

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-236897	Date Filed 3-1-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Oregon Child Development Coalition		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) P. O. Box 2780, 9140 S.W. Pioneer Court, Suite E, Wilsonville, OR 97070	
3a. Employer Representative - Name and Title Donald Dodson, Executive Director		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (503) 570-1110	3d. Cell No.	3e. Fax No. (503) 682-9426	3f. E-Mail Address Donalda.dodson@ocdc.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Child Care Providing Center		4b. Principal product or service Child Care for Migrant Workers	5a. City and State where unit is located: Wilsonville, Oregon
5b. Description of Unit Involved Included: All workers identified on Attachment A, working in the Clackamas and Marion County facilities Excluded: Guards, supervisors and managers			6a. No. of Employees in Unit: 120 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/01/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**
 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): March 13, 2019	11c. Election Time(s): 8:00 a.m. to 5:30 p.m.	11d. Election Location(s): Classroom at 540 North Settlemier Avenue, Woodburn OR 97071
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12a. Full Name of Petitioner (including local name and number) Oregon and Southern Idaho District Council of Laborers, Laborers' Local 737	12b. Address (street and number, city, state, and ZIP code) 17230 N.E. Sacramento Street, Suite 202, Portland, OR 97230
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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)
Laborers' International Union of North America (LIUNA)

12d. Tel No. (541) 801-2203	12e. Cell No. (503) 314-6316	12f. Fax No. (503) 296-2510	12g. E-Mail Address bguzman@local737.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David A. Rosenfeld, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address drosenfeld@unioncounsel.net

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) David A. Rosenfeld	Signature 	Title Attorney	Date March 1, 2019
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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.

Laborers'
International
Union of
North America

LiUNA! LOCAL 737

Feel the Power

Preschool Teacher 1,11
Infant/Toddler Teacher 1,11
Early Childhood Health and Safety Specialist
Preschool Teacher Assistant
Floater
Family Advocate 1,11,11
Preschool Promise Teacher
Preschool Teacher Assistant
Food Service Supervisor
Cook
Cook Assistant
Head Cook
Custodian
Center Aid
Instructional Aid
County Program Support Secretary
Bus Driver
Bus Assistant

ATTACHMENT A

Dispatch phone: (541) 801-2210 email: dispatch@local737.org
Office 541-801-2209 * 17230 NE Sacramento St., Suite 202 * Portland, Oregon 97230
www.Local737.org

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-237019

Date Filed 3/4/19
Amd: 3/5/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: The Purple Store, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 92 Stewart St., Seattle, WA 98101	
3a. Employer Representative - Name and Title: Adam Sheridan, Owner		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 206-801-1599	3d. Cell No.	3e. Fax No.	3f. E-Mail Address adam@thepurplestore.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail and E-commerce store	4b. Principal Product or Service Clothing and housewares	5a. City and State where unit is located: Seattle, Washington
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5b. Description of Unit Involved: Included: All retail, fulfillment and operations employees employed by the Employer. Excluded: All supervisory and guards as defined by the Act.		6a. Number of Employees in Unit: 8
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/04/19 and Employer declined recognition on or about (Date) 03/04/19 (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: As soon as possible at the store in Seattle

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Mondays or Tuesdays	11c. Election Time(s): 2:00 PM to 3:00 PM	11d. Election Location(s): At the store in Seattle
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12a. Full Name of Petitioner (including local name and number): The Purple Store Employees' Labor Organization	12b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
None

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: (b) (6), (b) (7)(C), Bargaining Representative	13b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)
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13c. Tel. No. (b) (6), (b) (7)(C)	13d. Cell No.	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
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I declare that I have read the above petition and believe in its truth and belief.

