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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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. 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1419 Bishop Rd. Chehalis, WA 98532 2a. Name of Employer Glacier Northwest 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Lawrence Sharp, Plant Manager same 3c Tel No 3e. Cell No. 3d. Fax No. 3f. E-Mail Address 360-736-1131 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Factory **Building Materials** 5a. Description of Unit Involved 5b. City and State where unit is located: Chehalis, Washington Included: All full-time and regular part-time drivers, batchmen, and shop employees all other employees, guards and supervisors as defined in the Act. 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? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any International Brotherhood of Teamsters, Local 252 8d. Tel. No. 8e. Cell No. 360-736-9979 217 E. Main St. Centralia, WA 98531-4449 8g. E-Mail Address 8f. Fax No. 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 X No 11b. If so, approximately how many employees are participating? a labor organization; of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (Insert Address) 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) 12d. Fax No. 12b Address 12e, Cell No. 12f. E-Mail Address Mail Mixed Manual/Mail 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: Manual matter, state your position with respect to any such election 13c. Election Time(s) 13d. Election Location(s) 13b. Election Date(s) 14. Full Name of Petitioner (b) (6), (b) (7)(C) ber, city, state, ZIP code) 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. 15b Title b) (6), (b) (7)(C) An individual (b) (6), (b) (7)(C) 15e. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) of my knowledge and belief. I declare that I have read the above petition Date Filed Tit (b) (6), (b) (7)(C (b) (7)(C FINE AND CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
19-RC-253012	12/6/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 847 NE 19th Ave. Suite 100 OR Portland 97232-Cascadia Behavioral Healthcare, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 847 NE 19th Ave. Suite 100 OR Por land 97232-Derald Walker 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address derald.walker@cascadiabhc.org (503) 963-7729 (503) 764-9042 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: behavioral health care Portland, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 196 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): January 3 N/A Mail 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) ley Rosenthal
erican Federation of State, County, and Municipal Employees, Council 75 6025 E. Burnside 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 12g. E-Mail Address halev@tlglabor.com 12d. Tel No. 12e, Cell No 12f. Fax No. 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) Haley Rosenthal Attorney 1316 NE Broadway Unit A OR Portland 97232-Tedesco Law Group 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address haley@tlglabor.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Haley Rosenthal Attorney 12/6/2019 00:15:37 Haley Rosenthal

