

Case No.
19-RD-242519

Date Filed
6/3/2019

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
Vancouver Specialty and Rehabilitative Care
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1015 W. Garrison Rd Vancouver WA 98604

3a. Employer Representative - Name and Title
Michael Moses - Administrator
3b. Address (if same as 2b - state same)
Same
3c. Tel. No.
360-694-7501
3d. Fax No.
360-694-8148
3e. Cell No.

3f. E-Mail Address
mmoses@vancouver-specialty.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Nursing Home
4b. Principal product or service
Elder, vent, and skilled care

5a. Description of Unit Involved
Included: *All full-time and regular part-time and on-call NAC's, RA's, Dietary aides, Hospitality aides and Activities Assistants*
Excluded: *LPN's, RN's, GPN's, managers, confidential employees payroll clerks, business office managers, professional employees and supervisors and supervisors*
5b. City and State where unit is located:
Vancouver, WA

6. No. of Employees in Unit
80
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
SEIU 775 Eddy Hayes
8b. Affiliation, if any

8c. Address
215 Columbia St. Seattle, WA 98104
8d. Tel. No.
206-371-3200
8e. Cell No.
360-731-0307
8f. Fax No.

8g. E-Mail Address
Eddy.Hayes@SEIU775.org

9. Date of Recognition or Certification
8/27/18
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
5/31/19

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

13h. Election Date(s)
6/27/19 - 6/28/19
13c. Election Time(s)
5:30pm - 6:30pm
13d. Election Location(s)
Breakroom 1015 W Garrison Rd Vancouver WA 98604

14. Full Name of Petitioner
(b) (6), (b) (7)(C)
14b. Tel. No.
(b) (6), (b) (7)(C)
14c. Fax No.
(b) (6), (b) (7)(C)
14d. Cell No.
(b) (6), (b) (7)(C)
14e. E-Mail Address
(b) (6), (b) (7)(C)

14i. 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
(b) (6), (b) (7)(C)
15c. Address
(b) (6), (b) (7)(C)
15d. City and State
(b) (6), (b) (7)(C)
15e. Cell No.
(b) (6), (b) (7)(C)
15f. E-Mail Address
(b) (6), (b) (7)(C)

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

Name
(b) (6), (b) (7)(C)
Title
(b) (6), (b) (7)(C)
Date Filed
6/3/19

NOT IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.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 Brinderson, a subsidiary of Aegion	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 215 N Hill Blvd WA Burlington 98233-
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3a. Employer Representative - Name and Title Adam Coleman	3b. Address (If same as 2b - state same) 215 N Hill Blvd WA Burlington 98233-
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3c. Tel. No. (360) 239-6559	3d. Cell No.	3e. Fax No.	3f. E-Mail Address acoleman@brinderson.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction	4b. Principal product or service Contractors	5a. City and State where unit is located: Anacortes, WA
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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: 60	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? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 6/29/2019	11c. Election Time(s): 6:00 am - 6:00 pm	11d. Election Location(s): Break Room
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12a. Full Name of Petitioner (including local name and number) Ryan M Meyhoff United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union.	12b. Address (street and number, city, state, and ZIP code) 24437 Russell Road Suite 205 WA Kent 98445-
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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)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

12d. Tel No. (253) 854-4563	12e. Cell No. (253) 495-6903	12f. Fax No.	12g. E-Mail Address rmeyhoff@usw.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) Ryan M Meyhoff	Signature Ryan M Meyhoff	Title Staff Representative	Date 06/3/2019 11:47:24
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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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

19-RC-242554

Date Filed

6-3-2019

Employees Included

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

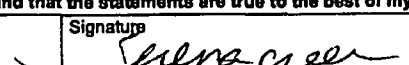
Employees Excluded

All Salaried and Management personnel as defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.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: Golden Valley Electric Association, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 758 Illinois St., Fairbanks, Alaska, 99701	
3a. Employer Representative - Name and Title: William Mede		3b. Address (if same as 2b - state same): 7475 Clausen Rd, Helena, MT 59601	
3c. Tel. No. 907-529-1093	3d. Cell No. 907-529-1093	3e. Fax No. 406-449-2137	3f. E-Mail Address williamfmede@gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utility		4b. Principal Product or Service Electric Utility	
5a. City and State where unit is located: Fairbanks, Alaska		5b. Description of Unit Involved: Included: See Attachment for Unit Description Excluded:	
6a. Number of Employees in Unit: 14		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 4/30/19 and Employer declined recognition on or about (Date) 5/24/19 (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) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: Secret Mail Ballot Election			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): As soon as possible		11c. Election Time(s):	
		11d. Election Location(s): Mail ballot	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local 1547		12b. Address (street and number, city, State and ZIP code): 3333 Denali Street, Suite 200, Anchorage, Alaska 99503	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers			
12d. Tel. No. 907-777-7258	12e. Cell No. 907-317-9554	12f. Fax No. 907-777-7255	12g. E-Mail Address sgreen@ibew1547.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.		13b. Address (street and number, city, State and ZIP code):	
13a. Name and Title: Serena Green, Associate General Counsel		13b. Address (street and number, city, State and ZIP code): 3333 Denali Street, Suite 200, Anchorage, Alaska 99501	
13c. Tel. No. 907-777-7258	13d. Cell No. 907-317-9554	13e. Fax No. 907-777-7255	13f. E-Mail Address sgreen@ibew1547.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Serena Green	Signature 	Title Associate General Counsel	Date 6/4/19

