FORM NLRB-502 (RC) (4-15)

NATIONAL LABOR RELATIONS BOARD

DO NOT W	DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed			
18-RC-258985	April 09, 2020			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 filled 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer BOUNDARY W. CONAN SAME amastoski@boundaryWatersa. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service NURSING CARE mN 5573 SENIOR CARE 6a. No. of Employees in Unit: NURSES. GLOBE REGISTERD · INTO EXISTING Included: 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes No Request for recognition as Bargaining Representative was made on (Date) Check One: 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). NONE 8d Call No. 8c. Tel No. Se. Fax No. 8f. E-Mall Address 8h. Date of Recognition or Certification 8g. Affiliation, If any 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO (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 delimed 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) 10c. Tel. No. 10d, Cell No. 10b. Address 10a Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position any such election, Drefer Mail 621075-Satar 11a. Election Type: | Manual Mail | Mixed Manual/Mail any such election, 11d. Election Location(s): 11b. Election Date(s): Mail Ballots MAIL 12a. Full Name of Petitioner (including local name and number) Address (street and number, city, state, and ZIP code) 392 Eleano CAFSCME COUNCIL ional labor organization of which Petitioner is an affiliate Fibrate, County and Federation of 12e. Cell No. AME will accept service of all papers for purposes of the repi 13a Name and Title THOR BACK 13b. Address (street and number, city, state, and 21) LEAD ORGANIZER 2(8) I declare that I have read the above petition and ments-are true to the best of my knowledge and belief. Organi zy ackup HIS PETITION CAN BE PUNISHED BY FINE WIND IMPRISONMENT (U.S. CODE/TITLE 18, SECTIO LFUL FALSE STATEMENTS O

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 sag. 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, faiture 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.	18-RC-259116	Date Filed April 14, 2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Omni Glass and Paint, LLC 3530 Omni Drive, Oshkosh, WI 54904-8512 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Dave Vanderzanden Same. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 920-233-3333 dvander@omnigp.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Glass Oshkosh, WI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part-time glazing fabricators, including saw operators, glass fabricators, and 10 6b. Do a substantial number (30% panel fabricator employed at the Employer's glazing fabrication facility in Oshkosh, Wisconsin or more) of the employees in the All guards and supervisors as defined by the Act and all other employees unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 04/14/2020 and Employer declined recognition on or about Check One: no reply (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. 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. 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 recogni ion 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 11a. Election Type: Manual ✓ Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) S68 W22665 National Ave, PO Box 189, Big Bend, WI 53103 **IUPAT District Council No. 7** 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) The International Union of Painters and Allied Trades 12d. Tel No. 12e Cell No 12f. Fax No. 12g. E-Mail Address 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 Steve Schreiner S68 W22665 National Ave, PO Box 189, Big Bend, WI 53103 13d Cell No. 13c. Tel No. 13e Fax No. 13f F-Mail Address 262-910-9066 262-444-2672 steve@iupatdc7.com 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) Signature Date Steve Schreiner s/Steve Schreiner Organizing Director 4/14/2020

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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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

AMENDED RC PETITION

AMENDED RC P	ETITION		18-1	RC-259116	P	APRIL 17, 2020	
INSTRUCTIONS: Unless e-Filed	using the Agency	's website, wy	vw.nlrb.gov, submit a	n original of this	Petition to an	n NLRB office in the Region	
in which the employer concerne							
of service showing service on t							
(Form NLRB-505); and (3) Desc	(A) (A) (A)						
with the NLRB and should not be	7.50			12 1012). 1110 01	ioning or mic	noot onound only bo mou	
1. PURPOSE OF THIS PETITION: RC				of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petition							
requests that the National Labor R	elations Board proce						
2a. Name of Employer Omni Glass and Paint, LLC			dress(es) of Establishmeni Omni Drive, Oshkos			State, ZIP code)	
3a. Employer Representative – Name	and Title	0000	3b. Address (If same as		2		
Dave Vanderzanden	and mic		Same.	2D - State Same)			
3c. Tel. No.	3d. Cell No.		3e. Fax No. 3f. E-Mail Address			229	
920-233-3333	od. Och IVO.		oc. I ax No.			omnigp.com	
4a. Type of Establishment (Factory, mir	ne wholesaler etc.)	4b. Principal prod	duct or service			and State where unit is located:	
Factory	Section of the sectio	Glass	duct of Scivico		Oshkos		
5b. Description of Unit Involved					1	6a. No. of Employees in Unit:	
Included: All full time and regular	part-time glazing fa	bricators includ	ing saw operators, glas	s fabricators and	panel	10	
fabricator employed at					parior	6b. Do a substantial number (30%	
Excluded:						or more) of the employees in the	
All guards and s	upervisors as	defined by	the Act and all o	other employe	ees	unit wish to be represented by the Petitioner? Yes ✓ No	
Check One: / 7a. Request for	or recognition as Barga	nining Denresenta	tive was made on (Date)	14/44/2020 an	d Employer decli	ned recognition on or about	
no rer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If no reply received	And the second s	14/ 14/2U2U an	d Employer decil	ned recognition on or about	
			epresentative and desires	certification under the	Act		
8a. Name of Recognized or Certified			8b. Address	cordinadori dilaci dic	7100.		
None.		20					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess	
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8g. Affiliation, if any			8h. Date of Recognition of			ate of Current or Most Recent (Month, Day, Year)	
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9. Is there now a strike or picketing at the	ne Employer's establish	nment(s) involved	? No If so, approx	imately how many en	nployees are par	ticipating?	
(Name of labor organization)			eted the Employer since (I			-	
Organizations or individuals other th		A 199		3 35 50		other emenizations and individuals	
known to have a representative interest					resentatives and	other organizations and individuals	
None.	4 4		2				
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	lucts an election in this	matter state you	r nosition with respect to	11a Floation Type	Manual	/ Mail Mixed Manual/Mail	
any such election.	idets dir election in this	matter, state you	position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. Ele	ection Time(s):		11d. Election Local	tion(s):		
12a. Full Name of Petitioner (including local name and number) IUPAT District Council No. 7				12b. Address (street and number, city, state, and ZIP code) S68 W22665 National Ave, PO Box 189, Big Bend, WI 53103			
12c. Full name of national or internation	al labor organization o	f which Petitioner	is an affiliate or constituen		mai Avc, i O bo	x 103, big bend, vvi 33103	
The International Union of Painters and		Wilder Cadorici	is an anniate of constructi	t (ii none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.	I	12g. E-Mail Ad	dress	
262-662-1827	CONSIDER SPORTS (A. 1945.)—	200 200	A CONTRACTOR CONTRACTOR			echanica conservatoria.	
13. Representative of the Petitioner v	vho will accept service	e of all papers fo	or purposes of the repres	entation proceeding] .		
13a. Name and Title Steve Sch	reiner		13b. Address (street and	d number, city, state,	and ZIP code)		
*****			S68 W22665 National Ave, F	PO Box 189, Big Bend, W			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add		
262-910-9066 I declare that I have read the above p	262-444-2672	tatemente are tru	e to the hest of my know	ledge and holief	steve@iupatdc	r.com	
The control of the co		tatements are tru		neage and beller.	I p-t		
Name (Print)	Signature		Organizing Director		Date		

ner s/Steve Schreiner Organizing Director 4/14/2020
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