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-253012	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, 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.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, WWW.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Po- Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLI	
 PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A recognized bargaining representative is no longer their representative. The Petitioner alleges that t Labor Relations Board proceed under its proper authority pursuant to Section 9 of the Nation 	the following circumstances exist and requests that the National
	(s) involved (Street and number, city, state, ZIP code) St. 3E SALEM, OR 97302
3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state 3c. AMS	same)
3c. Tel. No. 541 Z86 8515 3d. Fax No. 541 Z86 8515 503 364 859 Z 3e. Cell No.	BRET DAVIS @ REPUBLICS BUILDS
4a. Type of Establishment (Factory, mine, wholesaler, etc.)	4b. Principal product or service
5a. Description of Unit Involved	5b. City and State where unit
Excluded: All BARGAINING UNIT EMPloYEE	SNIEM, OR
excluded:	
6. No. of Employees in Unit 50 7. Do a substantial number (30% or more) of the employees recognized bargaining representative? Yes No	in the unit no longer wish to be represented by the certified or currently
8a. Name of Recognized or Certified Bargaining Agent LOCA 324 TEAMS ISRS	8b. Affiliation, if any
8c. Address 2686 PORTIAND RD NO 8d. Tel. No. 503 37	8 1421 Se. Cell No.
3AlEM, OR 97301 81. Fax No. 503378	7590 8g. E-Mail Address
	Most Recent Contract, if any (Month, Day, Year)
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes Wo	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)
 (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 	as representatives and other organizations
Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name	as representatives and other organizations
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite	as representatives and other organizations em 5 above. (If none, so state)
Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name	as representatives and other organizations em 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No.
Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name	as representatives and other organizations em 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name 12b. Address 13b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s)	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Etection Type: Manual Mail Mixed Manual/Mail
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in its 12a. Name 12b. Address 12c. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 1-06-2020 13c. Election Time(s) 3:50 PM 14. Fu (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code)	as representatives and other organizations em 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name 12b. Address 13b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 1-06-2020 13c. Election Time(s) 14. Fu (b) (6), (b) (7)(C)	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) 1890 16 ST SE, SAISM, OR 9730 Z
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name 12b. Address 13b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 14c. Fu (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) 14f. Affiliation, if any	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) 1890 16 155 5E, SAlton, OR 9730 Z 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) 14e E-Mail Address (b) (6), (b) (7)(C)
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name 12b. Address 13c. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 3:50 PM 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) 1890 16 155 5E, SAlton, OR 9730 Z 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) 14e E-Mail Address (b) (6), (b) (7)(C)
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name 12b. Address 13b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 13c. Election Time(s) 14a. Address (Street and number, city, state, ZIP code) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the rep	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) 1890 16 15 5 5 5 3 15 m, or 9730 2 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) 14e F-Mail Address (b) (6), (b) (7)(C) resentation proceeding.
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name 12b. Address 13b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 13c. Election Time(s) 14a. Address (Street and number, city, state, ZIP code) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the rep	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) 1890 16 15 5 5 5 3 15 m, or 9730 2 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) 14e F-Mail Address (b) (6), (b) (7)(C) resentation proceeding.
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in its 12a. Name 12b. Address 12c. Name 12b. Address 13c. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13c. Election Time(s) 13c. Election Time(s) 13c. Election Time(s) 13c. Election Time(s) 14c. Fu 15c. (b) (6), (b) (7) (C) 14a. Address (Street and number, city, state, ZIP code) 15c. Representative of the Petitioner who will accept service of all papers for purposes of the rep 15a. Name	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) 1890 16 15 5 5 3 15 7 0 9730 2 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(c) 16e E-Mail Address (b) (6), (b) (7)(c) 15b. Title
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in its 12a. Name 12b. Address 12c. Name 12b. Address 13c. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13c. Election Time(s) 13c. Election Time(s) 13c. Election Time(s) 13c. Election Time(s) 14c. Fu 15c. (b) (6), (b) (7) (C) 14a. Address (Street and number, city, state, ZIP code) 15c. Representative of the Petitioner who will accept service of all papers for purposes of the rep 15a. Name	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) B 90 16 55 56, SAl5m, OR 9730 Z 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(c) (b) (6), (b) (7)(c) resentation proceeding. 15b. Title 15d. Tel. No. 15e. Fax No. 15g. E-Mail Address nowledge and belief.
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite 12a. Name 12b. Address 12c. Name 12b. Address 12c. Address 13c. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) 1-06-2020 13c. Election Time(s) 2:30 PM 14f. Fu (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code) 14f. Affiliation, if any 15c. Address (Street and number, city, state, ZIP code) 15c. Address (Street and number, city, state, ZIP code)	as representatives and other organizations am 5 above. (If none, so state) 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13a. Election Type: Manual Mail Mixed Manual/Mail 13d. Election Location(s) B 90 16 55 56, SAl5m, OR 9730 Z 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(c) (b) (6), (b) (7)(c) resentation proceeding. 15b. Title 15d. Tel. No. 15g. E-Mail Address

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4115 N Mississippi Ave, Portland, OR 97217 OR Portland 97217-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 4115 N Mississippi Ave, Portland, OR 97217 OR Por land 97217cameron whitten 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cameron@pdxqcenter.org (503) 473-4684 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Direct Support Nonprofit - Advocacy Portland, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 4 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 12/16/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 4115 N. Mississippi Ave Portland, OR 97217 11am-1pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Alberto John Mendoza
Communications Workers of America Local 7901 3645 SE 32nd Ave OR Portland 97202-3019 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 12g. E-Mail Address president@cwa7901.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date President Alberto John Mendoza 12/18/2019 20:12:41 Alberto John Mendoza

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

19-RC-253616

Case

Date Filed

DO NOT WRITE IN THIS SPACE

12/19/19

Employees Included All employees

Employees Excluded
Staff with supervisory functions; contractors; confidential employees

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

· · · · · · · · · · · · · · · · · · ·	
DO NOT WRITE IN THIS S	PACE
Gase No.	Date Filed
19-RC-253763	12/23/2019

