	UNITED STATES OF AMERICA						DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RC) (2-18)		LABOR RELATI	IONS BO			Case 1				Date File	d 1-18
INSTRUCTIONS: Unless e-Filed u: employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition named in t	must be accomp he petition of: (oanied b 1) the pe	y boti tition	h a showing of interest (s ; (2) Statement of Position	iee 6b n form	below) and Form NLR	a certificate B-505); and	e of service sho I (3) Descriptio	owing se n of Rep	rvice on resentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labor	ioner desire	to be certified a	s represe	entativ	e of the employees. The P	etition	ier alleges t	hat the follo	owing circumst	ances ex	
2a. Name of Employer: Cascadia Behavioral Heal	thcare, I	nc.	maili	ng: Ì	es) of Establishment(s) invo P.O. Box 8459 847 NE 19th Ave.,					<i>):</i>	
3a. Employer Representative - Nan Derald Walker, President			3b. Add Same	,	(if same as 2b - state same	ı);					
3c. Tel. No. (503) 963-7729	3d. Cell No	l,	I	3e. F (50	Fax No. (3) 764-9042		3f. E-Mail Ac derald.w		ascadiabhc	.org	
4a. Type of Establishment (Factory, i behavioral health care ser	mine, whole vices	saler, etc.)			Principal Product or Service navioral health care			5a. City and Portlan	d State where u d, OR	nit is loca	ted:
5b. Description of Unit Involved: Included: All employees of Cascadia's Project Respond Program (see attached).								6a, Numbe 50	r of Employees	in Unit:	
							to be				
Check One: 7a. Request for rec on or about (Date)		(if r	to reply n	eceive	ed, so state).				leclined recogni		
Ba. Name of Recognized or Certific					ative and desires certificati 8b. Address;	on unu	ler me Acc		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Sc. Tel. No.	8d. Cell No).		8e. 1	Fax No.		8f. E-Mail A	ddress			
8g. Affiliation, if any:			8	h. Dat	te of Recognition or Certific				irrent or Most (Month, Day, Ye	ar)	
 Is there now a strike or picketing a (Name of Labor Organization) 	t the Employ	yer's establishme	ent(s) invo	olvedî	? No If so, appro		•		s are participatin er since (Month,	-	ar)
10. Organizations or individuals othe individuals known to have a represent	r than Petitik esentative in	oner and those n terest in any emp	amed in i ployees i	tems In the t	8 and 9, which have claime unit described in item 5b at	ed reco bove. (i	gnition as re If none, so s	presentative tate)	es and other org	anization	s and
10a, Name		10b. Address					10c. Tel. No.		10d. Cell No.		
							10e. Fax No).	10f. E-Mail Add	iress	
11. Election Details: If the NLRB co Thursday October 18, 201		ject Respon	d offic		ur position with respect to a	iny suc		11a. Election	il 🗌 Mail [] Mixed	Manual/Mail
11b. Election Date(s): October 18, 2018			0:00 a	ım; 4	4:30 pm- 6 pm		11d. Electio 1825 NE	E Glisan			
12a, Full Name of Petitioner (includ American Federation of S Employees, Council 75	tate, Co	unty, and M	unicip		12b. Address (stree 1400 Tandem Salem, OR 97	1 Ave 7301	enue NE -0380		ZIP code):		
12c. Full name of national or internal American Federation of S	tate, Co	organization of w unty, and M	hich Petit unicip	tioner al E	is an affiliate or constituent mployees	t (il noi	ne, so state):	, . ,			
12d. Tel. No. 503-370-2522	12e. Cell N			50	Fax No. 3-370-7725		12g. E-Mail				
13. Representative of the Petitione 13a. Name and Title: Margaret Kirschnick, Attorn		accept service o	of all pap	13b.	or purposes of the repres Address (street and numb desco Law Group, 12	ber, city	y, State and	ZIP code):	rtland, OR 9	7233	
13c. Tel. No. (866) 697-6015		84-4927		(50	Fax No. 03) 210-9847			Address t@miket	law.com		
I declare that I have read the abov Name (Print)	e petition a	nd that the state Signatur		re tru	ue to the best of my know	Title	9				Date
Margaret Kirschnick		M	area	not	Ki	At	torney fo	or AFSCI	ME		10/01/18

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

Attachment to Petition:

Proposed Project Respond Bargaining Unit:

• Included: All full time, regular part-time and relief employees employed by Cascadia Behavioral Healthcare in its Project Respond program in Oregon, including employees in the following positions: Crisis Responder, Response Therapist, Crisis Counselor III, Crisis Clinician, Crisis Clinician I, Mobile Crisis Clinician, Acute Crisis Counselor III, Family Crisis Stabilization Specialist, and Peer Wellness Specialist.

• Excluded: All employees of Cascadia Behavioral Healthcare in its Project Respond and Street Team Programs that supervise one or more employees.

