b>52.0</b>		
215 Columbia St.			8f. Fax No.		300 - 73( - 8g. E-Mail Address	030+		
Seattle WH 9810H							TIIDDK. Ora	
Date of Recognition or Certification	10	0. Expiration Date	of Current or N	Most Recen	Contract, if any (Mo	onth, Day, Ye	FU775.org	$\neg$
8/27/18		5/3	3(19					
11a. Is there now a strike or picketing at the Emp	oloyer's establishment(s	s) involved? \(\simega\) Y	es DNo	11b. If so,	approximately how n	nany employe	ees are participating?	
11c. The Employer has been picketed by or on b	ehalf of (Insert Name)						a labor organizati	on, of
(Insert Address)	ad in itama 0 and 11a		-d -coopplian (			e (Month, Da	ay, Year)	
<ol> <li>Organizations or individuals other those nam and individuals known to have a representation</li> </ol>				n 5 above.	(If none, so state)			
12a. Name 12b. Ad	dress			12c. Tel. N	0.	12d. Fax No	),	
				12e. Cell N	10	12f. E-Mail	Addraes	
				TZC. OCH T		121. L-Mail 2	Addiess	
13. Election Details: If the NLRB conducts an ematter, state your position with respect to any					on Type: Manua	_	Mixed Manual/Mai	il
13b. Election Date(s)	13c. Election Time(			13d. Electi	on Location(s) Bre	akrpom		
4/27/19-4/28/19	5:30pm-	<u>le:30ρm</u>		Vance	1. Garrison	486	w	_
<sup>(4.</sup> (b) (6), (b) (7)(C)						A		
(b) (6), (b) (7)(C)			e	14h Tel (t	) (6), (b) (7)(C)	14c. Fax No		
			-	14d. Cell N	lo. ¥	14e. E-Mail	Address	
						(b) (6), (b		
4f. Affiliation, if any								
5. Representative of the Petitioner who will a	ccept service of all p	apers for purpos	es of the repr	esentation	proceeding.			
b) (6), (b) (7)(C)						b) (6). (b) (7)(C)		
(D) (D), (D) (1)(C)			(b)	15d. T. (b (6). (b) (7)(c)	) (6), (b) (7)(C)	100.   Ex 110		
			J	151. Celì N	b) (6), (b) (7)(C)	15g. E-Mail		
(b) (6), (b) (7)(C)	ntata manta	are true to the	(D	) (6), (D) (7)(C)		(b) (6), (	(b) (7)(C)	
Secretary that Thave read the above periods a	(b) (6), (b) (7)(	C)	JHST OF MIV KNO	Title (C)	(b) (7)(C)		Date Filed	
b) (6), (b) (7)(C)				(p) (g)	, (b) (7)(C)		16/2/10	
S	ō		11	O I		TLE 18. S	SECTION 1001)	

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R C PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
19-RC-242899	6/7/2019							

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.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