	•							19-KC	<u>-253/6</u>	3 12/	23/2019
INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition m named in the 12). The show	ust be eccomp a patition of: () ving of interes	panied by 1) the per Labouid	y both a Utlon; (Z only be	sho 2) Sti files	wing of interest (se atement of Position I with the NLRB and	e 65 form d sho	below) and (Form NLR ould not be s	a certificat IB-505); en served on t	e of service showing a d (3) Description of Rej he employer or any oth	ervice on Presentation er party.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Labo	ioner desires i	to be certified a	s represe under its	mlative o proper	of the	employees. The Pe hority pursuant to S	ititior Section	ner alleg es t on 9 of the h	hat the foll lational La	owing circumstances a bor Relations Act.	Bective zišt and
2s. Name of Employer: Hillside Health and Rehabilit	ation (The	Goodman	4720	23rd A	ven	· · · ·	ved (Street and n	umber, City,	State, ZIP code):	
Group)			Misso	ula, ivid	onta	ana 59803			_		
3a. Employer Representative - Nan Bernice Zimmerman, Execut		er	3b. Add Same	ness (d.s	seme	as 2b - stata seme):	:				
3c. Tel. No. 406-251-5100	3d. Cell No.			3e. Fax	No.			3f. E-Mail Ad bzimmem	nan@hills	idesenior.com	
48, Type of Establishment (Factory, of Nursing Home	mine, wholesa	ver, etc.)		4b. Prin Health		l Product or Service e			5a. City an Missouls	d State where unit is loc a, MT	sted!.
6b. Description of Unit involved: Included:				_		_			6a. Numbe	er of Employees in Unit:	
ali regular full-time and regular Excluded:									Bb. Do a s	ubstantial number (30% employees in the unit wis	
excluding administrators, offici									représe	ented by the Petitioner?	× Yes No
Check One: 7 7a. Request for recon probability (Date)	no re	ply (lfn	ic reply re	eceived,	50 S	tale).	23/1		i Employer (declined recognition	
8a. Name of Recognized or Certific						ress:	11 0110	TOT GIVE THELE			_
Unite Here Local 427					,	Main St, Misson	ula,	MT 59802	2		_
8c. Tel. No. 4062071884	8d. Cell No.			6e. Fax	(No.			af. E-Mail A manderlik			
8g. Affiliation, if any:		F -		h. Date o /15/198		cognition or Certifica	tion	Bi. Expiration Recent Con	n Date of C tract, if any	urrent or Most (Month, Day, Year) 6/	20/2022
9. Is there now a strike or picketing a	it the Employe	r's establishme	nt(s) invo	lved? N	No	и во, арргох	dmat	ely how man	y employee	s are participating?	-
(Name of Labor Organization)				_			, 1	has picketed	the Employ	er since (Month, Day, Ye	par)
Organizations or individuals other individuals known to have a repression. None (See #8)										es and other organization	ns and
10a. Name	1	Ob. Address						10c, Tel. No).	10d. Cell No.	1-7-m
								10s. Fax No),	10f. E-Mail Address	
11. Election Details: If the NLRS co	inducts and el	ection in this m	atter, stat	te your p	103 ti	on with respect to an	A snc	th election:	11a. Electio		l Manual/Mail
11b. Election Date(s): 1/8, 2/8, 1/15 or 1/16 2020		1c. Election Tir 5:30 - 6:30 at		- 2:30 :	pm l	MST		11d. Electio Missoula,	n Location(:		
12a. Full Name of Petitioner (Includ SEIU 775	ting local nam	e and number):				12b. Address (street 208 E Main St	and				_
406.207.8157						Missoula, MT 59					·
12c. Full name of national or internal	· ·		nich Petiti	ioner is e	an af	filiete or constituent (iif nat	70, sa siata).			
12d. Tel. No.	12e. Cell No		_	12f. Fax				12g. E-Mell			. –
13. Representative of the Petitions	ar who will ac	cept sarvice o	f all pape								-
Lori Gendron						ss (street and numbe ain St. Missoula,			ZIP code):		
13c. Tel. No. 406.207.8157	13d. Cell No			13e. Fa				13f. E-Mail / lori.gendra		75.arg	
I declare that I have read the above	e petition and			re true to	o the	best of my knowle	dge	and bellef.			
Name (Print) Lori Gendron		Signatur	2 /-	-			Title				Date
Lou Genalon			TD(-		• '	~/ I	ı Ort	zanizer			12/23/2019

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of Seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) in processing representation and related proceedings or filligation. 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 bother explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, fellure 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-253850	12/26/2019