Name (Print) (b) (6), (b) (7)(C)	Title Bargaining Representative	Date 03/05/19
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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

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-237019	Date Filed 3/4/2019

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 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: The Purple Store	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 92 Stewart St, Seattle, WA 98101
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3a. Employer Representative - Name and Title: Adam Sheridan	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 2068011599	3d. Cell No. 2062401279	3e. Fax No.	3f. E-Mail Address adam@thepurplestore.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail/Ecommerce Store	4b. Principal Product or Service Purple Fashion & Housewares	5a. City and State where unit is located: Seattle, Washington
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5b. Description of Unit Involved: Included: Retail, operations, and fulfillment specialists Excluded:	6a. Number of Employees in Unit: 10
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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) 2/28/19 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) Daniel Goodwin	8b. Address: 4528 Eastern Ave N. Seattle, WA 98103
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8c. Tel. No. 2068011599	8d. Cell No. 5129147229	8e. Fax No.	8f. E-Mail Address danielbgoo@gmail.com
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
 (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name The Purple Store Employees Labor Organizations	10b. Address 92 Stewart St. Seattle, WA 98101	10c. Tel. No. 2068011599	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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): (b) (6), (b) (7)(C)	12b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

12d. Tel. No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: (b) (6), (b) (7)(C)	13b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)
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13c. Tel. No.	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)	Signature 	(b) (6), (b) (7)(C)	Date 2/28/19
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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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	19-RC-237101	Date Filed	3-5-19
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer QED Lab Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1049 NW Corporate Drive OR Troutdale 97060-
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3a. Employer Representative - Name and Title Charlie Klingner	3b. Address (If same as 2b - state same) 1049 NW Corporate Drive OR Troutdale 97060-
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3c. Tel. No. (503) 206-2558	3d. Cell No.	3e. Fax No.	3f. E-Mail Address charlie@qedlab.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Others	4b. Principal product or service Water and air testing	5a. City and State where unit is located: Portland, OR
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 7
Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 03/04/2019 and Employer declined recognition on or about 03/04/2019 (Date) (If no reply received, so state). Yes
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11b. Election Date(s): 03/20/19	11c. Election Time(s): 7 am	11d. Election Location(s): 1049 NW Corporate Drive, Troutdale, OR 97060
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12a. Full Name of Petitioner (including local name and number) Mike James International Union of Painters and Allied Trades, District Council 5	12b. Address (street and number, city, state, and ZIP code) 11105 NE Sandy Blvd. OR Portland 97220-
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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 Union of Painters and Allied Trades

12d. Tel No. (503) 257-6644	12e. Cell No.	12f. Fax No. (503) 256-5271	12g. E-Mail Address mikej@iupatdc5.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Daniel Hutzenbiler Attorney McKanna Bishop Joffe	13b. Address (street and number, city, state, and ZIP code) 1635 NW Johnson St OR Portland 97209-
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13c. Tel No. (503) 226-6111	13d. Cell No.	13e. Fax No. (503) 226-6121	13f. E-Mail Address dhutzenbiler@mbjlaw.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) Daniel Hutzenbiler	Signature Daniel Hutzenbiler	Title Attorney	Date 03/5/2019 12:37:40
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RC-237101	3-5-19

Employees Included

All full-time and regular part-time employees performing water and air testing of glass.

Employees Excluded

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

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-237103

Date Filed
3/5/2019

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 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: Vail Resorts/Stevens Pass		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): Summit Stevens Pass, 93001 US Hwy 2, Skykomish, WA 98288	
3a. Employer Representative - Name and Title: Tom Pettigrew GM & VP		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 206 812-4510	3d. Cell No.	3e. Fax No. 206 812-4517	3f. E-Mail Address tpettigrew@vailresorts.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Ski Resort	4b. Principal Product or Service Snow Sports	5a. City and State where unit is located: Skykomish, WA
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5b. Description of Unit Involved: Included: All FT and PT workers in the Ski Patrol Department (patrollers, clerks and avalanche) Excluded:	6a. Number of Employees in Unit: 51	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/5/19 (If no reply received, so state). By this filing and Employer declined recognition
 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
 (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Due to p/t workers and geography, a mail in ballot will be best for voter participation. 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): April 2, 2019	11c. Election Time(s): N/A	11d. Election Location(s): Count at Seattle NLRB Office
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12a. Full Name of Petitioner (including local name and number): Communications Workers of America	12b. Address (street and number, city, State and ZIP code): 8085 E Prentice Ave, Greenwood Village, Co 80111
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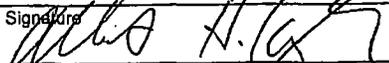
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Communications Workers of America