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FORM NLRB-502 (RC)	UNITED STATES OF AMERICA							DO NOT V	RITE IN THIS	SPACE	
(2-18)	NATIONAL L	ABOR RELAT	IONS BO			Case	No. 19–RC–2	28621	·	Date Fi 10/	led /4/2018
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition mu s named in the	ust be accom e petition of: (panied by 1) the pe	y both a sh tition; (2) S	owing of interest (s tatement of Position	of this see 6b n forn	Petition to below) and n (Form NLI	an NLRB o l a certificat RB-505); an	te of service sh d (3) Descripti	nowing s on of Re	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labo	tioner desires to	o be certified a	as represe	ntative of th	ne employees. The P	etitior	ner alleges t	that the foll	owing circums	stances e	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	olved ((Street and r	umber, City	, State, ZIP cod	le):	
Neighborcare Health			1200	12th Av	e S, Suite 901,	, Sea	attle, WA	, 98144			
3a. Employer Representative - Nar	me and Title:		3b. Add	ress (if sam	e as 2b - state same,):					
Michael Erickson / CEO,	Dion Asbe	erry/HR	Same	;							
3c. Tel. No.	3d. Cell No.			3e. Fax No).		3f. E-Mail A				
206-461-6935				diona@)neighborcare.	org	michael	e@neigh	borcare.or	g	
4a. Type of Establishment (Factory,	mine, wholesal	ler, etc.)		4b. Princip	al Product or Service	. .		5a. City ar	d State where a	unit is loc	ated:
Clinics				Health	care			Seattle &	ι Vashon, WA	4	
5b. Description of Unit Involved:								6a. Numbe	er of Employees	in Unit:	
Included:											
See Attached								Non Pr	o: 330, Pro	: 200	
Excluded:								6h Doas	ubstantial numb	or (30%)	or more)
								of the e	mployees in the	e unit wis	h_to be
See Attaced					(0.1.)	0/4/14	0		ented by the Pe		× Yes No
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu	no repl	ly (lfr	no reply re	ceived, so	state).	0/4/18		Employer	leclined recogn	10011	
8a. Name of Recognized or Certific											
none											
8c. Tel. No.	8d. Cell No.			8e. Fax No).		8f. E-Mail A	ddress			
8g. Affiliation, if any:			81	. Date of R	ecognition or Certifica	ation			urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	at the Employer	's establishme	nt(s) invo	wed? No	If so, appro		elv how man	v employee	s are participati	na?	
1	at the Employer	3 63(0)(3)(1)(0)		110			-		er since (Month		arl
(Name of Labor Organization)											
10. Organizations or individuals othe individuals known to have a repre									es and other org	ganization	is and
10a. Name	10	0b. Address					10c. Tel. No).	10d. Cell No.		
		55, 7 (dd) 555					10e. Fax No		10f. E-Mail Ad	drass	
								11a. Electio			
11. Election Details: If the NLRB co		1c. Election Tir		e your posit	ion with respect to ar		11d. Election	🗙 Manua	al 🗌 Mail [Mixed	Manual/Mail
11b. Election Date(s):				1.20	2.20mm 5 6.2			•	<i>.</i> ,.		
October 25, 2018				1:30 am	-2:30pm, 5-6:3				710		
12a. Full Name of Petitioner (includ	-	and number):	:		12b. Address (stree				LIP code):		
SEIU Healthcare 1199NV					15 South Grad Renton, WA,	980	57				
12c. Full name of national or internat	tional labor orga	anization of wh	hich Petiti	oner is an a	ffiliate or constituent	(if nor	ne, so state):				
Service Employees Intern	national Un	nion									
12d. Tel. No.	12e. Cell No.	· · · ·		12f. Fax N	0.		12g. E-Mail	Address			
425-917-1199	206-465-	7465		425-91	7-9707		teresat(a	0seiu119	9nw.org		
13. Representative of the Petitione			f all pape			entatio			63		
13a. Name and Title:				13b. Addre	ss (street and number	er, city	, State and .	ZIP code):			
Teresa Tobin, Organizing D	Director				h Grady Way, Si				8057		
13c. Tel. No. 13d. Cell No. 1				13e. Fax N	lo.	Т	13f. E-Mail	Address			
				425-91					9nw.org		
425-917-1199 200-405-7405 425-917-9707 I declare that I have read the above petition and that the statements are true to the best of my knowled				ledae							
Name (Print)	- position and	Signatur			7 _	Title					Date
Teresa Tobin			5 -	/-		Or	ganizing	Directo	r		10/4/18
	· · · · · · · · · · · · · · · · · · ·	/		C	<i>L</i>						

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.

Neighborcare Health Attachment I to National Labor Relations Board Petition

Voting Group A (Professional Employees)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Behavioral Health Counselor, Community Health Educator, Diabetes Educator, Dietician, Health Educator, MD, Mental Health Counselor, Mental Health Therapist, Nurse Practitioner, Nutritionist, Pharmacist, Physician Assistant, RN, RN 2, Social Worker

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

Voting Group B (Non-Professional Employees)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Administrative Assistant, Call Center Representative, Cash Poster, Coder, Coder – Dental, Community Health Worker, Credential Specialist, Dental Assistant, Dental Assistant Lead, Dental Hygienist, Eligibility Specialist, Financial Counselor, Health Center Coordinator, Insurance Verifier, Interpreter, LPN, Medical Assistant, Medical Assistant II, Medical Record Clerk, Patient Services Representative, Perinatal Coordinator, Pharmacy Technician, Referral Coordinator, WIC Certifier, X-Ray Tech

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

<u>Request for Sonotone Election:</u> Petitioner requests a *Sonotone* election to ascertain whether or not the professional employees in voting group A wish to be included in a single unit with the non-professional employees in voting group B for the purposes of collective bargaining.

Neighborcare Health Attachment II to National Labor Relations Board Petition

11d. Election Locations:

,

a

Voting Location	Address
	1629 North 45th Street,
45th St	Seattle, WA, 98103
	1753 NW 56th Street, Suite
Ballard	200, Seattle, WA, 98107
	4400 37th Avenue South,
Columbia City	Seattle, WA, 98118
	6200 13th Avenue South,
Georgetown	Seattle, WA, 98108
	6020 35th Avenue SW, Seattle,
High Point	WA, 98126
	12721 30th Avenue NE, Suite
Lake City	101, Seattle, WA, 98125
	10521 Meridian Avenue North,
Meridian	Seattle, WA, 98133
	1200 12th Ave S, 4th floor,
Pacific Tower	Suite 401, Seattle, WA, 98144
	1930 Post Alley, Seattle, WA,
Pike Place	98101
	9245 Rainier Avenue South,
Rainier Beach	Seattle, WA, 98118
	10030 SW 210th Street,
Vashon Island	Vashon, WA, 98070