INSTRUCTIONS: U	Inlace a Filad !!							
	iiiiess e-riieu u	sing the Agend	y's website,	, submit a	an original of this Pe	tition to a	n NLRB office in the Region	
In which the emplo	yer concerned	is located. Th	e petition mus	t be accompanied by i	both a showing of in	iterest (se	e 6b below) and a certificate	
							ment of Position form	
(Form NLRB-505);	and (3) Descrip	tion of Repres	entation Case	Procedures (Form NL	RB 4812). The show	ving of int	erest should only be filed	
with the NLRB and								
bargaining by Petition	oner and Petitioner	desires to be certif	ied as represental	TVE - A substantial number ive of the employees. The oper authority pursuant to	Petitioner alleges that t	he following	g circumstances exist and	
2a. Name of Employe			2b, A	ddress(es) of Establishmen	t(s) involved (Street and	number, city	, State, ZIP code)	
Valiant Integrated	Services		1080	2 W. Randolph St., C	Dak Harbor, WA 982	278 BLDG	3001 Room 204	
3a. Employer Represe	entative – Name ar	nd Title		3b. Address (If same as				
Bill Prescott				2940 Ruffin Road,	Suite C, San Diego			
3c. Tel. No.		3d. Cell No.		3e, Fax No.		E-Mail Add		
270-885-4642 858-790-4632				Бр		valiantintegrated.com		
	ta. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal productions of the contract of the c			oduct or service vices on NAS Whidbo	ey Island		5a. City and State where unit is located: Dak Harbor, WA	
5b. Description of Un	it Involved						6a. No. of Employees in Unit;	
Included: All full tir	ne and permaner	nt part time emp	loyers emptoyed	t by the employer in the	AAAT and DART depart	artments	Ch. Do a sector field a sector (20%)	
Excluded: Managers, and other e	Supervisors, Clerical \ mployees as defined	Workers, and all other by the Act.	er employees includin	g professional employees, man	agerial employees, guards, s	supervisors,	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 Bar	gaining Represent	ative was made on (Date)	and E	mployer dec	lined recognition on or about	
<u> </u>		(Date)	(If no reply receiv	ed, so state). No Rep	IV			
		currently recogniz	ed as Bargaining I	Representative and desires		1.		
8a. Name of Recogniz None	ted or Certified Ba	rgaining 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		· I		8h. Date of Recognition o			Date of Current or Most Recent	
					Co	ontraca, ir ang	y (Month, Day, Year)	
9. Is there now a strike	or picketing at the	Employer's establi	shment(s) involve	d? No tf so, approx		•		
9. Is there now a strike (Name of labor orga				d? No If so, approximately the Employer since (mately how many emplo	•		
(Name of labor orga	nization)	Petitioner and the	, has pic	keted the Employer since (émately how many emplo Month, Day, Year) ed recognition as represe	oyees are pa		
(Name of labor orga 10. Organizations or in known to have a repre	nization)	Petitioner and the	, has pionse named in Item the unit described	eketed the Employer since (émately how many emplo Month, Day, Year) ed recognition as represe	oyees are pa	rticipating?	
(Name of labor orga 10. Organizations or in known to have a repre- None	nization)	Petitioner and the any employees in	, has pionse named in Item the unit described	eketed the Employer since (émately how many emplo Month, Day, Year) ed recognition as represe so state)	oyees are pa	rticipating?	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details:	inization)	Petitioner and the any employees in 10b. Ac	has pio ose named in Item the unit described Idress	eketed the Employer since (émately how many emplo Month, Day, Year) ed recognition as represe so state)	oyaes are pa	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election.	inization)	Petitioner and the any employees in 10b. Ac	has pic ose named in item the unit described iddress	sketed the Employer since (s 8 and 9, which have daim i in item 5b above. (If none,	émately how many emplo Month, Day, Year) ed recognition as represe so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type:	entatives and	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details:	inization)	Petitioner and the any employees in 10b. Ac	has pio ose named in Item the unit described Idress	sketed the Employer since (s 8 and 9, which have daim i in item 5b above. (If none,	émately how many emplo Month, Day, Year) ed recognition as represe so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type:	entatives and	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Associati	inization) dividuals other than sentative interest in interest	10b. Acts an election in the large many employees in 10b. Acts an election in the large many end of the large	, has pictors named in item the unit described iddress lis matter, state you dection Time(s): umber) lorkers, Local Local	exerted the Employer since (s 8 and 9, which have claim it in item 5b above. (If