(Form NLRB-505); and (3) Descript				LRB 4812). The s	howing of into	erest should only be filed			
with the NLRB and should not be s	erved on the	employer or	any other party.	a af am alau an a dala f					
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 Relat	ions Board prod								
P.D. Systems, Inc.			Address(es) of Establishme						
3a. Employer Representative – Name and	Title	I Did	3b. Address (If same		Siloiu, WA 90				
Randy Yates, Program Manager	Title .		38700 Van Dyke		terlina Heiaht	s, MI 48312			
3c. Tel. No.	3d. Cell No.	<del></del>	3e. Fax No.		3f. E-Mail Addi				
586-553-9380	586-961-55	17			ryates@pd-	The state of the s			
4a. Type of Establishment (Factory, mine, w	tholesaler, etc.)	4b. Principal	product or service	<del></del>	4	and State where unit is located:			
Government Contractor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			cal Driving Instruc		ase Lewis McChord, WA			
5b. Description of Unit Involved		1				6a. No. of Employees in Unit:			
	included: All regular full time and regular part time Bus Driving Instructors employed by the employer at Joint Base Lewis								
McChord  Excluded: All other employees, managenal employees, professional employees, supervisors, guards and other employees as defined by the Act.  All other employees, managenal employees, professional employees, supervisors, guards and other employees as defined by the Act.  Petitioner? Yes V No									
Check One: / 7a. Request for re	cognition as Bar	gaining Represe	ntative was made on (Date)	6/7/2019 ar	nd Employer decl	ined recognition on or about			
V. 10420110110		(if no reply rece	· . ·						
7b. Petitioner Is cu		• •	Representative and desires	s certification under the	e Act.				
8a. Name of Recognized or Certified Barg	galning Agent (I	f none, so state	e). 8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess			
8g. Affiliation, if any		,	8h. Date of Recognition	3h. Date of Recognition or Certification 8l. Expiration Date of Current					
					Contract, If any	(Month, Day, Year)			
9. Is there now a strike or picketing at the Ei	mployer's establi	shment(s) involv	red?If so, appro	ximately how many e	mployees are pai	ticipating?			
(Name of labor organization)		, has p	olcketed the Employer since	(Month, Day, Year)					
10. Organizations or Individuals other than F known to have a representative interest in a					presentatives and	other organizations and Individuals			
40a Nama	10b. Ad	dmes	<del></del>	10c. Tel. No.	<del></del> .	10d. Cell No.			
10a. Name	IOD. AG	uless		loc. rei. No.		Tod. Gen No.			
				10e. Fax No.		10f. E-Mall Address			
11. Election Details: If the NLRB conducts	an election in th	ls matter, state y	your position with respect to	11a. Election Type:  Manual Mail Mixed Manual/Mail					
any such election. 11b. Election Date(s):	11c. E	lection Time(s):	· · · · · · · · · · · · · · · · · · ·	11d. Election Loca	ition(s):				
6/27/2019	4pm - 5	Spm				Joint Base Lewis McChard, WA 98439			
12a. Full Name of Petitioner (Including Io International Association of Machinists and			Lodge W24	12b. Address (stre 25 Cornell Avenue		lty, state, and ZIP code)			
12c. Full name of national or international la International Association of Machinists and	bor organization	of which Petition	ner is an affillate or constitue	nt (if none, so state)	·····				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g, E-Mail Ad	dress			
	503-348-1540				jeff@iamw24.o	rg			
13. Representative of the Petitioner who	will accept servi	ce of all papers	s for purposes of the repre	sentation proceedin	g.				
13a. Name and Title Jason Hardwick, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code)									
13c. Tel No.	13d. Cell No.		13e. Fex No. 13f. E-Mail Address						
916-985-8101	916-936-6013		916-985-8121		jhardwick@iam	aw.org			
I declare that I have read the above petitle	on and that the	statements are	true to the best of my kno	wledge and bellef.					
Name (Print) Sig	haturey //	1 5	Title		Date				
Jason Hardwick	IN HON		Grand Lodge Represe	ntative	6/7/2019				

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.

FORM NLRB-502 (RC) (4-15)