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

	S GOVERNMEN		1	DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR		ARD		Case No.	0 00000	Date			
	TITION				C-228840	D. I'll i	10/9/2018		
INSTRUCTIONS: Unless e-Filed us									
in which the employer concerned									
of service showing service on the									
(Form NLRB-505); and (3) Descript with the NLRB and should <u>not</u> be s					RD 4012). The S	nowing or int	erest snoula only be filed		
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	Employer of an	IVE - A sut	odrty.	of employees wish t	o be representer	for purposes of collective		
bargaining by Pelitioner and Petitioner d requests that the National Labor Rela	lesires to be certif	ied as representali	ve of the e	mployees. The	Petitioner alleges th	hat the followin	g circumstances exist and		
2a. Name of Employer					I(s) involved (Street	and number, city	, State, ZIP codé)		
Swedish Express Care at Walgre 3a. Employer Representative – Name and		See	Attachm		0				
Shelley Livingston, Director, Lab	or Relations		1730 N	linor Avenue	s 2b - state same) e Seattle, WA 9				
3c. Tel. No.	3d. Cell No.	05	3e. Fax			3f. E-Mail Add			
206-386-3403	206-349-63			5-3359			ngston@swedish.org and State where unit is located:		
48. Type of Establishment (Factory, mine, w Health Care Clinic	wholesaler, elc.)	4b. Principal pro Health Care		vice			and state where unit is located: agton, see Attacment A		
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: All ARNPs, PA-Cs, and		ork as a stabiliz	zed, floa	t, or per dien	n provider at the	clinics	31		
listed on Attachment A.							6b. Do a substantial number (30% or more) of the employees in the		
Excluded: All others.									
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition, 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 Bargalning Agent (If none, so state). 8b. Address									
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
8g. Affiliation, if any			8h Date c	of Recognition or	Certification	8i, Expiration (Date of Current or Most Recent		
og. Annacon, ir any			011. 2010 0	, recognition of	o or the data it		y (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establis					nployees are pa	rticipating?		
(Name of labor organization) 10. Organizations or individuals other than					Month, Day, Year)		t ather analyzicana and individuala		
10. Organizations or individuals other than known to have a representative interest in a	Petitioner and tho any employees in	the unit described	in item 5b a	above. (If none,	so state)	nesentatives and	o other organizations and individuals		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	s an election in th	is matter, state you	r position v	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
any such election.									
11b. Election Date(s):	11c. E	ection Time(s):			11d. Election Loca	tion(s):			
12a. Full Name of Petitioner (including lo							city, state, and ZIP code)		
Union of American Physicians and Denti	sts, AFSCME Lo	cal 206				ates 300D and	F. Tacoma, WA 98402		
12c. Full name of national or international la American Federation of State, County an	d Municipal Emp	of which Petitioner	2		(ir none, so state)				
12d. Tel No.	12e. Cell No. 360-281-6846		12f. Fax 253-244			12g. E-Mail Ac jcrane@uapd.			
253-244-7797 13. Representative of the Petitioner who		ce of all papers fr			entation proceedin				
^{13a. Name and Title} Anne I. Yen			13b. Add	dress (street and	d number, city, state,	and ZIP code)			
					ld 1001 Marina Village I	131. E-Mail Ad			
13c. Tel No. 510-337-1001	13d. Cell No.		510-337	510-337-1023 nlrbnotices@unioncounsel.net, ayen@unioncou					
I declare that I have read the above petit	ion and that the	statements are tru	ue to the b	est of my know	ledge and belief.				
	gnature / -	7	Title			Date	2018		
Anne I. Yen WILLFUL FALSE STATEME	m	TITION CAN BE	Attorney		MODISONMENT /	October 9,			
WILLFUL FALSE STATEME	INTS ON THIS PL			STATEMENT					

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.



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Attachment A

2.b. Addresses of Establishments involved (Street and number, City, State, ZIP code) and

5.a. City and State where unit is located

Swedish Express Care at Walgreens- Bothell: 20812 Bothell Everett Hwy, Bothell, WA 98021

Swedish Express Care at Walgreens- Shoreline: 17524 Aurora Ave N, Shoreline, WA 98133

Swedish Express Care at Walgreens- Northgate: 859 NE Northgate Way, Seattle, WA 98125

Swedish Express Care at Walgreens- Kirkland: 12405 NE 85th St, Kirkland, WA 98033

Swedish Express Care at Walgreens- Bellevue: 15585 NE 24th St, Bellevue, WA 98007

Swedish Express Care at Walgreens- Broadway: 1531 Broadway, Seattle, WA 98122

Swedish Express Care at Walgreens- Downtown: 222 Pike St, Seattle, WA 98101

Swedish Express Care at Walgreens- Mercer Island: 7707 SE 27th St, Mercer Island, WA 98040

Swedish Express Care at Walgreens- Issaquah: 6300 E Lake Sammamish Pkwy SE, Issaquah, WA 98029

Swedish Express Care at Walgreens- Rainier: 4412 Rainier Ave S, Seattle, WA 98118

