

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-252855	Date Filed 12/5/2019

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Glacier Northwest
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1419 Bishop Rd. Chehalis, WA 98532

3a. Employer Representative - Name and Title
Lawrence Sharp, Plant Manager
3b. Address (If same as 2b - state same)
same

3c. Tel. No.
360-736-1131
3d. Fax No.
3e. Cell No.
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Factory
4b. Principal product or service
Building Materials

5a. Description of Unit Involved
Included:
All full-time and regular part-time drivers, batchmen, and shop employees
Excluded:
all other employees, guards and supervisors as defined in the Act.
5b. City and State where unit is located:
Chehalis, Washington

6. No. of Employees in Unit 14
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
International Brotherhood of Teamsters, Local 252
8b. Affiliation, if any

8c. Address
217 E. Main St.
Centralia, WA 98531-4449
8d. Tel. No.
360-736-9979
8e. Cell No.
8f. Fax No.
8g. E-Mail Address

9. Date of Recognition or Certification
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
November 30, 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)
13c. Election Time(s)
13d. Election Location(s)

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)
14b. Tel. No.
(b) (6), (b) (7)(C)
14c. Fax No.
14d. Cell No.
14e. E-Mail Address
(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
(b) (6), (b) (7)(C)
15b. Title
An individual

15c. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)
15d. Tel. No.
(b) (6), (b) (7)(C)
15e. Fax No.
15f. Cell No.
15g. E-Mail Address
(b) (6), (b) (7)(C)

I declare that I have read the above petition and its contents, and I am filing this petition of my knowledge and belief.
Name (Print)
(b) (6), (b) (7)(C)
Title
(b) (6), (b) (7)(C)
Date Filed
12-4-19

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-253012	Date Filed 12/6/2019
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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 Cascadia Behavioral Healthcare, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 847 NE 19th Ave. Suite 100 OR Portland 97232-
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3a. Employer Representative - Name and Title Derald Walker	3b. Address (If same as 2b - state same) 847 NE 19th Ave. Suite 100 OR Portland 97232-
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3c. Tel. No. (503) 963-7729	3d. Cell No.	3e. Fax No. (503) 764-9042	3f. E-Mail Address derald.walker@cascaadiabhc.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service behavioral health care	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: 196	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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): January 3	11c. Election Time(s): N/A	11d. Election Location(s): Mail
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12a. Full Name of Petitioner (including local name and number) Haley Rosenthal American Federation of State, County, and Municipal Employees, Council 75	12b. Address (street and number, city, state, and ZIP code) 6025 E. Burnside OR Portland 97215-
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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)
American Federation of State, County, and Municipal Employees

12d. Tel. No. (503) 239-9858	12e. Cell No.	12f. Fax No.	12g. E-Mail Address haley@tlglabor.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 Haley Rosenthal Attorney Tedesco Law Group	13b. Address (street and number, city, state, and ZIP code) 1316 NE Broadway Unit A OR Portland 97232-
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13c. Tel. No. (866) 697-6015	13d. Cell No.	13e. Fax No.	13f. E-Mail Address haley@tlglabor.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) Haley Rosenthal	Signature Haley Rosenthal	Title Attorney	Date 12/6/2019 00:15:37
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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-253012	Date Filed 12/6/2019

Employees Included

All full-time, regular part-time, and relief/on-call employees employed by the Employer including Administrative Coordinator, Cook, Counselor III, Medication Services Coordinator, Nutrition Services Manager, Peer Wellness Specialist, Program Aide, Program Coordinator, Registered Nurse, Residential Counselor I, Residential Counselor II, Secure CNA, Secure Residential Skills Trainer, Secure Residential Treatment Specialist I, Secure Residential Treatment Specialist II, and Skills Trainer working in its Residential programs.

Employees Excluded

All managerial employees, guards and supervisors as defined by the Act, and all other employees.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
19-RD-253329	12/13/2019

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer REPUBLIC SERVICES		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1890 16th St, SE SALEM, OR 97302	
3a. Employer Representative - Name and Title BRET DAVIS O.M.		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. 541 286 8515	3d. Fax No. 503 364 8592	3e. Cell No.	3f. E-Mail Address BRET.DAVIS@REPUBLICSERVICES
4a. Type of Establishment (Factory, mine, wholesaler, etc.) WASTE FACILITY		4b. Principal product or service WASTE REMOVAL	
5a. Description of Unit Involved Included: ALL BARGAINING UNIT EMPLOYEES Excluded:			5b. City and State where unit is located: SALEM, OR

6. No. of Employees in Unit **50** 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 LOCAL 324 TEAMSTERS		8b. Affiliation, if any	
8c. Address 2686 PORTLAND RD NE SALEM, OR 97301		8d. Tel. No. 503 378 1421	8e. Cell No.
		8f. Fax No. 503 378 7590	8g. E-Mail Address

9. Date of Recognition or Certification **2-3-16** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
10-31-2019

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 N/A	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) **1-06-2020** 13c. Election Time(s) **3:30 PM** 13d. Election Location(s) **1890 16th St SE, SALEM, OR 97302**

14. Full Name (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
14e. E-Mail Address (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 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 **(b) (6), (b) (7)(C)** Date Filed **12-12-19**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY THE AN (N 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. 19-RC-253616	Date Filed 12/19/19
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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 Q Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4115 N Mississippi Ave, Portland, OR 97217 OR Portland 97217-
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3a. Employer Representative - Name and Title cameron whitten	3b. Address (If same as 2b - state same) 4115 N Mississippi Ave, Portland, OR 97217 OR Portland 97217-
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3c. Tel. No. (503) 473-4684	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cameron@pdxqcenter.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Others	4b. Principal product or service Direct Support Nonprofit - Advocacy	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: 4	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) 12/16/2019 and Employer declined recognition on or about _____ (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.