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

RC P	ETIT	ION			19-RC-24	12915	6-7-	2019		
INSTRUCTIONS: Unless e-Filed	using th	e Agency's web	site, w	ww.nirb.						
in which the employer concern										
of service showing service on t	he emplo	yer and all other	partie	s name	d in the petition	on of: (1) the peti	tion; (2) State	ment of Position form		
(Form NLRB-505); and (3) Desc	ription of	Representation	Case I	Procedu	res (Form NL	RB 4812). The si	howing of inte	erest should only be filed		
with the NLRB and should not be	e served	on the employe	r or an	y other	party.					
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor R	er desires t	o be certified as repr	esentati	ve of the e	mployees. The	Petitioner alleges th	at the following	circumstances exist and		
2a. Name of Employer			2b. Ac	dress(es)	of Establishmen	t(s) involved (Street a	and number, city,	State, ZIP code)		
MHN Government Services, In		IGS)	Joint				ision Rd, Tad	coma, WA 98433		
3a. Employer Representative – Name Elena Honeycutt, Manager, H		esources		2370 k	Kerner BLVD	s 2b – state same) ) San Rafael, C	A 94901-554	6		
3c. Tel. No.	3d. C	cell No.		3e. Fax			3f. E-Mail Addr			
916-935-0988	- wha/aaa	dan ata I dh Drin	ain al mus		53-6287			neycutt@healthnet.com		
4a. Type of Establishment (Factory, mir Military Contractor	ie, wnoiesa	Military		duct or se ort	rvice		Tacoma	a, WA		
5b. Description of Unit Involved Included: All full-time and regu	lar nart-t	ime Military Fan	nily Life	e Couns	elors (MFLC	') working for the	MELC	6a. No. of Employees in Unit: 16		
							. WII LO	6b. Do a substantial number (30%		
Program, which is based at Joint Base Lewis McChord, Tacoma, Washington.  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 1 No 1										
Check One: 7a. Request for	or recognition	on as Bargaining Re	presenta	tive was n	nade on (Date)	By Petition an	d Employer decli	ned recognition on or about		
<u> </u>		(Date) (If no reply				,				
8a. Name of Recognized or Certified				epresenta	tive and desires 8b. Address	certification under the	Act.			
sa. Name of Recognized or Certified	sargaining	Agent (II none, so	state).		8b. Address					
8c. Tel No.	8d C	ell No.		8e. Fax	No.		8f. E-Mail Addr	f. E-Mail Address		
8g. Affiliation, if any				8h. Date	8h. Date of Recognition or Certification  8i. Expiration Date of Current or Mos Contract, if any (Month, Day, Year)			the state of the s		
9. Is there now a strike or picketing at th	e Employe	r's establishment(s) i	nvolved	?	If so approx	rimately how many en	nnlovees are nar	ticinating?		
(Name of labor organization)										
Organizations or individuals other th known to have a representative interest							resentatives and	other organizations and individuals		
10a. Name		10b. Address				10c. Tel. No.	10d. Cell No.			
					10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NLRB cond any such election.	ucts an ele	ction in this matter, s	tate you	r position	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): Wednesday 6/19/2019		11c. Election Tim 7:00 am - 8:00 a		4:00 pm –	11d. Election Location(s): 00 pm — 6:00 pm 5901 41st Division Dr, Joint Base Lewis-McChord			wis-McChord, Bldg 3204, Room 100		
12a. Full Name of Petitioner (includin International Association of Machinist			ocal Loc	ige 47	2	12b. Address (stree 5621 Bowen Ct.		ity, state, and ZIP code) y, CO 80022		
12c. Full name of national or internation International Association of Machinists				is an affilia	ate or constituen	t (if none, so state)				
12d. Tel No. (916) 985-8101		Cell No. 597-6100		12f. Fax (916) 98		* *	12g. E-Mail Add mward@iamaw			
13. Representative of the Petitioner w	ho will acc	cept service of all p	apers fo	or purpos	es of the repres	entation proceeding	].			
						d number, city, state, eld 1001 Marina Village P		Alameda, CA 94501		
13c. Tel No. 510-337-1001	13d. (	Cell No.		13e. Fa 510-337			13f. E-Mail Add dfujimoto@unio	ress nlrbnotices@unioncounsel.ne oncounsel.net		
I declare that I have read the above pe	etition and	that the statement	s are tru	e to the b	est of my know	ledge and belief.				
Name (Print) David W. M. Fujimoto	Signature	4	>	Title Attorney			Date June 7, 201	9		
		7								

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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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							
19-RC-243177	6-12-2019							

