

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-3819 Date Filed 2/26/09

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)... [X] 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 Tel. No: (253) 288-8300 3. Address(es) of Establishment(s) Involved: 290 Penny Rd., Wanatchee WA 98801 Fax No: (253) 288-8301 4a. Type of Establishment: Transportation Terminal 4b. Mainly Principal Product or Service: Freight Services 5. Unit Involved: Drivers and dockworkers employed by the employer in Wenatchee, Washington 6a. Number of Employees in Unit: Present 12 Proposed (By UC/AC) 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8. Name of Recognized or Certified Bargaining Agent: Teamsters Local 760 Affiliation: 9. Expiration Date of Current Contract: October 2007 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop: 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) 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) 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Ray Miller 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 Messinger, attorney for Petitioner Ray Miller Signature: [Signature] Title (if any): Attorney for Petitioner Ray Miller Address (street and number, city, state, and ZIP code): c/o National Right to Work Foundation, 8001 Braddock Rd. Suite 600, Springfield, VA 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.

INTERNET  
 FORM NLRB-502  
 (2-09)

UNITED STATES GOVERNMENT  
 NATIONAL LABOR RELATIONS BOARD  
 PETITION

FORM EXEMPT UNDER 44 U.S.C.

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-3818	Date Filed 2/26/09

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	Tel No. (253) 288-8300
3. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1220 N Havana St., Spokane, WA 99202		Fax No. (253) 288-8301	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation 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 Drivers and dockworkers employed by the employer in Spokane, WA  Excluded Managers, supervisors, guards, and clerical employees		6a. Number of Employees in Unit: Present 12 Proposed (By UC/AC)	
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)		6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 690	Affiliation
Address 1912 N. Division Street Spokane, WA 99207	Tel No. 509.445.9410 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

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.

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

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, attorney for Petitioner Ray Miller	Signature <i>William Messenger</i> 2/26/09	Title (if any) Attorney for Petitioner Ray Miller
Address (street and number, city, state and ZIP code) c/o National Right to Work Foundation, 8001 Braddock Rd., Suite 800, Springfield, VA	Tel No. 703 321.8510 Cell No.	Fax No. 703 321 9319 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 5 U.S.C.

INTERNET  
FORM NLRB-602  
(2-28)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
19-RD-3817

Date Filed  
2/26/09

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.      Employee Representative in contact  
Brian Lundgren      Tel. No.  
(253) 288-8300

3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
1415 McDonald St NE, Salem, OR 97301      Fax No.  
(253) 288-8301

4a. Type of Establishment (factory, mine, wholesaler, etc.)  
Transportation 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  
Drivers and dockworkers employed by the employer in Salem, Oregon  
Excluded  
Managers, supervisors, guards, and clerical employees  
6a. Number of Employees in Unit:  
Present  
12  
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 324      Affiliation

Address  
2886 Portland Rd., NE  
Salem, Oregon 97303      Tel. No.  
503.378.1421      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.

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

14a. Address (street and number, city, state, and ZIP code)  
14b. Tel. No.      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 attorney for Petitioner Ray Miller      Signature  
William Messenger 2/26/09      Title (if any)  
Attorney for Petitioner Ray Miller

Address (street and number, city, state, and ZIP code)  
c/n National Right to Work Foundation, 8001 Braddock Rd., Suite 800, Springfield, VA      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

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FORM EXEMPT UNDER 5 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-3816	Date Filed 2/26/09

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 Employer.
  - 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	Tel. No. (253) 288-8300
3 Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2300 East St. Helens St., Pasco WA 99301		Fax No. (253) 288-8301
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation 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 Drivers and dockworkers employed by the employer in Pasco, Washington  Excluded Managers, supervisors, guards, and clerical employees		8a. Number of Employees in Unit: Present 19 Proposed (By UC/AC)
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)		8b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 839	Affiliation
Address 1103 W Sylvester St., Suite 1, Pasco WA 99301	Tel. No. 509.547.7513 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
- 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)

Name	Address	Tel. No.	Fax No.

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

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 consultant (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, attorney for Petitioner Ray Miller	Signature <i>William Messenger</i>	Date 2/26/09	Title (if any) Attorney for Petitioner Ray Miller
Address (Street and number, city, state, and ZIP code) c/o National Right to Work Foundation, 8001 Braddock Rd., Suite 600, Springfield, VA		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

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FORM EXEMPT UNDER 44 U.S.C.