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

Attachment to RD Petition:

Description of unit:

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 <i>Vancouver Specialty and Rehabilitation Care</i>	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <i>1015 N. Garrison Rd. Vancouver, WA 98664</i>		
3a. Employer Representative - Name and Title <i>Michael Moses - Administrator</i>	3b. Address (if same as 2b - state same) <i>Sam</i>		
3c. Tel. No. <i>360-694-7501</i>	3d. Fax No. <i>360-694-8148</i>	3e. Cell No.	3f. E-Mail Address <i>mmoses@vancouver-specialty.com</i>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <i>Nursing Home</i>	4b. Principal product or service <i>Elder, vent, and skilled care</i>		

5a. Description of Unit Involved Included: <i>All Full time and regular part-time and on-call NAC's, RA's Dietary aides, Hospitality aides and activities assistants</i> Excluded: <i>LPN, RN, GPN's, managers, confidential employees, payroll clerks, business office managers, professional employees, guards and supervisors</i>	5b. City and State where unit is located
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6. No. of Employees in Unit <i>80</i>	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent <i>SEIU 775 Eddy Hayes</i>	8b. Affiliation, if any
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8c. Address <i>215 Columbia St. Seattle WA 98104</i>	8d. Tel. No. <i>816-371-3200</i>	8e. Cell No. <i>360-731-0307</i>
	8f. Fax No.	8g. E-Mail Address <i>Eddy.Hayes@SEIU775.org</i>

9. Date of Recognition or Certification <i>8/27/18</i>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <i>5/31/19</i>
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) <i>6/27/19 - 6/28/19</i>	13c. Election Time(s) <i>5:30pm - 6:30pm</i>	13d. Election Location(s) <i>Breakroom 1015 N. Garrison Rd Vancouver WA 98664</i>
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14. (b) (6), (b) (7)(C)	14a. (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 <i>(b) (6), (b) (7)(C)</i>	15b. Title <i>(b) (6), (b) (7)(C)</i>	15c. Tel. No. <i>(b) (6), (b) (7)(C)</i>	15d. Fax No.
		15e. Cell No. <i>(b) (6), (b) (7)(C)</i>	15f. E-Mail Address <i>(b) (6), (b) (7)(C)</i>

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

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed <i>6/27/19</i>
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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

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

2a. Name of Employer P.D. Systems, Inc.		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) Bldg 9500 Door 15, Joint Base Lewis McChord, WA 98439	
3a. Employer Representative - Name and Title Randy Yates, Program Manager		3b. Address (If same as 2b - state same) 38700 Van Dyke Ave Suite 201, Sterling Heights, MI 48312	
3c. Tel. No. 586-553-9380	3d. Cell No. 586-961-5517	3e. Fax No.	3f. E-Mail Address ryates@pd-sys.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Contractor	4b. Principal product or service Bus Driving Inspection and Technical Driving Instruction	5a. City and State where unit is located: Joint Base Lewis McChord, WA
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5b. Description of Unit Involved Included: All regular full time and regular part time Bus Driving Instructors employed by the employer at Joint Base Lewis McChord Excluded: All other employees, managerial employees, professional employees, supervisors, guards 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) 6/7/2019 and Employer declined recognition on or about _____ (Date) (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 6/27/2019	11c. Election Time(s): 4pm - 5pm	11d. Election Location(s): Lunch Room/Break Room, Bldg 9500 Joint Base Lewis McChord, WA 98439
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12a. Full Name of Petitioner (Including local name and number) International Association of Machinists and Aerospace Workers, District Lodge W24	12b. Address (street and number, city, state, and ZIP code) 25 Cornell Avenue Gladstone, Oregon 97027
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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