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48	he petition must l named in the pet	e accompan ition of: (1) tl	ied by he peti	both a sh tion; (2) S	owing of interest (se tatement of Position	e 6b below) and form (Form NL	f a certificat RB-505); an	e of service s d (3) Descript	howing selion of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	certified as re	presen	tative of th	e employees. The Pet	titioner alleges	that the foll	owing circum	stances e		
2a. Name of Employer:		2b	. Addre	ess(es) of E	Establishment(s) involv	ved (Street and i	number, City	State, ZIP co	ide):		
Gary Merlino Construction	n Co	9	125 1	Oth Av	e S Seattle WA	98108					
3a. Employer Representative - Nan	ne and Title:	3b	. Addre	ess (if same	e as 2b - state same):						
Charlie Oliver		s	ame								
3c. Tel. No.	3d. Cell No.		13	Be. Fax No		3f. E-Mail A	ddress				
206-762-9125	206-255-943			N/A		charlied	@gmcci				
4a. Type of Establishment (Factory, I	mine, wholesaler, e	etc.)	- 1	•	al Product or Service		, ,	d State where	unit is loca	ated:	
Construction Contractor				General	Contractor		Seattle W				
5b. Description of Unit Involved: Included:							6a. Numbe	r of Employee	es in Unit:		
see attached							80				
Excluded:								ubstantial num			
see attached								mployees in the noted by the Po			
Check One:   7a. Request for recon or about (Date)  7b. Petitioner is cur	05/29/2019	(If no re	eply rec	eived, so s	state).			leclined recog			
Ba. Name of Recognized or Certifie						under the Act.					
Washington Northern Ida		,	,	1		rnational B	lvd Suite	300 Seatt	le WA	98168	
8c. Tel. No.	8d. Cell No.		T	Be. Fax No		8f. E-Mail A	ddress				
425-741-3556	360-269-27	79		N/A			jross@nwlaborers.org				
Bg. Affiliation, if any:					ecognition or Certificat	ion 8i. Expiration	on Date of Cu	urrent or Most	Vaarl M	ay 31, 2021	
Laborers International Un		-		/2007						ay 51, 2021	
<ol><li>Is there now a strike or picketing a (Name of Labor Organization)</li></ol>	t the Employer's es	stablishment(s	s) involv	red? No	If so, approx	imately how mar , has picketed		s are participa er since ( <i>Mont</i>	· —	ar)	
10. Organizations or individuals other individuals known to have a repre								es and other o	rganizatior	s and	
None	Line					T.A. = . N		404 0-111			
10a. Name		ddress				N/A	10c. Tel. No.		10d. Cell No. N/A		
N/A	N/A					10e. Fax N		10f. E-Mail Address			
						N/A	1		uuless		
11. Election Details: If the NLRB co	nducts and election	n in this matte	r, state	your posit	ion with respect to any		11a. Election	N/A n Type:			
Mail Ballot							Manua	l 🗙 Mail	Mixed	Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(	s):			11d. Election	tion Location(s):				
As Soon As Possible	N/A					Mail Ba					
12a. Full Name of Petitioner (includ Washington Northern Ida	_		borer	s	12b. Address (street a 12101 Tukwila				Seattle	WA 98168	
12c. Full name of national or internat	innal labor arrania	ation of which	Detitio		Wilsto as appointed to	if name as state					
Laborers International Un	ion of North										
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 1760-741-3556 12f. Fax No. 12f. Fax No. 12g. E-Mail Address 1760-741-3556 1760-741-356 1760-740-741-356 1760-740-740-740-740-740-740-740-740-740-74											
13. Representative of the Petitione					oses of the represen			13.012		_	
13a. Name and Title:					ss (street and number						
Jared Ross Director of Organizing				12101 T	ukwila Internatio	onal Blvd Su	ite 300 Se	attle WA 9	8168		
13c. Tel. No.	13d. Cell No.			13e. Fax N	o.	13f. E-Mail					
425-741-3556	360-269-27			N/A			wlabore	rs.org			
I declare that I have read the above	petition and tha		nts are	true to th	e best of my knowle		-			Date	
Name (Print) Jared Ross		Signature	/			Title Director of	Organia	ing		6/12/2019	
Jaiou 1000		/	-			DITUCTOR OF	Organiz			5/12/2019	

Inclusion and Exclusion for Gary Merlino Construction Co.

