

FORM EXEMPT UNDER 41 U.S.C.

INTERNET
FORM NLRB-502
(2-03)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-3825	Date Filed 03/09/2009

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)

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.

RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.

RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.

UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.

UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified In unit previously certified in Case No. _____

AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____
Attach statement describing the specific amendment sought.

2. Name of Employer
Oak Harbor Freight Lines, Inc.

Employer Representative to contact
Brian Lundgren, Attorney

Tel. No.
(253) 288-8300

3. Address(es) of Establishment(s) Involved (Street and number, city, State ZIP code)
1339 West Valley Hwy North, Auburn 98071 & 1225 37th Street NW, Auburn, WA 98071

Fax No.
(253) 288-8301

4a. Type of Establishment (Factory mine wholesaler, etc.)
Headquarters & Terminal

4b. Identify principal product or service
Freight Services

Cell No.
e-Mail

5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.)
Included: Clerical, office, and maintenance employees employed by the employer at its headquarters and at its terminal in Auburn, Washington
Excluded: Drivers dockworkers guards supervisors and managers

6a. Number of Employees in Unit:
Present: 65
Proposed (By UC/AC):

6b. Is this petition supported by 30% or more of the employees in the unit? Yes No
*Not applicable in RM, UC, and AC

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

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.

8. Name of Recognized or Certified Bargaining Agent (if none, so state.)
Teamsters Local 763

Affiliation

Address
14675 Interurban Ave South, Suite 305
Tukwila, WA 98168

Tel. No.
(206) 441-0763

Date of Recognition or Certification

Cell No.
Fax No.
e-Mail

9. Expiration Date of Current Contract, if any (Month, Day, Year)
October 2007

10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)

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 than Petitioner (and other than 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 unit described in item 5 above. (If none, so state)

Name	Address	Tel. No.	Fax No.
		Cell No.	e-Mail

13. Full name of party filing petition (if labor organization, give full name including local name and number)

14a. Address (street and number, city, state, and ZIP code)

14b. Tel. No. EXT

14c. Fax No.

14d. Cell No.

14e. e-Mail

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

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)
William Messenger, counsel for Petitioner

Signature
William Messenger

Title (if any)
Attorney for Petitioner

Address (street and number, city, state, and ZIP code)
c/o National Right to Work Foundation 8001 Braddock Rd Suite 600
Springfield, VA 22160

Tel. No. 703.321.8510

Fax No. 703.321.9319

Cell No.
e-Mail

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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C.

INTERNET
FORM NLRB-502
(2-08)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-3824	Date Filed 03/09/2009

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1 PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein the statement following the description of the type of petition shall not be deemed made.) (Check One)

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.

RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner

RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.

UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded

UC-UNIT CLARIFICATION- A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees (Check one) In unit not previously certified In unit previously certified in Case No. _____

AC-AMENDMENT OF CERTIFICATION- Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer: Oak Harbor Freight Lines, Inc. Employer Representative to contact: Brian Lundgren, Attorney Tel. No: (253) 288-8300

3. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 1339 West Valley Hwy North, Auburn 98071 & 1225 37th Street NW, Auburn, WA 98071 Fax No: (253) 288-8301

4a Type of Establishment (Factory, mine, wholesaler, etc.): Headquarters & Terminal 4b Identify principal product or service: Freight Services Cell No. e-Mail

5 Unit involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) 8a. Number of Employees in Unit: 55
Included: Clerical and office employees employed by the employer at its headquarters and at its terminal in Auburn, Washington
Excluded: Drivers, dockworkers, guards, supervisors, and managers
Proposed (By UC/AC)
6b. Is this petition supported by 30% or more of the employees in the unit? Yes No *Not applicable in RM, UC, and AC

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.

8 Name of Recognized or Certified Bargaining Agent (if none, so state): Teamsters Local 763 Affiliation

Address: 14675 Interurban Ave South Suite 305 Tukwila WA 98168 Tel. No: (206) 441-0763 Date of Recognition or Certification
Cell No. Fax No. e-Mail

9. Expiration Date of Current Contract, if any (Month, Day, Year): October 2007 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)

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 than Petitioner (and other than 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 unit described in item 5 above. (If none, so state)

Name	Address	Tel No	Fax No
		Cell No.	e-Mail

13 Full name of party filing petition (If labor organization, give full name including local name and number)

14a. Address (street and number, city, state and ZIP code) 14b. Tel No. EXT 14c. Fax No
14d. Cell No. 14e. e-Mail

15 Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

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): William Messenger, counsel for Petitioner Signature: [Signature] Title (if any): Attorney for Petitioner
Address (street and number, city, state, and ZIP code): c/o National Right to Work Foundation 8001 Braddock Rd Suite 600 Springfield, VA 22160 Tel. No: 703.321.8510 Fax No: 703.321.9319
Cell No. e-Mail

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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C.

INTERNET FORM NLRB 502 (2-09)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

DO NOT WRITE IN THIS SPACE Case No 19-RD-3823 Date Filed 03/09/2009

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1 PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One) RC-CERTIFICATION OF REPRESENTATIVE... RM-REPRESENTATION (EMPLOYER PETITION)... RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)... UD-WITHDRAWAL OF UNION SHOP AUTHORITY... UC-UNIT CLARIFICATION... AC-AMENDMENT OF CERTIFICATION

2 Name of Employer Oak Harbor Freight Lines, Inc. Employer Representative to contact Brian Lundgren, Attorney Tel. No (253) 288-8300

3 Address(es) of Establishment(s) involved 1225 37th Street NW Auburn WA 98071 4a Type of Establishment Terminal 4b Identify principal product or service Freight Services

5 Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included Maintenance employees employed by the employer at its terminal in Auburn Washington Excluded Drivers dockworkers guards supervisors and managers 6a. Number of Employees in Unit Present 10 Proposed (By UC/AC)

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.