12d. Tel. No. 303 770-2822	12e. Cell No. 303 324-2438	12f. Fax No. 303 793-7927	12g. E-Mail Address akogler@cwa-union.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Al Kogler, Administrative Director - Organziing	13b. Address (street and number, city, State and ZIP code): 8085 E Prentice Ave, Greenwood Village, CO 80111

13c. Tel. No. 303 770-2822	13d. Cell No. 303 324-2438	13e. Fax No. 303 793-7927	13f. E-Mail Address akogler@cwa-union.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Albert H. Kogler	Signature 	Title Administrative Director	Date 3/5/19
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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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

19-RC-237193

3-6-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Executive Security Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Eastport Plaza, 4000 SE 82nd Ave, Suite 4000, Portland, OR 97266

3a. Employer Representative - Name and Title
Bryan Witt, Vice President, Business Development

3b. Address (if same as 2b - state same)
12300 SE Mallard Way, Ste. 216, Portland, OR 97222

3c. Tel. No. 503-344-6488 **3d. Cell No.** 503-329-3554 **3e. Fax No.** **3f. E-Mail Address** bryan@executivesecurityinc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY **4b. Principal product or service** SECURITY **5a. City and State where unit is located:** Portland, OR

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY EXECUTIVE SECURITY SERVICES, INC @ EASTPORT PLAZA, 4000 SE 82ND AVE, SUITE 4000, PORTLAND, OR 97266
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit: 10
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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).** NO
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). 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): 3/26/19 **11c. Election Time(s):** 6-8:00 AM & 2-4:00 PM **11d. Election Location(s):** BREAKROOM

12a. Full Name of Petitioner (Including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA) **12b. Address (street and number, city, state, and ZIP code)** 25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA)

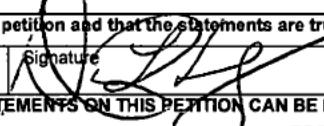
12d. Tel No. 586-772-7250 **12e. Cell No.** (b) (6), (b) (7)(C) **12f. Fax No.** 586-772-9644 **12g. E-Mail Address** organize@spfpa.org

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

13a. Name and Title Gordon Gregory, General Counsel **13b. Address (street and number, city, state, and ZIP code)** 65 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No. 313-964-5600 **13d. Cell No.** **13e. Fax No.** 313-964-2125 **13f. E-Mail Address** Gordon@UnionLaw.net

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) David L. Hickey **Signature**  **Title** International President **Date** 3/5/19

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)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-237387

Date Filed

3-11-2019

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 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
Swedish Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
See Attached

3a. Employer Representative - Name and Title
Stacia Hayes

3b. Address (if same as 2b - state same)
747 Broadway MS-NT1450 Seattle, Washington 98122

3c. Tel. No.
206.386.2915

3d. Cell No.
206.930.0173

3e. Fax No.
206.215.3071

3f. E-Mail Address
stacia.hayes@swedish.org

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

4b. Principal product or service
SECURITY

5a. City and State where unit is located:
WA 98122

5b. Description of Unit Involved
Included: all fulltime and part time armed and unarmed security officers employed by the employer

5c. No. of Employees in Unit:
70

Excluded:
clerical, managerial, salaried, and supervisory personnel as defined by the act

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) NA and Employer declined recognition on or about (Date) NA (If no reply received, so state). NA