<u>Included:</u> All workers performing Laborers Collective Bargaining Unit work as described in the Western/Central WA AGC Master Labor Agreement between the Washington & Northern Idaho District Council of Laborers and the Washington AGC

**Excluded:** All office clerical, supervisors and guards as defined by The Act, and all other workers covered by another collective bargaining agreement.

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

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

Case No. 19-RC-243260 Date Filed 6-13-2019

DO NOT WRITE IN THIS SPACE

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. T the employer and all other parties Case Procedures (Form NLRB 48	named in th	he petition of: (	1) the pe	tition; (2) S	tatement of Position	form (Form N	LRB-505); an	d (3) Description of Re	presentation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	RC-CERTIFIC ioner desires or Relations	CATION OF RE to be certified a Board proceed	s represe under it	entative of the s proper au	ne endoyees The Pet othority pursuant to S	itioner bliege ection 9 of the	that the foll National La	owing circumstances of bor Relations Act.	ollective exist and	
				b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):						
Kalispell Regional Healthcare			310 Sunnyview Ln, Kalispell, MT 50001							
3a. Employer Representative - Name and Title:			3b. Address (if same as 2b - state same):							
Craig Lambrecht, President & CEO Sa			Same	ame						
3c. Tel. No.	3d. Cell No.			3e. Fax No. 3f. E-Mail A						
(406) 752-5111							echt@krmc.org>			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare System				4b. Principal Product or Service Healthcare			5a. City and State where unit is located:  Kalispell, Montana			
5b. Description of Unit Involved:				Healthcare			6a. Number of Employees in Unit:			
Included:							650	or amproyees in stime	ĺ	
See Attached										
Excluded:							of the	ubstantial number (30% employees in the unit wis	sh to be	
See Attached Check One: 🗵 7a. Request for rec	cognition as F	Sarnaining Penr	eentativ	ahem sew e	on (Date) 6/1	2/19 a		ented by the Petitioner? declined recognition	× Yes ☐ No	
on or about (Date)	no re	ply (If n	o reply r	eceived, so				decimed recognition		
8a. Name of Recognized or Certific										
None										
8c. Tel. No.	8d. Cell No. 8e. Fax No.			).	8f. E-Mail	8f. E-Mail Address				
8g. Affiliation, if any:			h. 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	olved? No	▼ If so, approxi	mately how ma	any employee	s are participating?		
(Name of Labor Organization)						, has pickete	d the Employ	er since (Month, Day, Ye	ear)	
<ol> <li>Organizations or individuals othe individuals known to have a representation.</li> </ol>								es and other organizatio	ns and	
None		40h Add				T40 - T-1 1	1.	10d. Cell No.		
10a. Name 10b. Address					10c. Tel. I					
				10e. Fax No. 10f. E-Mail Address						
11. Election Details: If the NLRB co	nducts and e	lection in this ma	atter, stat	e your posit	ion with respect to any	such election:			d Manual/Mail	
11b. Election Date(s):		11c. Election Tir	ne(s):	11d. Election				on Location(s):		
July 11, 2019 tbd			tbd							
12a. Full Name of Petitioner (includ	ling local nan	ne and number):		12b. Address (street and number, city, State and ZIP code):						
SEIU Healthacare 1199N	W				445 S Main Str	eet, #17, I	Kalsipell,	MT, 59901		
12c. Full name of national or internat	ional labor or	ganization of wh	ich Petit	ioner is an a	ffiliate or constituent (if	none, so state	<del>e)</del> :			
Service Employees Intern										
				2f. Fax No. 12g. E-Mail Address (425) 917-9707 teresat@seiu1199nw <b>#.</b> org						
800-422-8934			f all nan	, , .				9nw <b>g</b> .org		
13. Representative of the Petitioner who will accept service of all papers for 13a. Name and Title:   13b.				13b. Address (street and number, city, State and ZIP code):						
Teresa Tobin, Organizing Director				Same						
13c. Tel. No. 13d. Cell No.			13e. Fax No.		13f. E-Ma	13f. E-Mail Address				
Same				Same		Same				
I declare that I have read the above Name (Print)	e petition an	d that the state Signature		re true to th		ige and beliet Title			Date	
Teresa Tobin		Signatur	7	~~	1	Organizin	g Directo	r	06/13/19	