INTERNET  
FORM NLRB 302  
(2-08)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
PETITION

DO NOT WRITE IN THIS SPACE

Case No 19-RD-3815 Date Filed 2/26/09

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 Tel. No: (253) 288-8300

3 Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 596 Pease Rd., Burlington, WA 98233. Fax No: (253) 288-8301

4a Type of Establishment (Factory, mine, wholesaler, etc.): Transportation 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 classification): Drivers and dockworkers employed by the employer at its Mount Vernon terminal in Washington state. 6a. Number of Employees in Unit: Present 17 Proposed (By UC/AC): Excluded Managers, supervisors, guards, and clerical employees 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 231 Affiliation: Address: 1700 N. State St. Bellingham, WA 98227-0298 Tel. No: 360.734.7780 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, 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)

Name	Address	Tel. No.	Fax No.

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

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

15. Full name of national or international labor organization of which Petitioner is an affiliate or consultant (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, attorney for Petitioner Ray Miller Signature: [Signature] 2/26/09 Title (if any): Attorney for Petitioner Ray Miller

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

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FORM EXEMPT UNDER 44 U.S.C.

INTERNET FORM NLRB-302 (2-08)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

DO NOT WRITE IN THIS SPACE Case No 19-RD-3813 Date Filed 2/26/09

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 Tel No (253) 288-8300

3. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 1004 Royal Blvd., Boise, Idaho 83642 & 645 N. Nicola Rd., Boise Idaho, 83642 Fax No (253) 288-8301

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation 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 Drivers and dockworkers employed by the employer in Boise and Meridian, Idaho Excluded Managers, supervisors, guards, and clerical employees 6a. Number of Employees in Unit Present 24 Proposed (By UCAC) 6b. Is this petition supported by 30% or more of the employees in the unit? Yes No

7a. Request for recognition as Bargaining Representative was made on (Date) recognition on or about (Date) and Employer declined 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 483 Affiliation

Address 225 N. 16th Street Boise, Id., 83702 Tel No 208,343,5439 Date of Recognition or Certification Fax No e-Mail Cell No

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 expiration 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) organization, of (Insert Address) Since (Month, Day, Year) a labor

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 columns: 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) Ray Miller

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, attorney for Petitioner Ray Miller Signature Title (if any) Attorney for Petitioner Ray Miller Address (street and number, city, state, and ZIP code) c/o National Right to Work Foundation, 8001 Braddock Rd., Suite 600, Springfield, VA 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 (2-28)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

DO NOT WRITE IN THIS SPACE Case No. 19-RD-3814 Date Filed 2/26/09

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 9(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 Tel No (253) 288-8300

3 Address(es) of Establishment(s) involved 2890 Nansen Dr., Medford, OR 97504 Fax No (253) 288-8301

3a. Type of Establishment Transportation Terminal 3b. 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 Drivers and dockworkers employed by the employer in Medford, Oregon Excluded Managers, supervisors, guards, and clerical employees Present 14 Proposed (By UC/AC) 14 No, is this petition supported by 30% or more of the employees in the unit? Yes No

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 562 Affiliation

Address 4480 Rogue Valley Highway Central Point, OR 97502 Tel No. 541.664.4261 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 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) 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., Cell No., e-Mail

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

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, attorney for Petitioner Ray Miller Signature Title (if any) Attorney for Petitioner Ray Miller Address (street and number, city, state, and ZIP code) c/o National Right to Work Foundation, 8001 Braddock Rd., Suite 600 Springfield, VA 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.

INTERNET  
FORM NLRB-502  
(2-08)

UNION STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
PETITION

FORM EXEMPT UNDER 4 U.S.C.

DO NOT WRITE IN THIS SPACE	
Case No 19-RD-3812	Date Filed 2/26/09

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	Tel. No. (253) 288-8300
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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
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Terminal	4b. Identify principal product or service Freight Services	Call No.	e-Mail
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5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included Drivers and dockworkers employed by the employer in Auburn, WA  Excluded Managers, supervisors, guards, and clerical employees	5a. Number of Employees in Unit Present 140 Proposed (By UC/AC)
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6b. Is this petition supported by 30% or more of the employees in the unit?  Yes  No  
\*Not applicable in RM, UC, and AC

7.  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 174	Affiliation
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Address 14675 Interurban Ave., South, Suite 303 Tukwila, WA 98168	Tel. No. 206.441.6060	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, or (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)  
Ray Miller

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, attorney for Petitioner Ray Miller	Signature <i>William Messenger</i>	Title (if any) Attorney for Petitioner Ray Miller
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Address (street and number, city, state, and ZIP code) c/o National Right to Work Foundation, 8001 Braddock Rd., Suite 600, Springfield, VA	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)  
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