none, our position with respect to tage 282	imately how many emploided recognition as representation as representation. The section Type: 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location. Conference/Meeting Room: 12b. Address (street a. 822 Park Ave, Bremer	oyees are pa	rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail olph St., Oak Harbor, WA 88278 BLDG 3001 city, state, and ZIP code)	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Associati	dividuals other than sentative interest in the NLRB conduction of Machinists and or international	Petitioner and the any employees in 10b. Act to an election in the 11c. Election and Aerospace Wilabor organization	has pictors named in item the unit described didress list matter, state you lection Time(s): umber) orkers, Local Loc of which Petitione	exerted the Employer since (s 8 and 9, which have claim it in item 5b above. (If none, or position with respect to	imately how many emploided recognition as representation as representation. The section Type: 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location. Conference/Meeting Room: 12b. Address (street a. 822 Park Ave, Bremer	oyees are pa	rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail olph St., Oak Harbor, WA 88278 BLDG 3001 city, state, and ZIP code)	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Association 12d. Tel No.	dividuals other than sentative interest in the NLRB conduction of Machinists and or international	Petitioner and the any employees in 10b. Ac 11c. E 11c. E 10ccal name and mind Aerospace Wolabor organization Aerospace Wolabor Organization Aerospace Wolabor Organization 12e. Cell No.	, has pictors and in item the unit described didress d	exerted the Employer since (s 8 and 9, which have claim it in item 5b above. (If none, our position with respect to tage 282	imately how many employment, Day, Year) ed recognition as represenses so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Locations Conference/Meeting Room: 12b. Address (street a. 822 Park Ave, Brement (if none, so state)	manual (s): 0802 W. Rand number, of ton, WA 98:	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail olph St., Oak Harbor, WA 98278 BLDG 3001 city, state, and ZIP code) 332	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Association 12c. Full name of natio International Association 12d. Tel No. (206) 762-7990	dividuals other than sentative interest in the NLRB conduction of Machinists and October 1981.	10b. Actioner and the any employees in 10b. Action and election in the 11c. Electron and Aerospace Work 12e. Cell No. (360) 481-2203	, has pictors and in item the unit described diress als matter, state you dection Time(s): umber) orkers, Local Loc of which Petitione orkers, AFL-CIO	exerted the Employer since (is 8 and 9, which have claim I in item 5b above. (If none, or position with respect to tige 282 ir is an affiliate or constituent 12f. Fax No.	dimately how many employment, Day, Year) ed recognition as represenses so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location Conference/Meeting Room 12b. Address (street a. 822 Park Ave, Brement (if none, so state)	manual (s): (s): (s): (s): (s): (s): (s): (s):	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail olph St., Oak Harbor, WA 98278 BLDG 3001 city, state, and ZIP code) 332	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Association 12c. Full name of natio International Association 12d. Tel No. (206) 762-7990	dividuals other than sentative interest in the NLRB conduction of Machinists and or international on of Machinists at the Petitioner who	any employees in 10b. Act 11c. Electron and Aerospace World Act 12c. Cell No. (360) 481-220s of will accept servers.	, has pictors and in item the unit described lidress list matter, state you dection Time(s): umber) orkers, Local Loc of which Petitione orkers, AFL-CIO	is 8 and 9, which have claim I in item 5b above. (If none, I in item 5b above. (If none, I in item 5b above.) I in item 5b above. (If none, I in item 5b above.) I ge 282 I is an affiliate or constituen I 21. Fax No. I in item 5b above. (If none,	dimately how many employment, Day, Year) ed recognition as represent to the conference/Meeting Room of the conference/Meetin	y Manual (s): 10892 W. Rand number, of ton, WA 98: 10992 E-Mail Acinn@iam160	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail olph St., Oak Harbor, WA 98278 BLDG 3001 city, state, and ZIP code) 332	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Association 12c. Full name of nation International Association 12d. Tel No. (206) 762-7990 13. Representative of 13a. Name and Title	dividuals other than sentative interest in the NLRB conduction of Machinists and or international on of Machinists at the Petitioner who	any employees in 10b. Act 11c. Electron and Aerospace Word 12c. Cell No. 12c. Cell No. 12c. Cell Co.	