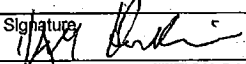
12d. Tel No.	12e. Cell No. 503-348-1540	12f. Fax No.	12g. E-Mail Address jeff@iamw24.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Jason Hardwick, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd. Ste 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 6/7/2019
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-242915	Date Filed 6-7-2019
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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 MHN Government Services, Inc. (MHNGS)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Joint Base Lewis-McChord, 3110 2nd Division Rd, Tacoma, WA 98433
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3a. Employer Representative - Name and Title Elena Honeycutt, Manager, Human Resources	3b. Address (If same as 2b - state same) 2370 Kerner BLVD San Rafael, CA 94901-5546
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3c. Tel. No. 916-935-0988	3d. Cell No.	3e. Fax No. 916-353-6287	3f. E-Mail Address elena.m.honeycutt@healthnet.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Tacoma, WA
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5b. Description of Unit Involved Included: All full-time and regular part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Joint Base Lewis McChord, Tacoma, Washington. Excluded: All supervisors, guards, office clerical, and all other employees.	6a. No. of Employees in Unit: 16	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) 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 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.

11b. Election Date(s): Wednesday 6/19/2019	11c. Election Time(s): 7:00 am - 8:00 am and 4:00 pm - 6:00 pm	11d. Election Location(s): 5901 41st Division Dr, Joint Base Lewis-McChord, Bldg 3204, Room 100
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 47	12b. Address (street and number, city, state, and ZIP code) 5621 Bowen Ct., Commerce City, CO 80022
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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. (916) 985-8101	12e. Cell No. (916) 597-6100	12f. Fax No. (916) 985-8121	12g. E-Mail Address mward@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David W. M. Fujimoto, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net dfujimoto@unioncounsel.net
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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) David W. M. Fujimoto	Signature 	Title Attorney	Date June 7, 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.

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

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: Gary Merlino Construction Co	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9125 10th Ave S Seattle WA 98108
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3a. Employer Representative - Name and Title: Charlie Oliver	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 206-762-9125	3d. Cell No. 206-255-9434	3e. Fax No. N/A	3f. E-Mail Address charlieo@gmccinc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Contractor	4b. Principal Product or Service General Contractor	5a. City and State where unit is located: Seattle WA
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5b. Description of Unit Involved: Included: see attached Excluded: see attached	6a. Number of Employees in Unit: 80
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 05/28/2019 and Employer declined recognition on or about (Date) 05/29/2019 (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) Washington Northern Idaho District Council Laborers	8b. Address: 12101 Tukwila International Blvd Suite 300 Seattle WA 98168
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8c. Tel. No. 425-741-3556	8d. Cell No. 360-269-2779	8e. Fax No. N/A	8f. E-Mail Address jross@nwlaborers.org
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8g. Affiliation, if any: Laborers International Union of North America	8h. Date of Recognition or Certification 06/2007	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 31, 2021
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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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: **Mail Ballot**
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): As Soon As Possible	11c. Election Time(s): N/A	11d. Election Location(s): Mail Ballot
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12a. Full Name of Petitioner (including local name and number): Washington Northern Idaho District Council Laborers	12b. Address (street and number, city, State and ZIP code): 12101 Tukwila International Blvd Suite 300 Seattle WA 98168
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Laborers International Union of North America

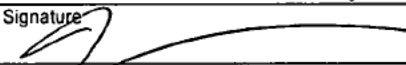
12d. Tel. No. 360-741-3556	12e. Cell No. 360-269-2779	12f. Fax No. N/A	12g. E-Mail Address jross@nwlaborers.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Jared Ross Director of Organizing	13b. Address (street and number, city, State and ZIP code): 12101 Tukwila International Blvd Suite 300 Seattle WA 98168
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13c. Tel. No. 425-741-3556	13d. Cell No. 360-269-2779	13e. Fax No. N/A	13f. E-Mail Address jross@nwlaborers.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) Jared Ross	Signature 	Title Director of Organizing	Date 6/12/2019
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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**

Inclusion and Exclusion for Gary Merlino Construction Co.

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by 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: Kalispell Regional Healthcare	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 310 Sunnyview Ln, Kalispell, MT 59901
3a. Employer Representative - Name and Title: Craig Lambrecht, President & CEO	3b. Address (if same as 2b - state same): Same

3c. Tel. No. (406) 752-5111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address clambrecht@krmc.org>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare System	4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Kalispell, Montana
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5b. Description of Unit Involved: Included: See Attached Excluded: See Attached	6a. Number of Employees in Unit: 650	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 6/12/19 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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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 Yes. If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): July 11, 2019	11c. Election Time(s): tbd	11d. Election Location(s): tbd
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12a. Full Name of Petitioner (including local name and number): SEIU Healthcare 1199NW	12b. Address (street and number, city, State and ZIP code): 445 S Main Street, #17, Kalispell, MT, 59901
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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):
Service Employees International Union

12d. Tel. No. 800-422-8934	12e. Cell No. (206) 465-7465	12f. Fax No. (425) 917-9707	12g. E-Mail Address teresat@seiu1199nw.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: Teresa Tobin, Organizing Director	13b. Address (street and number, city, State and ZIP code): Same