Kalispell Regional Healthcare Attachment to National Labor Relations Board Petition

Included: All regular full-time, part-time, prn, on call and per diem employees in the following classifications employed by the Employee at Kalispell Regional Medical Center, The Healthcenter, Brendan House, and all Clinics associated with Kalispell Regional Medical Center.

2019 JUN 13 A II: 56

RN

Charge Nurse

SEATTLE WASHINGTON

RN<sub>2</sub>

**RN Clinical Educator** 

**RN Navigator** 

**RN Case Manager** 

**Excluded:** North Valley Hospital and all other employees, managers, confidential employees, and supervisors, as defined in the Act.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-243325	6-14-2019			

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1717 S J St Conifer Health Solutions Tacoma 98405 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1149 Market St MS 10-31 WA Tacoma 98402-Judy Worley 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (253) 792-5761 judy.worley@coniferhealth.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Tacoma, WA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 65 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): July 8 2019 7am-8am, noon-1pm, 6pm-7pm on-site at St Joseph Medical Center 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Mat hew Loveday United Food and Commercial Workers Local 21 5030 1st Ave S Suite 200 WA Seattle 98134 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, AFL-CIO 12g. E-Mail Address mloveday@ufcw21.org 12d Tel No 12e, Cell No. 12f. Fax No. (206) 436-6700 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. F-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. Name (Print) Signature Title Date Mat hew Loveday Organizer 06/14/2019 08:14:40 Mat hew Loveday

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

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
19-RC-243325	6-14-2019			

# **Employees Included**

All full-time and regular part-time Patient Access Representatives I, Patient Access Representatives II, Patient Access Representatives (Lead), Patient Admissions Specialists I, Patient Admissions Specialists II, Patient Admissions Specialists III, Patient Admissions Specialists (Lead), Financial Patient Advocates, and Referral Coordinators, employed by Conifer Health Solutions at St. Joseph Medical Center, 1717 S J St, Tacoma WA 98405.

# **Employees Excluded**

All guards, supervisors, managers, and confidential employees, as defined by the Act.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-243321	Date Filed 6-14-2019			

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1455 Battersby Ave WA Enumclaw 98022 Conifer Health Solutions 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1149 Market St MS 10-31 WA Tacoma 98402-Judy Worley 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (253) 792-5761 judy.worley@coniferhealth.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Enumclaw, WA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 17 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No 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 curren ly 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 8q. 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 Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): July 8 2019 7am-8am, 6pm-7pm on-site at St Elizabeth Hospital 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Mat hew Loveday United Food and Commercial Workers Local 21 5030 1st Ave S Suite 200 WA Seattle 98134 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, AFL-CIO 12g. E-Mail Address mloveday@ufcw21.org 12d Tel No 12e, Cell No. 12f. Fax No. (206) 436-6700 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. F-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. Name (Print) Signature Title Date Mat hew Loveday Organizer 06/14/2019 08:15:19 Mat hew Loveday

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			
19-RC-243321	6-14-2019			

## Employees Included

All full-time and regular part-time Patient Access Representatives I, Patient Access Representatives II, Patient Access Representatives III, Patient Access Representatives (Lead), Patient Admissions Specialists I, Patient Admissions Specialists II, Patient Admissions Specialists III, Patient Admissions Specialists (Lead), Financial Patient Advocates, and Referral Coordinators, employed by Conifer Health Solutions at St Elizabeth Hospital, 1455 Battersby Ave, Enumclaw WA 98022.

