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*DAVID CAT-3*

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST LABOR ORGANIZATION  
OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE	
Case 21-CG-24	Date Filed 08-02-2004

INSTRUCTIONS: File an original and 4 copies of this charge and an additional copy for each organization, each local, and each individual named in item 1 with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name California Nurses Association	b. Union Representative to contact Diane Hirsch Garcia
c. Telephone No. 818-240-1900	d. Address (street, city, state and ZIP code) 425 W. Broadway, #111 Glendale, CA 91204

e. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section ~~8(a)~~ <sup>8(g)</sup> subsection(s) (list subsections) ~~8(a)~~ <sup>8(g)</sup> of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the last six months, the Labor Organization violated Section 8(g) of the National Labor Relations Act by failing to comply with the explicit notice requirements for picketing the Employer, a health care institution, and engaged in picketing that did not comply with the prior written notice provided by the Labor Organization.

3. Name of Employer Long Beach Memorial Medical Center	4. Telephone No. 562-933-2000
5. Location of plant involved (street, city, state and ZIP code) 2801 Atlantic Avenue Long Beach, CA 90806	6. Employer representative to contact Melissa P. Lopez, Esq. Sheppard, Mullin, Richter & Hampton LLP 213-617-4290
7. Type of establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	8. Identify principal product or service Health care services, inc. emergency & acute care services.
9. Number of workers employed 4800	10. Full name of party filing charge
11. Address of party filing charge (street, city, state and ZIP code) 2801 Atlantic Avenue Long Beach, CA 90806	12. Telephone No. 562-933-2000

13. DECLARATION

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

By MELISSA P. LOPEZ Counsel for Employer  
(signature of representative or person making charge) (title or office, if any)

Address Sheppard, Mullin, Richter & Hampton, LLP 213-617-4290 8/2/04  
333 S. Hope St., #48, Los Angeles, CA 90071 (Telephone No.) (date)

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