

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 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.

2a. Name of Employer
BOUNDARY WATERS CARE CENTER

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
200 W. CONAN ST. ELY, MN, 55731

3a. Employer Representative - Name and Title
ADAM MASLOSKI, EXECUTIVE DIRECTOR

3b. Address (if same as 2b - state same)
SAME

3c. Tel. No.
(218) 365-8045

3d. Cell No.
NA

3e. Fax No.
NA

3f. E-Mail Address
amasloski@boundarywaterscc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
24-7 SKILLED NURSING CARE SENIOR CARE FACILITY

4b. Principal product or service
SENIOR CARE FACILITY

5a. City and State where unit is located:
Ely, MN 55731

5b. Description of Unit Involved
Included: **ALL REGISTERED NURSES. GLOBE INTO EXISTING NURSE UNION - AFSCME LOCAL 105-117**

Excluded:

6a. No. of Employees in Unit:
5

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 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.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. 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 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)
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 any such election. **prefer mail ballots - safer w/ COVID 19**

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
Mail Ballots April 15/30

11c. Election Time(s):
MAIL

11d. Election Location(s):
MAIL

12a. Full Name of Petitioner (including local name and number)
THOR BACKUS (AFSCME COUNCIL 65)

12b. Address (street and number, city, state, and ZIP code)
1322 Eleanor Ave. St Paul, MN 55116

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of State, County and Municipal Employees

12d. Tel No.
(612) 619-2542

12e. Cell No.
SAME

12f. Fax No.
(218) 885-3245

12g. E-Mail Address
tbackus@afscme65.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
THOR BACKUS, LEAD ORGANIZER, AFSCME Council 65

13b. Address (street and number, city, state, and ZIP code)
1322 Eleanor Ave ST. PAUL MN 55116

13c. Tel No.
(612) 619-2542

13d. Cell No.
SAME

13e. Fax No.
(218) 885-3245

13f. E-Mail Address
tbackus@afscme65.org

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) **Thor Backus** Signature **[Signature]** Title **Lead Organizer** Date **April 7, 2020**

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 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, failure 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
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 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.**

2a. Name of Employer Omni Glass and Paint, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3530 Omni Drive, Oshkosh, WI 54904-8512
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3a. Employer Representative - Name and Title Dave Vanderzanden	3b. Address (If same as 2b - state same) Same.
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3c. Tel. No. 920-233-3333	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dvander@omnigp.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal product or service Glass	5a. City and State where unit is located: Oshkosh, WI
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5b. Description of Unit Involved Included: All full time and regular part-time glazing fabricators, including saw operators, glass fabricators, and panel fabricator employed at the Employer's glazing fabrication facility in Oshkosh, Wisconsin Excluded: All guards and supervisors as defined by the Act and all other employees	6a. No. of Employees in Unit: 10	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/14/2020 and Employer declined recognition on or about no reply (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.	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 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)
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 any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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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
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
The International Union of Painters and Allied Trades

12d. Tel No. 262-662-1827	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Steve Schreiner	13b. Address (street and number, city, state, and ZIP code) S68 W22665 National Ave, PO Box 189, Big Bend, WI 53103
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13c. Tel No. 262-910-9066	13d. Cell No. 262-444-2672	13e. Fax No.	13f. E-Mail Address steve@iupatdc7.com
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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) Steve Schreiner	Signature s/Steve Schreiner	Title Organizing Director	Date 4/14/2020
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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

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-259116	Date Filed APRIL 17, 2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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 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.**

2a. Name of Employer Omni Glass and Paint, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3530 Omni Drive, Oshkosh, WI 54904-8512
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3a. Employer Representative - Name and Title Dave Vanderzanden	3b. Address (If same as 2b - state same) Same.
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3c. Tel. No. 920-233-3333	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dvander@omnigp.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal product or service Glass	5a. City and State where unit is located: Oshkosh, WI
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5b. Description of Unit Involved Included: All full time and regular part-time glazing fabricators, including saw operators, glass fabricators, and panel fabricator employed at the Employer's glazing fabrication facility in Oshkosh, Wisconsin Excluded: All guards and supervisors as defined by the Act and all other employees	6a. No. of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/14/2020 and Employer declined recognition on or about no reply (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.	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 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)
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 any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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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) Steve Schreiner	Signature s/Steve Schreiner	Title Organizing Director	Date 4/14/2020
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