Swedish Express Care at Walgreens- Renton: 4105 NE 4th St, Renton, WA 98059

b) (6), (b) (7)(

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* 40 ° V (* * *

FORM NLRB-502 (RC)	UNITED STATES OF AMERICA							DO NOT W	RITE IN THIS S	PACE	
(2-18)		RC PETITIC	TIONS BO			Case 19	No. -RC-22	28909		Date F	iled 9-2018
INSTRUCTIONS: Unless & Filed u employer concerned is located, 1 the employer and all other parties Case Procedures (Form NLRB 48	The petition s named in	must be accon the petition of:	npanied b (1) the pe	y both a si tition; (2) :	howing of interest (s Statement of Positio	see 6b In form	below) and (Form NL)	l a certificat RB-505); an	te'of service sh d (3) Descriptic	owing s on of Re	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labor	tioner desire	s to be certified	as represe	entative of t	the employees. The P	etition	er alleges	that the foll	owing circums	tances (
2a. Name of Employer: Framatome			2101	Horn R	Establishment(s) invo apids Rd. A 99354	olved (Street and i	number, City	, State, ZIP cod	ə):	
3a. Employer Representative - Nat Carrie Fetto - HR Adviso		:	3b. Add Same		ne as 2b - state same	<u>e):</u>					
3c. Tel. No. 509-375-8284	3d. Cell No). ⁻	1	3e, Fax N	lo.		31. E-Mail A carrie.fe		natome.cor		
4a, Type of Establishment (Factory, Manufacturing	mine, whole	saler, etc.}			pal Product or Service TrAssembly	e			nd State where und, WA	init is loo	ated:
5b. Description of Unit Involved: Included: All Full-Time and Regula	r Part Ti	ime Securit	v Offic	arc				6a. Numbe 13	er of Employees	in Unit:	
Excluded: All Managers, Supervisor	ned by	the Act				of the e	ubstantial numb employees in the ented by the Peti	e unit wis	h to be		
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) no rcply (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 Certifi None					ddress;		er ine Au.				
BC. Tel. No.	8d, Cell No).		8e. Fax N	o.		8f. E-Mail A	ddress			
8g. Affiliation, if any:			18	h. Date of F	Recognition or Certifica				urrent or Most (Month, Day, Ye	ar)	
9. Is there now a strike or picketing a	t the Employ	yer's establishm	ent(s) invo	Ived? No	If so, appro	ximate	ly how man	y employee	s are participatin	ig?	
(Name of Labor Organization)						-		,	er since (Month,		
10. Organizations or individuals othe individuals known to have a repre None									es and other org	anizatio	ns and
10a. Name		10b. Address					10c. Tel. No.		10d. Cell No.		
			-			_	10e, Fax No		10f. E-Mail Add	ress	
11. Election Details: If the NLRB co No Objection	nducts and		-	e your posi	ition with respect to an	_		🗙 Manua	il 🗌 Mail [] Mixed	d Manual/Mail
11b. Election Date(s): October 19, 22 or 23, 201		11c. Election Ti 5:30PM to	6:30PM	M			Commo		t Employer	Facil	ity
12a. Full Name of Petitioner (inclue Pete Gomez - USW Local	12-369	-			12b. Address (street 797 Stevens D Richland, WA	Dr. 993	52		ZIP code):		
12c. Full name of national or internat United Steel, Paper and F	onal labor o orestry, 1	Rubber, Ma	nich Petiti nufactu	iring, E	nergy, Allied Ir	ndust	rial and	Service	Workers In	ternat	ional Union
12d, Tel. No. 509-713-7780		12f. Fax N 509-71	3-7783		~	lu369.or	g				
13. Representative of the Petitione 13a. Name and Title: James M Kilborn - Int'l Staff	of all pape	13b. Addr 24437 F	poses of the represe ess (street and numbe Russell Rd., Suite VA 98032	er, city,	-	-			*		
13c, Tel, No. 253-854-4536 13d, Cell No. 541-401-9958				13e. Fax 1 253-85	No.	13f. E-Mail Address jkilborn@usw.org			/=		
	e petition ar	and that the statements are true to the best of my know					and bellef.				Date
Name (Print) James M Kilborn						Title Int'	l Staff R	epresent	ative		10/09/18

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.

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FORM NLRB-502 (RC)	UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE					
(2-18)		ABOR RELAT				Case No.			Date Filed		
	F		N			19-RC-22	9196		10-15-2018		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition m is named in the	ust be accom e petition of: (panied by (1) the pe	/ both a sh tition; (2) S	owing of interest (s tatement of Positio	of this Petition to ee 6b below) and n form (Form NL	an NLRB o d a certifica RB-505); an	te of service sh d (3) Descriptio	ion in which the owing service on on of Representation		
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	tioner desires t	to be certified a	is represe	ntative of th	e employees. The P	etitioner alleges	that the foll	owing circums	tances exist and		
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	lved (Street and	number, City	, State, ZIP code	e):		
Neighborcare			1200	1200 12th Ave S., Suite 901, Seattle, WA 98144							
3a. Employer Representative - Nan	ne and Title:		3b. Add	ess (if sam	e as 2b - state same,):	-		·		
Michael Erikson / CEO			same								
3c. Tel. No.	3d. Cell No.		1	3e. Fax No),	3f. E-Mail A	ddress	· · · · ·	·····		
206-461-6935						michae	le@nlrb.	gov			
4a. Type of Establishment (Factory, i	mine, wholesa	ler, etc.)		4b. Princip	al Product or Service			d State where u	nit is located:		
clinics				Health	care		Seattle a	nd Vashon Isla	and, WA		
5b. Description of Unit Involved:							6a, Numbe	er of Employees	in Unit:		
Included:											
See attached							15 non	pro; 18 pro;	11 provider: 44		
Excluded:									er (30% or more)		
See attached							of the e	employees in the ented by the Peti	unit wish to be		
Check One: 7a. Request for rec	cognition as Ba	argaining Repr	esentative	was made	on (Date) 1	0/15 an		declined recogni			
on or about (Date)				ceived, so			--				
7b. Petitioner is cu						on under the Act.					
8a. Name of Recognized or Certifie	ed Bargaining	g Agent (If non	e, so state	e) 8b. Ad	ldress:						
none											
8c. Tel, No.	8d. Cell No.			8e, Fax No).	8f. E-Mail A	ddress				
1											
8g. Affiliation, if any:			8h	. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Ye	ear)		
9. Is there now a strike or picketing a	at the Employe	r's establishme	ent(s) invo	ved? No	If so, appro	ximately how ma	ny employee	s are participatin	19?		
(Name of Labor Organization)			.,		Lamond	has nicketer	the Employ	er since (Month,	Day Yearl		
10. Organizations or individuals othe	r than Petition	er and those n	amed in it	ems 8 and	9, which have claime						
individuals known to have a repre	esentative inte	rest in any em	ployees in	the unit de	scribed in item 5b ab	ove. (If none, so s	state)				
10a. Name	1	0b. Address				10c. Tel. N	0.	10d. Cell No.			
						10e. Fax N	0.	10f. E-Mail Add	iress		
11. Election Details: If the NLRB co	onducts and ele	ection in this m	atter, stat	e your posit	ion with respect to an	ny such election:	11a. Electic	n Type:	<u> </u>		
							🗌 Manua	al 🗌 Mail [Mixed Manual/Mail		
11b. Election Date(s):	1	1c. Election Ti	me(s):			11d. Electi	on Location(s):			
TBD]	ГBD				mail ba	llot				
12a. Full Name of Petitioner (includ	ding local name	e and number)	:		12b. Address (stree	t and number, cit	, State and	ZIP code):			
SEIU Healthcare 1199NV	N				15 South Grad	dy Way, Ste	200				
12c. Full name of national or internal	-		hich Petiti	oner is an a	ffiliate or constituent	(if none, so state,):				
Service Employees Intern											
12d. Tel. No.	12e. Cell No.			12f. Fax N	o .	12g. E-Mai					
425-917-1199	206-465-							99nw.org			
13. Representative of the Petitione 13a. Name and Title:	er who will ac	cept service c	of all pape		ooses of the represe ess (street and numb						
13c. Tel. No.	13d. Cell No.			13e. Fax N	lo.	13f. E-Mail	Address				
425-917-1199 206-465-7465			1		teresat@seiu1199nw.org						
I declare that I have read the above petition and that the statements are true to the				e best of my know							
Name (Print)	· · · · ·	Signatur		/		Title			Date		
Teresa Tobin			$1 \wedge$	- 1		Organizing	g director	r	10/15/18		
· · · · · · · · · · · · · · · · · · ·	·····	K	-v			•••••••••••••••••••••••••••••••••••••••	<i></i>	···	·		

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.