## **Employees Excluded**

All guards, supervisors, managers, and confidential employees, as defined by the Act.

FORM NLRB-502 (RC) , (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

# DO NOT WRITE IN THIS SPACE Case No. Date Filed 19-RC-243327 6-14-19

RC PETITION

19-RC-243327

6-14-19

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.

(Form NLRB-505); and (3) Descrip with the NLRB and should not be	otion of Repres	entation Case I	Procedures (Form NL	RB 4812). The sho	wing of inte	rest should only be filed		
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	ERTIFICATION OF desires to be certifi	REPRESENTATI ed as representati	IVE - A substantial number ve of the employees. The	Petitioner alleges that	the following	circumstances exist and		
2a. Name of Employer	adono Dodra proc		dress(es) of Establishmen					
Sierra Springs	3 N.E. Jarrett Street,	Portland, OR 972	30					
3a. Employer Representative – Name ar	nd Title		3b. Address (If same as	s 2b – state same)				
Roger Wehmeier, Manager			Same					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Address			
503-262-1000 N/A			N/A	<u>n</u>		eier@dsservices.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Water Production Plant Water			duct or service		1.	5a. City and State where unit is located: Portland, OR		
5b. Description of Unit Involved				6a. No. of Employees in Unit:				
Included: All warehouse to	aders prod	duction co	oler employees		1	12		
Included: All warehouse, loaders, production, cooler employees  Excluded:  Drivers, Route Sales, Inside Sales, Supervisors under The Act    Columbia						or more) of the employees in the unit wish to be represented by the		
7a. Request for recognition as Bargaining Representative was made on (Date) 6/11/2019 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 Ba			8b. Address	opinional and are	100			
8c. Tel No.	8d Celi No.		8e. Fax No.		8f. E-Mail Address			
8g. Affiliation, if any						ion Date of Current or Most Recent if any (Month, Day, Year)		
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved	? If so, approx	kimately how many emp	loyees are part	ticipating?		
(Name of labor organization)		, has pick	keted the Employer since (i	Month, Day, Year)		<u> </u>		
10. Organizations or individuals other than known to have a representative interest in	Petitioner and tho any employees in	se named in items	8 and 9, which have claim	ed recognition as repre	sentatives and	other organizations and individuals		
10a. Name 10b. Address		dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
<ol> <li>Election Details: If the NLRB conduction any such election.</li> </ol>	ur position with respect to	11a. Election Type:  Manual Mail Mixed Manual						
11b. Election Date(s):       11c. Election Time(s):         June 25, 2019       1:00 pm - 2:00 pm				11d. Election Location(s): Sierra Springs, Portland, OR				
12a. Full Name of Petitioner (including Teamsters Union Local No. 206		12b. Address (street and number, city, state, and ZIP code) 1860 N.E. 162nd AVE, Portland, OR 97230						
12c. Full name of national or international International Brotherhood of Teamsters	labor organization	of which Petitioner	is an affiliate or constituen			<u>-</u>		
12d. Tel No. 12e. Cell No. 503-251-2344 971-219-7321			503-251-2354 geo			lg. E-Mail Address off.stewart@teamsterslocal206.org		
13. Representative of the Petitioner wh	o will accept servi	ice of all papers fo	or purposes of the repres	sentation proceeding.				
			13b. Address (street and number, city, state, and ZIP code) 1860 N.E. 162nd AVE, Porlland, OR 97230					
13c. Tel No. 13d. Cell No.		1		3f. E-Mail Address				
503-251-2344 971-219-7321 503-251-2354 geoff.stewart@teamsterslocal206.org					teamstersiocalzoo.org			
	No.	11	Title		Date			
Name (Print) Geoff Stewart	Signature	lung	Union Representative		June 11, 20	19		

Union Representative

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