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).
NA

8b. Address
NA

8c. Tel. No.
NA

8d. Cell No.
NA

8e. Fax No.
NA

8f. E-Mail Address
NA

8g. Affiliation, if any
NA

8h. Date of Recognition or Certification
NA

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
NA

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA
(Name of labor organization) NA, has picketed the Employer since (Month, Day, Year) NA

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)
NA

10a. Name
NA

10b. Address
NA

10c. Tel. No.
NA

10d. Cell No.
NA

10e. Fax No.
NA

10f. E-Mail Address
NA

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):
first available

11c. Election Time(s):
NA

11d. Election Location(s):
NA

12a. Full Name of Petitioner (Including local name and number)
United Government Security Officers of America and its Local 312

12b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union

12d. Tel. No.
617-620-7225

12e. Cell No.
617-620-7225

12f. Fax No.
NA

12g. E-Mail Address
Mleblanc@ugsoa.com

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

13a. Name and Title
Mike LeBlanc DHS Vice President UGSOA International Union

13b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

13c. Tel. No.
617-620-7225

13d. Cell No.
617-620-7225

13e. Fax No.
774-678-4858

13f. E-Mail Address
Mleblanc@ugsoa.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)
Mike LeBlanc

Signature


Title
DHS Vice President UGSOA International Union

Date
03/11/2019

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.

2B) Work Site Addresses

747 Broadway Ave Seattle Wa 98122

751 NE Blakely Dr, Issaquah, WA 98029

13020 Meridian Ave S, Everett, WA 98208

18100 NE Union Hill Rd, Redmond, WA 98052

500 17th Ave, Seattle, WA 98122

5300 Tallman Ave NW, Seattle, WA 98107

21601 76th Ave. W, Edmonds, WA 98026

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	19-RC-237656	Date Filed	3-13-19
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Burgerville, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8218 NE Glisan St. Portland, OR 97220 OR Portland 97220-
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3a. Employer Representative - Name and Title Kristin Bremer Moore	3b. Address (If same as 2b - state same) Tonkon Torp LLP, 888 SW Fifth, Suite 1600 OR Portland 97204-
---	--

3c. Tel. No. (503) 802-2154	3d. Cell No.	3e. Fax No. (503) 972-2854	3f. E-Mail Address kristin.bremer@tonkon.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Restaurants	4b. Principal product or service Food	5a. City and State where unit is located: Portland, OR
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 25	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): April 4-5	11c. Election Time(s): 9am-6pm	11d. Election Location(s): Burgerville #4
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12a. Name of Petitioner (including local name and number) (b) (6), (b) (7)(C) Burgerville Workers Union	12b. Address (street and number, city, state, and ZIP code) 2249 E Burnside St OR Portland 97214-
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Industrial Workers of the World	12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No. (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kate Suisman Attorney Northwest Workers' Justice Project	13b. Address (street and number, city, state, and ZIP code) 812 SW Washington Street, Suite 225 OR Portland 97205-
---	---

13c. Tel No. (503) 525-8454	13d. Cell No.	13e. Fax No.	13f. E-Mail Address kate@nwjp.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Forrest James Arnold	Signature Forrest James Arnold	Title	Date 03/13/2019 17:33:49
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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

DO NOT WRITE IN THIS SPACE	
Case 19-RC-237656	Date Filed 3-13-19

Employees Included
full-time and regular part-time crew members of Burgerville #4

Employees Excluded
managerial employees, guards and supervisors

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-237657	Date Filed 3-13-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Burgerville, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1135 NE Martin Luther King Jr Blvd OR Portland 97232-	
3a. Employer Representative - Name and Title Kristin Bremer Moore		3b. Address (if same as 2b - state same) Tonkon Torp LLP, 888 SW Fifth Suite 1600 OR Portland 97204-	
3c. Tel. No. (503) 802-2154	3d. Cell No.	3e. Fax No. (503) 972-2854	3f. E-Mail Address kristin.bremer@tonkon.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Restaurants		4b. Principal product or service Food	5a. City and State where unit is located: Portland, OR