Neighborcare Health Attachment I to National Labor Relations Board Petition

Voting Group A (Providers - Schools)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Nurse Practitioner, Physician Assistant

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

Voting Group B (Professional Employees - Schools)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Health Educator, Mental Health Therapist

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

Voting Group C (Non-Professional Employees - Schools)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Dental Assistant, Eligibility Specialist, Health Center Coordinator

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

<u>Request for Sonotone Election:</u> Petitioner requests a Sonotone election to ascertain whether or not the professional employees in voting group E & F wish to be included in a single unit with the non-professional employees in voting group G for the purposes of collective bargaining.

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

UNITED STATES			DO NO	T WRITE IN THIS	SPACE					
RC PE	RELATIONS BOARD	Case No. 19-R	C-229268	Date	-iled 10/16/2018					
INSTRUCTIONS: Unless e-Filed us	ing the Agency's website, w	ww.nlrb.gov. submit a	an original of this	Petition to a						
in which the employer concerned i										
of service showing service on the										
(Form NLRB-505); and (3) Descript										
			ND 4012). The S	nowing of int	erest should only be med					
with the NLRB and should not be s	erved on the employer of an	y ourier party.	of employees wish t	o ho roprosontor	for purposes of collective					
bargaining by Petitioner and Petitioner de requests that the National Labor Relat	sires to be certified as representative	ve of the employees. The	Petitioner alleges t	hat the following	circumstances exist and					
2a. Name of Employer		Idress(es) of Establishmer								
Waste Management	701 2	nd St. NW Auburn, N	WA 98071							
3a. Employer Representative – Name and Jim Apostolos Human Resources		3b. Address (If same as Mechanics	s 2b – state same)							
3c. Tel. No.	3d. Cell No.	3e. Fax No.		3f. E-Mail Add						
425-814-7852	425-218-5778	JE. FAX NU.		japostol@w						
4a. Type of Establishment (Factory, mine, w		duct or service			and State where unit is located:					
Sanitation	Mechanics			Auburn						
5b. Description of Unit Involved	5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: 13 6b. Do a substantial number (30%)									
All full-time and pa	art-time lechnicians,	Welders and U	tility Workers	5.	6b. Do a substantial number (30%					
Excluded:					or more) of the employees in the					
All other employee	s, guards and supervis	sors as defined l	by the Act.		unit wish to be represented by the					
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about										
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).										
Tb. 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 Addı						
8g. Affiliation, if any		8h. Date of Recognition o	r Certification		Date of Current or Most Recent (Month, Day, Year)					
9. Is there now a strike or picketing at the Er	nployer's establishment(s) involved	? If so, approx	kimately how many er	nplovees are par	ticipating?					
	, has pick			. , .						
10. Organizations or individuals other than F known to have a representative interest in a				oresentatives and	other organizations and individuals					
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.					
			10e. Fax No.		10f. E-Mail Address					
11. Election Details: If the NLRB conducts any such election.	an election in this matter, state you	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail					
11b. Election Date(s):	11c. Election Time(s):		11d. Election Loca							
10-25-18	12:00 PM -1:00PM		Employee break ro							
12a. Full Name of Petitioner (including log General Teamsters Local Union #174	cal name and number)				ity, state, and ZIP code) 3 Tukwila, WA 98168					
12c. Full name of national or international la International Brotherhood of Teamsters	por organization of which Petitioner	is an affiliate or constituen	t (if none, so state)							
12d. Tel No.	12e. Cell No.	12f. Fax No.		12g. E-Mail Ad	dress					
13. Representative of the Petitioner who	vill accent service of all naners fo	r nurnoses of the renres	entation proceedin							
^{13a. Name and Title} Meaza Ogbe		13b. Address (street and	d number, city, state,	and ZIP code)						
13c. Tel No.	13d. Cell No.	14675 Interurban Ave S. Sui 13e. Fax No.	UKWIIA, WA 9816	13f. E-Mail Add	kocs					
1 1	206-250-2566	(206) 441-4853		mogbe@teams						
I declare that I have read the above petition			ledge and belief.	<u> </u>						
Name (Print) Sig	nature	Title		Date						
Meaza Ogbe		Organizer		10-16-18						
WILLFUL FALSE STATEMEN	ITS ON THIS PETITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TITLE	E 18, SECTION 1001)					