, has pictors and in item the unit described lidress list matter, state you dection Time(s): umber) orkers, Local Loc of which Petitione orkers, AFL-CIO	is seed the Employer since (is 8 and 9, which have claim item 5b above. (If none, it in item 5b above. (If none, it is item 5b above.) If position with respect to item item 5b above. (If none, it is an affiliate or constituent 12f. Fax No.) If purposes of the representation of the re	dimately how many employments, Day, Year) ed recognition as represents of the second o	manual (s): (s): (os): (os)	ricipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail John St., Oak Harbor, WA 98278 BLDG 3001 city, state, and ZIP code) 332 Iddress J. com	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Association 12c. Full name of natio International Association 12d. Tel No. (206) 762-7990 13. Representative of	dividuals other than sentative interest in the NLRB conduction of Machinists and or international on of Machinists at the Petitioner who	any employees in 10b. Act 11c. Electron and Aerospace World Act 12c. Cell No. (360) 481-220s of will accept servers.	, has pictors and in item the unit described lidress list matter, state you dection Time(s): umber) orkers, Local Loc of which Petitione orkers, AFL-CIO	is 8 and 9, which have claim I in item 5b above. (If none, I in item 5b above. (If none, I in item 5b above.) I in item 5b above. (If none, I in item 5b above.) I ge 282 I is an affiliate or constituen I 21. Fax No. I in item 5b above. (If none,	dimately how many employment, Day, Year) ed recognition as represents of state) 10c. Tel. No. 10e. Fax No. 11a. Election Location Conference/Meeting Room to 12b. Address (street a. 822 Park Ave, Bremer at (if none, so state) 12 gle sentation proceeding. d number, city, state, and, Folsom, CA 95630	y Manual (s): 10892 W. Rand number, of ton, WA 98: 10992 E-Mail Acinn@iam160	rticipating?	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Association 12c. Full name of national functional Associational Associationa	dividuals other than sentative interest in the NLRB conductioner (Including to on of Machinists and or international on of Machinists at the Petitioner who ason Hardwick,	any employees in 10b. Act 11c. Election and Aerospace World 12c. Cell No. (360) 481-2203 or will accept service Grand Lodge F	, has pictors and in item the unit described didress als matter, state you decision Time(s): umber) orkers, Local Local Control of which Petitione orkers, AFL-CIO and the papers of th	sketed the Employer since (s 8 and 9, which have claim in item 5b above. (If none, it in item 5b above. (If none, it is an affiliate or constituent 12f. Fax No. 12f. Fax No. 13b. Address (street en 620 Coolidge Rd., Sulte 130, 13e, Fax No.	dimately how many employments, Day, Year) ed recognition as represents of state) 10c. Tel. No. 11a. Election Type: 11d. Election Location Conference/Meeting Room of 12b. Address (Street as 822 Park Ave, Brement (if none, so state) 12 gle sentation proceeding. d number, city, state, and processors. CA 95630	manual (s): (s): 10802 W. Rand 10802 W. Rand 10900 M. Ra	rticipating?	
(Name of labor orga 10. Organizations or in known to have a repres None 10a. Name 11. Election Details: any such election. 11b. Election Date(s): 1/9/2020 12a. Full Name of Pet International Association 12c. Full name of national functional Associational Associationa	dividuals other than sentative interest in the NLRB conductioner (Including to on of Machinists and or international on of Machinists at the Petitioner who ason Hardwick,	any employees in 10b. Act 11c. Election and Aerospace World 12c. Cell No. (360) 481-2203 or will accept service Grand Lodge F	, has pictors and in item the unit described didress als matter, state you decision Time(s): umber) orkers, Local Local Control of which Petitione orkers, AFL-CIO and the papers of th	sketed the Employer since (is 8 and 9, which have claim it in item 5b above. (If none, it in item 5b above. (If none, it is an affiliate or constituent 12f. Fax No. 12f. Fax No. 13b. Address (street en 620 Coolidge Rd., Suite 130 13e. Fax No. 916-985-8121	dimately how many employments, Day, Year) ed recognition as represents of state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location Conference/Meeting Room 12b. Address (street a. 822 Park Ave, Bremer in (if none, so state) 12 sentation proceeding. d number, city, state, and 15 phase, Folsom, CA 95630 13 jha wledge and belief.	manual (s): (s): 10802 W. Rand 10802 W. Rand 10901 M. Rand 10	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail olph St., Ook Harbor, WA 98278 BLDG 3001 city, state, and ZIP code) 332 Iddress 0, com	

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.