5b. Description of Unit Involved		6a. No. of Employees in Unit: 35
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): April 2-3	11c. Election Time(s): 9am-6pm	11d. Election Location(s): Burgerville #14
12a. Name of Petitioner (including local name and number) (b) (6), (b) (7)(C) Burgerville Workers Union		12b. Address (street and number, city, state, and ZIP code) 2249 E Burnside St OR Portland 97214-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Industrial Workers of the World

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No. (b) (6), (b) (7)(C)
--	----------------------	--

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

13a. Name and Title Kate Suisman Attorney Northwest Workers' Justice Project		13b. Address (street and number, city, state, and ZIP code) 812 SW Washington Street Suite 225 OR Portland 97205-	
13c. Tel No. (503) 525-8454	13d. Cell No.	13e. Fax No.	13f. E-Mail Address kate@nwjp.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date 03/13/2019 18:37:47
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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

DO NOT WRITE IN THIS SPACE	
Case 19-RC-237657	Date Filed 3-13-19

Employees Included

full-time and regular part-time crew members at Burgerville #14

Employees Excluded

managerial employees, guards and supervisors

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-237677	Date Filed 3-14-2019
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer St. Joseph's Regional Medical Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 415 6th Street ID Lewiston 83501-
---	--

3a. Employer Representative - Name and Title Blain Claypool	3b. Address (If same as 2b - state same) 415 6th Street ID Lewiston 83501-
---	---

3c. Tel. No. (208) 799-5301	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Blain.Claypool@sjrmmc.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service Healthcare	5a. City and State where unit is located: Lewiston, ID
---	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 282
--	---

Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
--	--------------------

8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 04/03/19 and 04/04/19	11c. Election Time(s): 0600-0900, 1500-2000	11d. Election Location(s): conference room, St. Joseph's Regional Medical Center 415 6th Street, L
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12a. Full Name of Petitioner (including local name and number) Taj Wilkerson Teamsters Local Union No. 690	12b. Address (street and number, city, state, and ZIP code) 1912 N Division St Suite 200 WA Spokane 99207-
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (509) 455-9410	12e. Cell No. (208) 818-1685	12f. Fax No.	12g. E-Mail Address twilkerson@teamsterslocal690.org
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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	13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Taj Wilkerson	Signature Taj Wilkerson	Title Business Agent	Date 03/14/2019 08:01:13
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RC-237677	3-14-2019

Employees Included

All full time, part time and per diem Registered Nurses employed by St. Joseph's Regional Medical Center locations in the classifications of staff Nurse.

Employees Excluded

Excluded from the bargaining unit are Supervisors, Directors, Hospital Management and Guards as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-238025	Date Filed 3/19/2019

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 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 St. Joseph's Regional Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 415 6th Street ID Lewiston 83501-	
3a. Employer Representative - Name and Title Timothy Davis		3b. Address (If same as 2b - state same) 2600 Grand Blvd, Suite 750 MO Kansas City 64108-	
3c. Tel. No. (816) 472-6400	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tadavis@constangy.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service healthcare	5a. City and State where unit is located: Lewiston, ID
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 282 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 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). <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 04/03/2019 & 04/04/2019	11c. Election Time(s): 0600-0900 & 1500-2000	11d. Election Location(s): Conference room, St. Joseph's RMC	
12a. Full Name of Petitioner (including local name and number) Taj Wilkerson Teamsters Local 690		12b. Address (street and number, city, state, and ZIP code) 1912 N. Division St, Suite 200 WA Spokane 99207-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			
12d. Tel No. (509) 455-9410	12e. Cell No. (208) 818-1685	12f. Fax No.	12g. E-Mail Address twilkerson@teamsterslocal690.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title John E Holland lawyer Reid McCarthy Balfew & Leahy LLP		13b. Address (street and number, city, state, and ZIP code) 100 W. Harrison St. NS-300 WA Seattle 98119-	
13c. Tel No. (206) 285-3610	13d. Cell No.	13e. Fax No.	13f. E-Mail Address jack@rmbilaw.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) John E Holland	Signature John E Holland	Title lawyer	Date 03/19/2019 16:35:23

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.

