

FORM NLRB-508 (6-83)	UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	DO NOT WRITE IN THIS SPACE		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Case 32-66-45</td> <td style="width: 50%;">Date Filed 3/8/99</td> </tr> </table>	Case 32-66-45	Date Filed 3/8/99
Case 32-66-45	Date Filed 3/8/99			

INSTRUCTIONS: File an original and 3 copies of this charge and an additional copy for each organization, each local, and each individual name 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 Jim Ryder
c. Telephone No. (510) 273-2200	d. Address (street, city, state and ZIP code) 2000 Franklin Street, Oakland, CA 94612

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(f), subsection(s) (g) 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 (be specific as to facts, names, addresses, plants involved, dates, places, etc.)

On March 3, 1999, the above-named labor organization violated Section 8(g) of the Act by picketing at the premises of Kaiser Foundation Hospitals (Oakland Medical Center) located at 180 W. MacArthur Boulevard, Oakland, California, without first providing written notification of its intent to engage in such picketing to Kaiser Foundation Hospitals and/or The Permanente Medical Group, Inc., as required by Section 8(g).

COPY SENT NLRB

Date _____ By _____

3. Name of Employer Kaiser Foundation Hospitals and The Permanente Medical Group, Inc.	4. Telephone No. (510) 271-2638
5. Location of plant involved (street, city, state and ZIP code) Oakland Medical Center	6. Employer representative to contact Daniel R. Fritz
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital and Medical Offices	8. Identify principal product or service Health Care
9. Number of workers employed	

10. Full name of party filing charge Kaiser Foundation Hospitals and The Permanente Medical Group, Inc.	
11. Address of party filing charge (street, city, state and ZIP code) C/O Legal Department, Kaiser Foundation Health Plan, Inc. One Kaiser Plaza, Oakland, CA 94612	12. Telephone No. (510) 271-2638

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 <u><i>Daniel R. Fritz</i></u> (signature of representative or person making charge)	Counsel _____ (title or office, if any)
Address <u>One Kaiser Plaza, Oakland, CA 94612</u>	<u>(510) 271-2638</u> (Telephone No.)
	<u>March 4, 1999</u> (date)

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