13c. Tel. No. Same	13d. Cell No. Same	13e. Fax No. Same	13f. E-Mail Address Same
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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) Teresa Tobin	Signature 	Title Organizing Director	Date 06/13/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Kalispell Regional Healthcare
Attachment to National Labor Relations Board Petition

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

RN
Charge Nurse
RN 2
RN Clinical Educator
RN Navigator
RN Case Manager

2019 JUN 13 A 11: 56
SEATTLE WASHINGTON

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

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

2a. Name of Employer Conifer Health Solutions	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1717 S J St WA Tacoma 98405-
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3a. Employer Representative - Name and Title Judy Worley	3b. Address (If same as 2b - state same) 1149 Market St MS 10-31 WA Tacoma 98402-
--	--

3c. Tel. No. (253) 792-5761	3d. Cell No.	3e. Fax No.	3f. E-Mail Address judy.worley@coniferhealth.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Healthcare	5a. City and State where unit is located: Tacoma, WA
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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: 65	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? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11b. Election Date(s): July 8 2019	11c. Election Time(s): 7am-8am, noon-1pm, 6pm-7pm	11d. Election Location(s): on-site at St Joseph Medical Center
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12a. Full Name of Petitioner (including local name and number) Mat hew Loveday United Food and Commercial Workers Local 21	12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S Suite 200 WA Seattle 98134-
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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)
United Food and Commercial Workers, AFL-CIO

12d. Tel No. (206) 419-0433	12e. Cell No.	12f. Fax No. (206) 436-6700	12g. E-Mail Address mioveday@ufcw21.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) Mat hew Loveday	Signature Mat hew Loveday	Title Organizer	Date 06/14/2019 08:14:40
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

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

Employees Included

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

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.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 Conifer Health Solutions	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1455 Battersby Ave WA Enumclaw 98022-
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3a. Employer Representative - Name and Title Judy Worley	3b. Address (If same as 2b - state same) 1149 Market St MS 10-31 WA Tacoma 98402-
--	--

3c. Tel. No. (253) 792-5761	3d. Cell No.	3e. Fax No.	3f. E-Mail Address judy.worley@coniferhealth.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Healthcare	5a. City and State where unit is located: Enumclaw, WA
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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: 17	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? 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): July 8 2019	11c. Election Time(s): 7am-8am, 6pm-7pm	11d. Election Location(s): on-site at St Elizabeth Hospital
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12a. Full Name of Petitioner (including local name and number) Mat hew Loveday United Food and Commercial Workers Local 21	12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S Suite 200 WA Seattle 98134-
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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)
United Food and Commercial Workers, AFL-CIO

12d. Tel No. (206) 419-0433	12e. Cell No.	12f. Fax No. (206) 436-6700	12g. E-Mail Address mioveday@ufcw21.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) Mat hew Loveday	Signature Mat hew Loveday	Title Organizer	Date 06/14/2019 08:15:19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-243321	Date Filed 6-14-2019

Employees Included

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

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

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

2a. Name of Employer
Sierra Springs

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
13233 N.E. Jarrett Street, Portland, OR 97230

3a. Employer Representative - Name and Title
Roger Wehmeier, Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
503-262-1000

3d. Cell No.
N/A

3e. Fax No.
N/A

3f. E-Mail Address
rwehmeier@dsservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Water Production Plant

4b. Principal product or service
Water

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

5b. Description of Unit Involved

Included: All warehouse, loaders, production, cooler employees

Excluded: Drivers, Route Sales, Inside Sales, Supervisors under The Act

6a. No. of Employees in Unit:
12

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 6/11/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

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

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

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

11b. Election Date(s):
June 25, 2019

11c. Election Time(s):
1:00 pm - 2:00 pm

11d. Election Location(s):
Sierra Springs, Portland, OR

12a. Full Name of Petitioner (including local name and number)
Teamsters Union Local No. 206

12b. Address (street and number, city, state, and ZIP code)
1860 N.E. 162nd AVE, Portland, OR 97230

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

12d. Tel No.
503-251-2344

12e. Cell No.
971-219-7321

12f. Fax No.
503-251-2354

12g. E-Mail Address
geoff.stewart@teamsterslocal206.org

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

13a. Name and Title Geoff Stewart Union Representative

13b. Address (street and number, city, state, and ZIP code)
1860 N.E. 162nd AVE, Portland, OR 97230


13c. Tel No.
503-251-2344

13d. Cell No.
971-219-7321

13e. Fax No.
503-251-2354

13f. E-Mail Address
geoff.stewart@teamsterslocal206.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) Geoff Stewart	Signature 	Title Union Representative	Date June 11, 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)

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