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

FORM NLRB-502 (RC)	UNIT	ED STATES OF A	AMERICA			DO NOT WRITE IN THIS SPACE				
(2-18)	NATIONA	RC PETITIO		RD		Case	9-RC-2	29274		Date Filed 10-16-18
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	n must be accomp the petition of: (panied by I 1) the petit	oth a s ion: (2)	howing of interest (s Statement of Positio	see 6b in forn	below) an n (Form NL	d a certifica RB-505): an	te of service d (3) Descrin	showing service on tion of Representation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desire	es to be certified a	is represent	ative of	the employees. The P	Petition	ner alleges	that the fol	lowing circur	nstances exist and
2a. Name of Employer:			2b. Addres	ss(es) of	f Establishment(s) invo	olved ((Street and	number, City		
Rodda Paint Co.			6107 N	Mari	ine Dr., Portland	d, Ol	R. 97203	3		
3a. Employer Representative - Na	me and Title	Ð:	3b. Addres	ss (if sai	me as 2b - state same	e);				
Jennie Wine; Human Res	ources N	Manager	Same							
^{3c. Tel. No.} (503) 521-4300	3d. Cell N	0.		e. Fax N 503) 5	lo. 521-4400		3f. E-Mail / jwine@	Address roddapai	nt.com	
4a. Type of Establishment (Factory, Factory)	mine, whole	esaler, etc.)			pal Product or Service Manufacturing	e		5a. City an Portlar	nd State where	e unit is located:
5b. Description of Unit Involved: Included:								6a, Numb	er of Employe	es in Unit:
See Attachment A								10		
Excluded: All other employees, guar	rds and s	supervisors a	s define	d by f	he Act			of the e	employees in	nber (30% or more) the unit wish to be
Check One: X 7a. Request for re	cognition as	Bargaining Repre	esentative w	as mad	e on (Date) 10)/11/1	8 an	represe	ented by the F declined record	Petitioner? X Yes No
on or about (Date) 7b. Petitioner is cu		11/18 (If n onized as Bargain	ing Represe	eived, so	state).					
8a. Name of Recognized or Certifi	ed Bargain	ing Agent (if none	e, so state)	8b. A	ddress:		ier the Act.			
None										
8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address										
8g. Affiliation, if any:			8h. [Date of F	Recognition or Certific	ation	8i. Expiration Recent Con	on Date of C htract, if any	urrent or Most (Month, Day,	Year)
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) involve	ed? No) If so, appro	oximate	ely how mai	ny employee	s are participa	ating?
(Name of Labor Organization)				-						th, Day, Year)
 Organizations or individuals other individuals known to have a represent None 	r than Petiti esentative i	ioner and those na nterest in any emp	amed in iten loyees in th	ns 8 and Ie unit de	l 9, which have claime escribed in item 5b ab	ed reco bove. (l	gnition as r If none, so s	epresentativ state)	es and other o	organizations and
10a. Name		10b, Address					10c. Tel, N	0.	10d. Cell No	
							10e, Fax N	0.	10f. E-Mail A	ddress
11. Election Details: If the NLRB co Employer's Portland Ward	nducts and ehouse F	election in this ma acilities	atter, state y	our pos	ition with respect to an	ny suc	h election:	11a. Electio		Mixed Menuel/M-3
11b. Election Date(s): 10/30/18		11c. Election Tin	ne(s):					n Location(s	s):	Mixed Manual/Mail
10/30/18 12a. Full Name of Petitioner (includ	ina local pr	12:00pm - 2	2:00pm		12b. Address (stree					house Facilities
International Union of Pa 1094	inters an	d Allied Tra	des; Loc	al	6770 E. Marg	inal	Way S.,	Bldg. E.	#303B, S	Seattle, WA. 98108
12c. Full name of national or internat International Union of Pa	ional labor inters an	organization of wh d Allied Tra	ich Petition des	er is an	affiliate or constituent	(if non	ie, so state)	:		
12d. Tel. No. (206) 443-1094					No. 957-1886		12g, E-Mai fredh@	Address	org	
13. Representative of the Petitione	r who will	accept service of	fall papers	for pur	poses of the represe	entatio	on proceed	ing.	-0	
13a. Name and Title: Fred Hawkins; Business Rep).		13 6	3b. Addr 770 E.	ess (street and numbe . Marginal Way S	er, city S., Bl	, State and dg. E. #3	ZIP code): 03B, Seat	ttle, WA. 9	8108
13c. Tel. No. (206) 443-1094	13d. Cell N	No.		3e. Fax 206) 9	No. 957-1886		13f. E-Mail fredh@i	Address	org	
I declare that I have read the aboy	petition a	nd that the state		/						
Name (Print)- FRED HM	lei	Signature		-	Ul-	Title		1=55	Pep	Date 12/20
WILLFUL FALSE STA	TEMENTS	ON THIS PETITIC		PUNIC		MDDIe			TITI E 40 OF	OTION 4000

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1091) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A

5.b. Description of Unit Involved:

Included: All regular full time and part time warehouse workers employed by the employer at its Portland, OR. manufacturing facilities.