8 Name of Recognized or Certified Bargaining Agent (if none so state) Teamsters Local 763 Affiliation Address 14675 Interurban Ave South Suite 305 Tukwila WA 98168 Tel. No (206) 441-0763 Date of Recognition or Certification

9 Expiration Date of Current Contract if any (Month, Day, Year) October 2007 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year) 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 at (insert Address) Since (Month, Day, Year)

12 Organizations or individuals other than Petitioner (and other than 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 unit described in item 5 above. (If none, so state)

13 Full name of party filing petition (if labor organization give full name including local name and number)

14a Address (street and number city state and ZIP code) 14b Tel. No. EXT 14c Fax No 14d Cell No 14e e-Mail

15 Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

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) William Messenger, counsel for Petitioner Signature Title (if any) Attorney for Petitioner Address (street and number city state, and ZIP code) c/o National Right to Work Foundation 8001 Braddock Rd. Suite 600 Springfield, VA 22160 Tel. No. 703.321.8510 Fax No. 703.321.9319 Cell No. eMail

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FORM EXEMPT UNDER 44 U.S.C

INTERNET FORM NLRB-602 (2-08)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

DO NOT WRITE IN THIS SPACE Case No. 19-RD-3822 Date Filed 03/09/2009

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One) RC-CERTIFICATION OF REPRESENTATIVE... RM-REPRESENTATION (EMPLOYER PETITION)... RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)... UD-WITHDRAWAL OF UNION SHOP AUTHORITY... UC-UNIT CLARIFICATION... AC-AMENDMENT OF CERTIFICATION...

2. Name of Employer: Oak Harbor Freight Lines, Inc. Employer Representative to contact: Brian Lundgren, Attorney Tel. No: (253) 288-8300

3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 1225 37th Street NW, Auburn, WA 98071 Fax No: (253) 288-8301

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Terminal 4b. Identify principal product or service: Freight Services Cell No. e-Mail

5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) 6a. Number of Employees in Unit: Present 20 Proposed (By UC/AC) 6b. Is this petition supported by 30% or more of the employees in the unit? Yes [X] No []

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

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.

8. Name of Recognized or Certified Bargaining Agent (If none, so state): Teamsters Local 763 Affiliation

Address: 14675 Interurban Ave., South, Suite 305 Tukwila, WA 98168 Tel. No: (206) 441-0763 Date of Recognition or Certification Fax No. e-Mail

9. Expiration Date of Current Contract (if any (Month, Day, Year)): October 2007 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes [] No [X] 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 than Petitioner (and other than 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 unit described in item 5 above. (If none, so state)

Table with 4 columns: Name, Address, Tel No, Fax No. and 2 rows for additional contact information.

13. Full name of party filing petition (if labor organization, give full name, including local name and number)

14a. Address (street and number, city, state and ZIP code) 14b. Tel. No. EXT 14c. Fax No. 14d. Cell No. 14e. e-Mail

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

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): William Messenger, counsel for Petitioner Signature: [Signature] Title (if any): Attorney for Petitioner Address (street and number, city, state, and ZIP code): c/o National Right to Work Foundation 8001 Braddock Rd. Suite 600 Springfield, VA 22160 Tel. No. 703.321.8510 Fax No. 703.321.9319 Cell No. e-Mail

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FORM EXEMPT UNDER 44 U.S.C

INTERNET
FORM NLRB-502
(2-08)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-3821	Date Filed 3/9/2009

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1 PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein the statement following the description of the type of petition shall not be deemed made) (Check One)

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

RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner

RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.

UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded

UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) in unit not previously certified in unit previously certified in Case No. _____

AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer: Oak Harbor Freight Lines, Inc. Employer Representative to contact: Brian Lundgren, Attorney. Tel. No: (253) 288-8300

3 Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 1339 West Valley Hwy North, Auburn 98071. Fax No: (253) 288-8301

4a Type of Establishment (Factory, mine, wholesaler, etc): Headquarters. 4b Identify principal product or service: Freight Services. Cell No: e-Mail:

5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.)
Included: Clerical and office employees employed by the employer at its headquarters in Auburn, Washington
Excluded: Drivers, dockworkers, guards, supervisors and managers
6a. Number of Employees in Unit: Present: 35, Proposed (By UC/AC):
6b. Is this petition supported by 30% or more of the employees in the unit? Yes No (Not applicable in RM, UC, and AC)

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)
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.

8 Name of Recognized or Certified Bargaining Agent (if none, so state): Teamsters Local 763. Affiliation:
Address: 14675 Interurban Ave. South Suite 305 Tukwila WA 98168. Tel No: (206) 441-0763. Date of Recognition or Certification:
Cell No: Fax No: e-Mail:

9 Expiration Date of Current Contract (if any (Month, Day, Year)): October 2007. 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year):

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 than Petitioner (and other than 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 unit described in Item 5 above. (if none, so state)

Name	Address	Tel No	Fax No
		Cell No	e-Mail

13. Full name of party filing petition (If labor organization, give full name including local name and number):

14a. Address (street and number, city, state, and ZIP code):
14b. Tel No, EXT:
14c. Fax No:
14d. Cell No:
14e. e-Mail:

15 Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization):

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): William Messenger, counsel for Petitioner. Signature: [Signature]. Title (if any): Attorney for Petitioner.
Address (street and number, city, state, and ZIP code): c/o National Right to Work Foundation, 8001 Braddock Rd, Suite 600, Springfield, VA 22160. Tel. No: 703.321.8510. Fax No: 703.321.9319.
Cell No: e-Mail:

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