



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 376

A. Person Filing

1. Name and mailing address (include ZIP code): Berens & Tate, P.C. 10050 Regency Circle, Suite 400 Omaha, NE 68114		2. Any other address where records necessary to verify this report are kept: n/a
3. Date fiscal year ends: 1/31/2003	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Air-Land Transport Service, Inc. P.O. Box 968 Morton, IL 61550		6. Date entered into: On or about February 12, 2002
		7. Names of persons through whom made: Tom Daman
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): When performing general legal services for the employer, a member of Berens & Tate was involved in activities which may be considered persuader activities.		

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: Provide employees with general information on unionization during employee meetings. Monitor employer speeches and answer questions on behalf of the employer.		
b. Period during which performed: During organizing activity	c. Extent performed: n/a	
d. Names and addresses of persons through whom performed: Joseph Dreesen, 10050 Regency Circle, Suite 400, Omaha, NE 68114		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Employees of Air-Land Transport Service, Inc.

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>John C. Berens</i> President		Signed: _____ Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City Omaha	State NE	City	State
Date on: 3/28/02		Date on:	



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OMB No. 1214-0001
12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

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A. Person Filing

1. Name and mailing address (include ZIP code): Berens & Tate, P.C. 10050 Regency Circle, Suite 400 Omaha, NE 68114		2. Any other address where records necessary to verify this report are kept: n/a	
3. Date fiscal year ends: 1/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Woodland Good Samaritan Village 100 Buffalo Hill Lane E Brainerd, MN 56401		6. Date entered into: On or about June 1, 2001	
		7. Names of persons through whom made: Mike Deuth	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.			
9. Terms and conditions (Explain in detail; see Part B-9 of Instructions):			

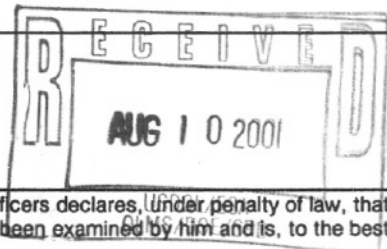
When performing general legal services for the employer, a member of Berens & Tate was involved in activities which may be considered persuader activities.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of Instructions):		
a. Nature of activity: Provide employees with general information on unionization during employee meetings. Monitor employer speeches and answer questions on behalf of the employer.		
b. Period during which performed: During organizing activity	c. Extent performed: n/a	
d. Names and addresses of persons through whom performed: Timothy D. Loudon & Donna S. Colley, 10050 Regency Circle, Suite 400, Omaha, NE 68114		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Employees of Woodland Good Samaritan Village



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>Kel C Berens</i> President		Signed: _____ Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City Omaha	State NE	City	State
Date on: 8/2/01		Date	



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12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

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A. Person Filing

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3. Date fiscal year ends: 1/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Betty Dare Good Samaritan Center 3101 North Florida Avenue Alamogordo, NM 88310-9713		6. Date entered into: On or about July 2, 2001
		7. Names of persons through whom made: Pat Greenquist
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):		

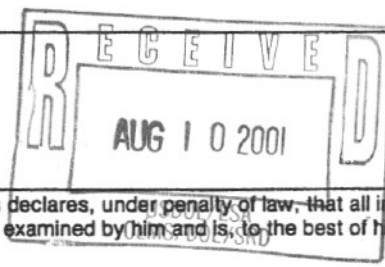
When performing general legal services for the employer, a member of Berens & Tate was involved in activities which may be considered persuader activities.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: Provide employees with general information on unionization during employee meetings. Monitor employer speeches and answer questions on behalf of the employer.		
b. Period during which performed: During organizing activity	c. Extent performed: n/a	
d. Names and addresses of persons through whom performed: Timothy D. Loudon & Donna S. Colley, 10050 Regency Circle, Suite 400, Omaha, NE 68114		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Employees of Betty Dare Good Samaritan Center



D. Verification and Signature. The person in Item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>Kelvin C. Berens</i> President		Signed: _____ Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City Omaha	State NE	City	State
Date on: 8/2/01		Date	on:



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3. Date fiscal year ends: 1/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):
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B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Interstate Mechanical Corp. 418 Iowa Street, P.O. Box 1378 Sioux City, IA 51102	6. Date entered into: On or about May 21, 2001
	7. Names of persons through whom made: Rich Olson

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
 - b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

When performing general legal services for the employer, a member of Berens & Tate was involved in activities which may be considered persuader activities.

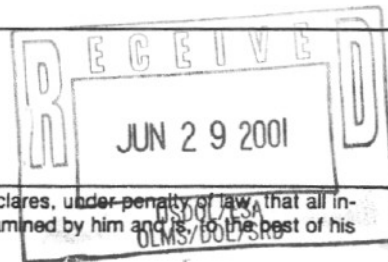
C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: Provide employees with general information on unionization during employee meetings. Monitor employer speeches and answer questions on behalf of the employer.		
b. Period during which performed: During organizing activity	c. Extent performed: n/a	
d. Names and addresses of persons through whom performed: Joseph Dreesen, 10050 Regency Circle, Suite 400, Omaha, NE 68114		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Employees of Interstate Mechanical Corp.



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>Kel C Berens</i> (If other title, cross out and write in correct title above.) City: Omaha State: NE Date: 6/29/01 at:	President	Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____ at:	Treasurer
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