FORM NLRB-502 (RC)	UNITE	D STATES OF A				DO NOT WRITE IN THIS SPACE					
(2-18)		RC PETITIO	IONS BO			Case N		.C-2293	77	Date Fi 10/	iled 16/2018
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in t	must be accomp the petition of: (panied by 1) the pet	both a s tition; (2)	howing of interest (s Statement of Positio	see 6b b on form	elow) and (Form NL	l a certifica: RB-505); an	e of service sh d (3) Descriptio	owing s on of Re	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labor	ioner desire:	s to be certified a	s represe	ntative of	the employees. The P	Petitione	er alleges	that the foll	owing circums	tances e	
2a. Name of Employer: Premier Scaffold, Inc.		<u> </u>	2316	S. State	f Establishment(s) invo e Street, Suite 2 A 98405		treet and i	number, City	, State, ZIP code	<u>ə):</u>	
3a. Employer Representative - Nar Matthew McMurry, Direc			41667	⁷ Ivy St	ne as 2b - state same reet, Suite E 92562	ı):					
3c. Tel. No. (661) 323-3395	3d. Cell No	· · · · · · · · · · · · · · · · · · ·					f. E-Mail A nmcmu		mierscaffol	d.con	1
4a. Type of Establishment (Factory, Contractor	mine, whole:	saler, etc.)		4b. Princi Constr	pal Product or Service Uction	e .		5a. City an Tacom	d State where u a	nit is loci	ated:
5b. Description of Unit Involved: Included: All handling, building, crec customers' job sites, including "shrink UBC, as described in PNRCC's Scaffo	wrapping" p	erformed by emp	loyees of I	Employer,	calfolding and shoring coming within the juris	s at Empl sdiction	oyer's of the	32	r of Employees		
Excluded: Employees of the Employer who are c general foremen, managers, and office Check One: X 7a. Request for red	lassified as ex	ecutives, superint	endents, s	upervisory	personnel other than f			of the e	ubstantial number imployees in the inted by the Peti	unit wis itioner? [h to be
Check One: 🗶 7a. Request for rea on or about (Date) 7b. Petitioner is cu	n/a (No repl	y received) (If n	io reply re	ceived, so	state).)/02/18 on unde	<u> </u>	d Employer (leclined recogni	lion	ļ
8a. Name of Recognized or Certifi Pacific Northwest Region	ed Bargaini	ng Agent (If none	e, so state	>) 8b. A	^{ddress:} 20 Pacific Hwy			ent, WA S	98032		
8c. Tel. No. 253-945-8800		⁸ e. Fax N 253-83	lo. 9-4908	8	f. E-Mail A	ddress	<u></u>	<u></u>			
8g. Affiliation, if any: UBC			8h	. Date of f	Recognition or Certification				urrent or Most (Month, Day, Ye	ar)	
9. Is there now a strike or picketing a	it the Employ	/er's establishme	nt(s) invoi	lved? No	II so, appro		-		s are participatin	·	
(Name of Labor Organization) 10. Organizations or individuals othe individuals known to have a represent None	r than Petitic esentative In	oner and those na terest in any emp	amed in ite bloyees in	ems 8 and the unit de	9, which have claime escribed in item 5b ab	ed recog	nition as re	epresentativo	er since (Month, es and other org		
10a. Name		10b. Address		(, del	·····	1	Oc. Tel. No	o.	10d. Cell No.		
						1	0e. Fax N	D .	10f. E-Mail Add	iress	<u></u>
11. Election Details: If the NLRB co	nducts and e	election in this ma	atter, state	e your pos	ition with respect to an	ny such	election:	11a. Election			Manual/Mail
11b. Election Date(s):		11c. Election Tin	ne(s):		· · · · · · · · · · · · · · · · · · ·	1	1d. Electic	n Location(s):	<u> </u>	
12a. Full Name of Petitioner (inclue Pacific Northwest Region	ing local nar al Counc	me and number): all of Carper	nters		12b. Address (stree 25120 Pacific	t and nu Hwy	mber, city S, #20	, State and 2 0, Kent,	(IP code): WA 98032		
12c. Full name of national or internat United Brotherhood of Ca	ional labor o Irpenters	rganization of wh and Joiners	iich Petitic of Am	oner is an a	affiliate or constituent	(if none	, so slate)		<u></u>		
12d. Tel. No. 253-945-8800	12e. Cell N	0.		12f. Fax N 253-83	10. 9-4908	1	2g. E-Mail	Address			<u> </u>
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Tille: Daniel M. Shanley				13b. Addr	poses of the represe ess (street and numbe remont Ave. 9th	er, city,	State and	ZIP code):	A 90071		
13c. Tel. No. 213-488-4100				213-488-4180			13f. E-Mail Address dshanley@deconsel.com				
I declare that I have read the above Name (Print)		s are true to the best of my knowledge									
Daniel M. Shanley		Signature	A	Ľ	<u>ély</u>	Title Atto	orney at	Law			Date
WILLFUL FALSE STA	TEMENTS (ON THIS PETITIC	ON CAN E		HED BY FINE AND IN	MPRISO	NMENT (LS. CODE.	TITLE 18. SECT	TION 10	01)

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 exolain these uses unon 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.

FORM NLRB-502 (RC)	UNITED STATES OF AMERIC				RICA		DO NOT WRITE IN THIS S			SPACE		
(2-18)	NATIONAL L	ABOR RELATI	ONS BO			Case	No.			Date Fil	ed	
	F		N			1	9-RC-2	29812		10-2	24-18	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48:	he petition m named in the	ust be accomp e petition of: (1	anied by) the pe	y both a sh tition; (2) S	owing of interest (s tatement of Position	of this ee 6b n forn	Petition to below) an n (Form NL	an NLRB oi d a certificat RB-505); an	e of service si d (3) Descripti	gion in wi howing se on of Rep	hich the ervice on presentation	
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires t	o be certified as	s represe	ntative of th	e employees. The P	etition	ner alleges	that the foll	owing circums	stances e		
2a. Name of Employer:			2b. Add	ress(es) of E	Establishment(s) invo	olved ((Street and	number, City	, State, ZIP cod	le):		
Cascaida Behavioral Heal	lthcare, In	c.		nailing: P.O. Box 8459 physical: 847 NE 19th Ave., Suite 100, Portland, OR 97232								
3a. Employer Representative - Nan	ne and Title:		3b. Add	ress (if sam	e as 2b - state same,):						
Derald Walker, President	and CEO		same									
3c. Tel. No.	3d. Cell No.			3e. Fax No			3f. E-Mail /					
(503) 963-7729				· ·	64-9042		derald.	walker@	cascadiabh	c.org		
4a. Type of Establishment (Factory, I		ler, etc)			al Product or Service			-	d State where	unit is loca	ated:	
behavioral health care ser	vices			behavio	oral health care	,		Portland,				
5b. Description of Unit Involved: Included:					6a. Numbe	er of Employees	; in Unit:					
All employees of Cascadi	a's Street	Outreach P	rograi	n (see at	tached)			1 (0 ubstantial numb	or (20%)	or more)	
Supervisors (see attached)							of the e	employees in th	e unit wis	h to be	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date)							ar		ented by the Pe declined recogn	L	× Yes No	
on or about (Date) (If no reply received, so state).												
7b. Petitioner is cui 8a. Name of Recognized or Certifie	, ,		<u> </u>			on und	der the Act.					
None	u Dargannig	, Agent (il none	, 00 0101		aress.							
8c. Tel. No.	8d. Cell No.			8e. Fax No	L		8f. E-Mail /	Address				
8g. Affiliation, if any:	<u></u>		81	1. Date of Re	ecognition or Certifica	ation			urrent or Most (Month, Day, Y	'ear)		
9. Is there now a strike or picketing a	t the Employe	r's establishmer	nt(s) invo	lved? No	If so, appro	ximat	ely how ma	ny employee	s are participati	ng?		
(Name of Labor Organization)						, t	nas pickete	the Employ	er since (Month	ı, Da <mark>y, Y</mark> e	ar)	
10. Organizations or individuals other individuals known to have a repre									es and other or	ganization	is and	
10a. Name	1	Ob. Address					10c. Tel. N	0	10d. Cell No.			
		00.71001000								draga		
							10e. Fax N		10f. E-Mail Ad	aress		
11. Election Details: If the NLRB co Thrusday November 1, 20						ny suc	h election:	11a. Election		Mixed	Manual/Mail	
11b. Election Date(s):		1c. Election Tim			_			on Location(s				
November 1, 2018		3:30 am - 1	0:00 a	m; 4:30				V Flander				
12a. Full Name of Petitioner (includ				1	12b. Address (stree				ZIP code):			
American Federation of S Employees, Council 75	state, Cour	ity, and Mi	inicipa	ai	1400 Tandem Salem, OR 97			L .				
12c. Full name of national or internat						(if nor	ne, so state):				
American Federation of S	-		inicipa									
12d. Tel. No. 503-370-2522	12e. Cell No.			12f. Fax No 503-370			12g. E-Mai	I Address				
13. Representative of the Petitione	all pape			entatio	on proceed	ina.						
13a. Name and Title: Margaret Kirschnick, Attorn		13b. Addre	ss (street and number Law Group, 12	er, city	, State and	ZIP code):	ortland, OR	97233				
13c. Tel. No. 13d. Cell No.					13e. Fax No. 13f. E-Mail Address							
				(503) 210-9847 margaret@miketlaw.com								
I declare that I have read the above Name (Print)	e petition and	I that the stater Signature		re true to th	e best of my knowl	edge Title					Date 10/24/18	
Margaret Kirschnick				Kirschn	ick			or AFSC	ME		Date 10/24/10	
		/5/ 1110		- and optimized in the		- 11						