DO NOT WRITE IN THIS SPACE

Attachment

Case
19-RC-238025

Date Filed
3/19/2019

Employees Included

All full time, part time and per diem Registered Nurses employed by St. Joseph's Regional Medical Center locations in the classification of staff nurse.

Employees Excluded

Excluded from the bargaining unit are Supervisors, Directors, Hospital Management and Guards as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-238232	Date Filed 3-22-2019

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 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 National Express/Durham School Services (NEX)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Main Yard at 1304 80th Street, SW, Everett, WA 98203	
3a. Employer Representative - Name and Title Rick Cozza, Assistant General Counsel		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. (630) 536-4245	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rick.cozza@nellc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus Yards	4b. Principal product or service Transportation Services	5a. City and State where unit is located: Everett, WA
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5b. Description of Unit Involved
Included: All full-time and regular part-time bus drivers and dispatchers.
Excluded: All office clerical employees, professional employees, bus monitors, and drivers in training and mechanics, guards, payroll clerks and statutory supervisors, as defined in the NLRA.

6a. No. of Employees in Unit: 100+
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **3/8/2019** and Employer declined recognition on or about **no reply** (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		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 NONE	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): During the week of April 8, 2019 to April 12, 2019	11c. Election Time(s): 5:30-7:00 AM, 9:30-11:30 AM; 4:00-6:00 AM	11d. Election Location(s): SEE ATTACHMENT

12a. Full Name of Petitioner (including local name and number) Teamsters Union, Local No. 38	12b. Address (street and number, city, state, and ZIP code) 2601 Everett Avenue, Everett, WA 98201
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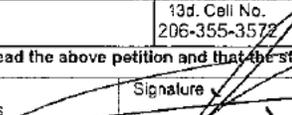
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel. No. 425-252-3800	12e. Cell No. 425-309-1116	12f. Fax No.	12g. E-Mail Address mraughter@teamsters38.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title SaNni Lemonidis, Attorney		13b. Address (street and number, city, state, and ZIP code) Robbiee Detwiler, PLLP, 2101 4th Avenue, Suite 1000, Seattle, WA 98121	
13c. Tel. No. 206-467-6700	13d. Cell No. 206-355-3572	13e. Fax No. 206-467-7589	13f. E-Mail Address slemonidis@unionattorneysnw.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) SaNni M-K Lemonidis	Signature 	Title Attorney for Teamsters 38	Date 3/21/2019
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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 to RC PETITION

11d. Election Location(s):

Main Durham Bus Yard:

1304 80th Street SW, Everett, WA 98203

Three (3) Satellite Durham Bus Yards:

2911 California Ave., Everett, WA 98201
4117 132nd Street SE, Everett, WA 98208
3414 168th Street SE, Bothell, WA 98208

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-238508	Date Filed 3/27/2019

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 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 Avista Utilities		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1411 E Mission Ave WA Spokane 99252-0001	
3a. Employer Representative - Name and Title Scott Morris		3b. Address (if same as 2b - state same)	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address scott.morris@avistacorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	5a. City and State where unit is located: Noxon, MT

5b. Description of Unit Involved Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 2
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/27/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
 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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): 04/11/2019	11c. Election Time(s): 8:00am	11d. Election Location(s): 33 Avista Village Road, Noxon, MT 59853

12a. Full Name of Petitioner (including local name and number) Matthew Reese International Brotherhood of Electrical Workers, Local Union 77	12b. Address (street and number, city, state, and ZIP code) 19415 International Blvd WA SeaTac 98188
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers

12d. Tel No. (206) 323-4505	12e. Cell No. (206) 735-0748	12f. Fax No. (206) 323-0186	12g. E-Mail Address mattreese@ibew77.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kristina Detwiler Attorney Robblee Detwiler PLLP		13b. Address (street and number, city, state, and ZIP code) 2101 4th Ave Suite 1000 WA Seattle 98121-2346	
13c. Tel No. (206) 767-6700	13d. Cell No.	13e. Fax No.	13f. E-Mail Address kdetwiler@unionattorneysnw.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) Matthew Reese	Signature Matthew Reese	Title Organizer	Date 03/27/2019 14:08:46
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-238508	Date Filed 3/27/2019

Employees Included

All regular full-time and part-time Cooks, working for Avista Utilities at the Noxon and Cabinet locations to be added to the existing bargaining unit of employees affiliated with International Brotherhood of Electrical Workers Local 77, AFL-CIO. Please consider this a notice of IBEW's intent to pursue an Amour-Globe type self-determination election.

Employees Excluded

All job classifications not incorporated in the description above including confidential employees, guards, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-238664	Date Filed 3-29-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Kesey Enterprises, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Cuthbert Amphitheater - 2300 Leo Harris Pkwy, Eugene, OR 97401; McDonald Theater - 010 Willamette St, Eugene, OR 97401

3a. Employer Representative - Name and Title
Kit Kesey - President and Registered Agent

3b. Address (if same as 2b - state same)
29440 Airport Rd., Eugene, OR 97402

3c. Tel. No.
(541) 689-6344

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
shannon@kesey.com/kit@kesey.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Entertainment Venues

4b. Principal product or service
Live Performances

5a. City and State where unit is located:
Eugene, OR

5b. Description of Unit Involved

Included: All stagehands and production workers, including stage carpenters, lighting technicians and electricians, sound technicians and engineers, riggers, flymen, truckloaders, forklift operators, personnel lift operators, audiovisual technicians, camera operators, spot operators, wardrobe technicians/dressers, hair/wig and makeup workers, and any others employed by Kesey Enterprises, Inc. in similar positions engaged in the loading in, operation, and loading out of equipment used in connection with all live concerts and other events.

Excluded: Performers, ticket ticket takers, ushers, office staff, booking employees, event coordinators, guards, supervisors, and managers.

6a. No. of Employees in Unit:
42

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) ** _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). ** petition serves as

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? _____ 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):
April 19 - May 10, 2019

11c. Election Time(s):
mail ballot

11d. Election Location(s):
mail ballot

12a. Full Name of Petitioner (including local name and number)
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, Local 675

12b. Address (street and number, city, state, and ZIP code)

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, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada

12d. Tel No.

12e. Cell No.
503-360-3333

12f. Fax No.

12g. E-Mail Address
cbateman@iatse.net

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

13a. Name and Title
Elizabeth Joffe, Attorney

13b. Address (street and number, city, state, and ZIP code)
McKanna Bishop Joffe, LLP, 1635 NW Johnson St., Portland, OR 97209

13c. Tel No.
503-821-0962

13d. Cell No.
503-896-9810

13e. Fax No.

13f. E-Mail Address
ljoffe@mbjlaw.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)
Elizabeth Joffe

Signature
/s/Elizabeth Joffe

Title
Attorney for Petitioner

Date
3/29/19

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-237783	Date Filed 3-15-19

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition; (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: **FERGUSON ENTERPRISES**
 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): **2121 N COLUMBIA BLVD PORTLAND OR 97217**

3a. Employer Representative - Name and Title: **JARED POTTER**
 3b. Address (If same as 2b - state same): **SAME**
 3c. Tel. No.: **503-283-3333**
 3d. Fax No.:
 3e. Cell No.: **503-504-7820**
 3f. E-Mail Address: **JARED.POTTER@FERGUSON.COM**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **WHOLESALE**
 4b. Principal product or service: **PLUMBING**

5a. Description of Unit Involved
 Included: **DELIVERY TRUCK DRIVERS**
 Excluded:
 5b. City and State where unit is located: **PORTLAND OREGON**

6. No. of Employees in Unit: **10**
 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? Yes No

8a. Name of Recognized or Certified Bargaining Agent: **GENERAL TEAMSTERS LOCAL UNION NO 162**
 8b. Affiliation, if any:

8c. Address: **1850 NE 162ND AVE. PORTLAND OR 97230**
 8d. Tel. No.: **503-257-0162**
 8e. Cell No.:
 8f. Fax No.:
 8g. E-Mail Address:

9. Date of Recognition or Certification: **JUNE 1ST 2007**
 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **MAY 31st 2019**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No
 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____

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	12b. Address	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: Manual Mail Mixed Manual/Mail

13b. Election Date(s): **ANY TUESDAY OR FRIDAY**
 13c. Election Time(s): **2:00 P.M.**
 13d. Election Location(s): **FERGUSON ENTERPRISES 2121 N. COLUMBIA BLVD PORTLAND OR**

(b) (6), (b) (7)(C)
 (b) (6), (b) (7)(C)
 14b. Tel. No.: (b) (6), (b) (7)(C)
 14c. Fax No.: (b) (6), (b) (7)(C)

14f. Affiliation, if any
 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name: **SAME**
 15b. Title:

15c. Address (Street and number, city, state, ZIP code):
 15d. Tel. No.:
 15e. Fax No.:
 15f. Cell No.:
 15g. E-Mail Address:

I declare that I have read the above petition and its contents with knowledge and belief.
 (b) (6), (b) (7)(C)
 Title: **PETITIONER**
 Date Filed: **3-15-19**

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RM-237652	Date Filed 3/13/2019

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.**

2a. Name of Employer/Petitioner: Lister Chain & Forge, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3810 Loomis Trail Rd, Blaine, WA 98230
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3a. Employer/Petitioner Representative - Name and Title: Mike Stobbart, President	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 360-332-4323	3d. Cell No.	3e. Fax No. 360-332-4247	3f. E-Mail Address mstobbart@listerchain.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service Manufacture of marine chain, anchors and fittings
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5a. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A	5b. City and State where unit is located: Blaine, WA
	6. Number of Employees in Unit: 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.

8a. Name of Recognized or Certified Bargaining Agent - Name Ryan Meyhoff, United Steel Workers of America, Local 12-590	8b. Affiliation, if any: AFL-CIO, CLC
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8c. Address: 24437 Russell Road, Suite 205, Kent, WA 98032	8d. Tel. No. 253-854-4536	8e. Cell No.
	8f. Fax No. 253-854-4609	8g. E-Mail Address rmeyhoff@usw.org

9. Date of Recognition or Certification Case No. 19-RC-12417, Date: Est. 1992	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/31/2019
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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) N/A 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 organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
None

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

13. 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

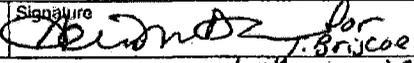
13b. Election Date(s): April 24 or May 1, 2019	13c. Election Time(s): 3pm-4pm	13d. Election Location(s): Employer's facility at the address in 2b.
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14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title: Theresa Briscoe, Attorney	14b. Address (street and number, city, State and ZIP code): Archbright, 5601 6th Avenue South, Suite 400, Seattle, WA 98108
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14c. Tel. No. 206-664-2311	14d. Cell No. 425-770-6402	14e. Fax No. 206-860-7889	14f. E-Mail Address tbriscoe@archbright.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) Theresa Briscoe	Signature 	Title Attorney	Date 03/13/19
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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 A

To RM Petition Filed by Lister Chain & Forge, Inc.

Answer to 5.a.:

Included:

Helper Apprentice
Machine Operator
Maintenance Helper
Test Pit Operator L1
Test Pit Operator L2
Welder/Fabrication
Team Leader
Set-up Operator
Test Pit Operator L3
Shift Lead Hand
QA Lead Hand
Millwright

Excluded :

Excluded are supervisors, professional employees, managerial employees, officers, management trainees, guards, electrical workers (including but not limited to; payroll clerks, shipping and receiving documentation clerks), confidential employees, and all other employees.