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): 1/16	11c. Election Time(s): 11am-1pm	11d. Election Location(s): 4115 N. Mississippi Ave Portland, OR 97217
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12a. Full Name of Petitioner (including local name and number) Alberto John Mendoza Communications Workers of America Local 7901	12b. Address (street and number, city, state, and ZIP code) 3645 SE 32nd Ave OR Portland 97202-3019
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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. (503) 459-7177	12e. Cell No.	12f. Fax No.	12g. E-Mail Address president@cwa7901.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	13b. Address (street and number, city, state, and ZIP code)
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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) Alberto John Mendoza	Signature Alberto John Mendoza	Title President	Date 12/18/2019 20:12:41
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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-253616	12/19/19

Employees Included
All employees

Employees Excluded
Staff with supervisory functions; contractors; confidential employees

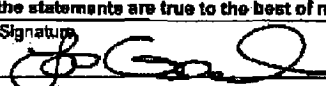
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-253763	Date Filed 12/23/2019
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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-503); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer: Hillside Health and Rehabilitation (The Goodman Group)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4720 23rd Avenue, Missoula, Montana 59803	
3a. Employer Representative - Name and Title: Bernice Zimmerman, Executive Director		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 406-251-5100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bzimmerman@hillside senior.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Missoula, MT
5b. Description of Unit Involved: Included: all regular full-time and regular part-time nurses aides, certified nurses aides, personal care attendants, Excluded: excluding administrators, office clerical employees, registered nurses, licensed practical nurses, super.		5c. Number of Employees in Unit: 45	5d. 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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 12/23/19 and Employer declined recognition on or about (Date) no reply (if no reply received, so state). <input 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) Unite Here Local 427		8b. Address: 208 E Main St, Missoula, MT 59802	
8c. Tel. No. 4062071884	8d. Cell No.	8e. Fax No.	8f. E-Mail Address manderlik@igc.org
8g. Affiliation, if any:		8h. Date of Recognition or Certification 6/15/1987	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6/20/2022
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> 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 (See #8)			
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): 1/8, 2/8, 1/15 or 1/18 2020	11c. Election Time(s): 5:30 - 6:30 am, 1:30 - 2:30 pm MST	11d. Election Location(s): Missoula, MT - Hillside Health and Rehab	
12a. Full Name of Petitioner (including local name and number): SEIU 775 406.207.8157		12b. Address (street and number, city, State and ZIP code): 208 E Main St Missoula, MT 59804	
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.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Lori Gendron		13b. Address (street and number, city, State and ZIP code): 208 E Main St, Missoula, MT 59804	
13c. Tel. No. 406.207.8157	13d. Cell No.	13e. Fax No.	13f. E-Mail Address lori.gendron@seu775.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) Lori Gendron	Signature 	Title Organizer	Date 12/23/2019

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-253850	Date Filed 12/26/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 Valiant Integrated Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10802 W. Randolph St., Oak Harbor, WA 98278 BLDG 3001 Room 204
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3a. Employer Representative - Name and Title Bill Prescott	3b. Address (if same as 2b - state same) 2940 Ruffin Road, Suite C, San Diego, CA 92123
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3c. Tel. No. 270-885-4642	3d. Cell No. 858-790-4632	3e. Fax No.	3f. E-Mail Address bprescott@valiantintegrated.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Contractor	4b. Principal product or service Contract Services on NAS Whidbey Island	5a. City and State where unit is located: Oak Harbor, WA
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5b. Description of Unit Involved Included: All full time and permanent part time employees employed by the employer in the AAAT and DART departments Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the Act.	6a. No. of Employees in Unit: 4	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). **No Reply**
 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)
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): 1/9/2020	11c. Election Time(s):	11d. Election Location(s): Conference/Meeting Room 10802 W. Randolph St., Oak Harbor, WA 98278 BLDG 3001
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12a. Full Name of Petitioner (Including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 282	12b. Address (street and number, city, state, and ZIP code) 822 Park Ave, Bremerton, WA 98332
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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 Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. (206) 762-7990	12e. Cell No. (360) 481-2209	12f. Fax No.	12g. E-Mail Address glenn@iam160.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 Jason Hardwick, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd., Suite 130, Folsom, CA 95630
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13c. Tel No. 916-985-8101	13d. Cell No. 916-936-6013	13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@iamaw.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) Jason Hardwick	Signature 	Title Grand Lodge Representative	Date 12/23/2019
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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.