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment to Petition:

Street Outreach Bargaining Unit:

- Included: All full time, regular part-time and relief employees employed by Cascadia Behavioral Healthcare in its Street Outreach program.
- Excluded: All employees of Cascadia Behavioral Healthcare in its Street Outreach Program that supervise one or more employees.

					DO NOT	WRITE IN THIS S	PACE
FORM NLRB-502 (RD) (2-18)	UNITED STATES OF AM NATIONAL LABOR RELATION RD PETITION	NS BOARD		Case N	°. 19-RD-2289	07	Date Filed 10/9/2018
employer concerned is locate the employer and all other pa	ed using the Agency's website, ed. The petition must be accomp rties named in the petition of:(1) B 4812). The showing of interest	panied by both a show the petition: (2) State	wing of interes ement of Posi	st (see 7 b tion form	(Form NLRB-505); a	ate of service si nd (3) Descripti	nowing service on on of Representation
recognized bargaining represe	N: RD- DECERTIFICATION (REM entative is no longer their represent eed under its proper authority pu	ative. The Petitioner a	alleges that th	e followin	g circumstances ex	is assen that the list and request	certified or currently s that the National
2a. Name of Employer	0.1-				(Street and number.		
Oak harbor		290 0 3b. Address (If same	lenny k	2d	Wenatche	e wa	98807
3a. Employer Representative -	Name and Thie	1	me	same)			
3c. Tel. No.	3d, Fax No.	3e. Cell No.		3f. E-Mail			
509-662-6614				50	Del Spene	cercood	akh, com
4a. Type of Establishment (Facto	ry. mine. wholesaler, etc.)				1		
5a. Description of Unit divolved				Fr	eight	Lab City a	nd State where unit
Included: 1 ine ha	vl + Pickup a	nd Delive	W. Ar	n	Om mek in	ten is loca	ted:
Lincha			~~~ » Jan	00	pri wir wir	Wer	atchee
Excluded:						wash	ington
6. No. of Employees in Unit	7. Do a substantial numbe			the unit no	longer wish to be re	presented by the	certified or currently
8a. Name of Recognized or Certi	recognized bargaining fied Bargaining Agent	representative?	s No		8b. Affiliation, if any		
Teamsters	740						
8c. Address 1732 N.	760 Wenatchee QUE	1	8d. Tel. No.		8e. Cell No.		
	ee WR 98801		509-667-3 Bl. Fax No.	7760			
WENATCH	ee wa 98801	l l	8f. Fax No.		8g. E-Mail Address	In Out	an under corre das
9. Date of Recognition or Certific	ation	10. Expiration Date of	of Current or M	ost Recen	Contract, if any (Mc	nth Day Yearl	eams ters 760.015
NOV 1 2004	1		31-20			,,.	
have been been and the second of the second	eting at the Employer's establishme	ent(s) involved?	s X No	11b. If so,	approximately how n	ariy employees	are participating?
	eled by or on behalf of (Insert Na						a labor organization, of
(Insert Address)					sinc	e (Month, Day,)	(ear)
	ther those named in items 8 and 1					anizations	
and individuals known to hav 12a. Name	e a representative interest in any er 12b. Address	mployees in the unit de		15 above. 12c, Tel. N		12d. Fax No.	
NA				12e. Cell 1	No.	12f. E-Mail Add	ess
13. Election Details: If the NLR matter, state your position with	B conducts an election in this h respect to any such election.			13a. Elect	ion Type: 🚺 Manua	Mail [Mixed Manual/Mail
13b. Election Date(s)	13c. Election Ti	me(s)		13d. Electi	ion Location(s)	·····	
per negio.	\sim TB	0		1	Lunch R	oom	
(b) (6), (b)) (7)(C)						
C/O bob b	raun			(b) (6)		14c. Fax No.	
1415 2nd ave	unit 909 seatlle	- Ja 9810	71	14d. Cell N (b) (6). (b) (7)(C)	(b) (6)	, (b) (7)(C)
14f. Athliation, if any							
	oner who will accept service of a	II papers for purpose			proceeding.	····	
15a. Name				15b.Title	1	b	
15c. Address (Street and number				L	abor k	ep	
1415 2nd a	ve unit 909			15d. Tel. N	622-5155	15e."Fax No. ワハム- 2	74-2143
1			-	15f. Cell N	0.	15g. E-Mail Add	ress
seattle wa 9	-			266-	909 - 9693	b.braar	104 - 2143 ress 1 Consalting. Com
I declare that I have read the al	Signature	ents are true to the b	est of my kno	wledge an Title	a Dellet.		Date Filed
(b) (6), (b) ((C) (b) (6)	(b) (7)(C)			harbor F	reivir -	
WILLFUL FALSE	STATEMENTS OF			IMPRISO	NMENT (U.S. CODE	TITLE 18, SEC	10-9-18 TION 1001)
			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.