

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



lincoln.ne.gov

August 2, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Pit Crew, 3223 Cornhusker requesting a class C liquor license.

This location has been purchased by GSCS Inc.

GSCS Inc. has requested that Eric Fortune be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Eric Fortune was born in Alliance, Nebraska. He attended Southeast High School graduating in 1987.

Eric Fortune employment history is as follows:

Present	Manager, Pit Crew	Lincoln, NE.
2001 - Present	Owner, Fortune Recovery	Lincoln, NE.
2001 - 2005	Manager, UAC	Lincoln, NE.
1998 - 2001	Lincoln Plating	Lincoln, NE.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



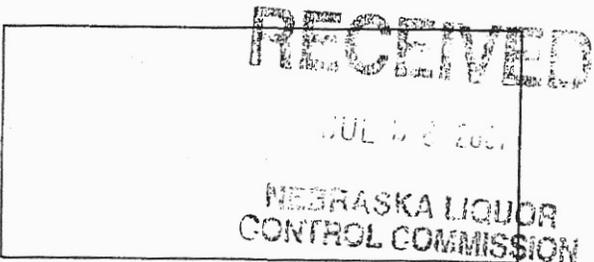
A nationally accredited law enforcement agency



Stockholder information has been included for your review.

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
 301 CENTENNIAL MALL SOUTH
 PO BOX 95046
 LINCOLN, NE 68509-5046
 PHONE: (402) 471-2571
 FAX: (402) 471-2814
 Website: www.nol.org/home/NLCC/



OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- A Beer, On Sale Only \$45.00
- B Beer, Off Sale Only \$45.00
- C Beer, Wine & Distilled Spirits, On & Off Sale \$45.00
- D Beer, Wine & Distilled Spirits, Off Sale Only \$45.00
- I Beer, Wine & Distilled Spirits, On Sale Only \$45.00

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount)	\$ 45.00 10,000 min.
<input type="checkbox"/>	W	Wholesale Beer	\$545.00 5,000
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00 5,000
<input type="checkbox"/>	Y	Farm Winery	\$295.00 1,000

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License, requires insert form 1
- Partnership License, requires insert form 2
- Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: _____ Phone: _____

Firm Name: _____

Firm address: _____

for no...
lat...

per applicant to

PREMISE INFORMATION

Trade Name (doing business as) The Pit Crew

Street Address #1 3223 Cornhusker Hwy.

Street Address #2 _____

City Lincoln County Lancaster #2

Zip Code 68504

Telephone number at premise to be licensed (402) 464-9521

Is this location inside the city/village corporate limits: YES NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: George Skorohod

Street Address #1 501 So. 120 St.

Street Address #2 _____

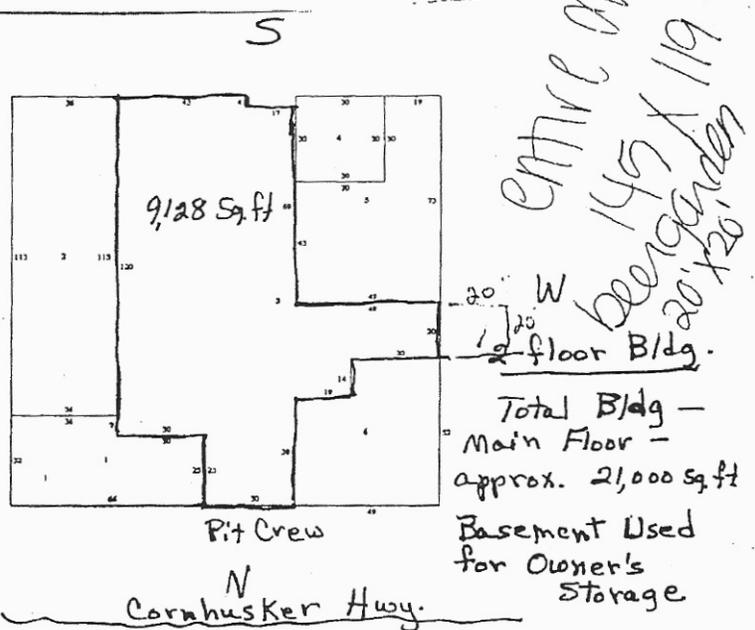
City Lincoln County Lancaster

Zip Code 68520

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

Would like to include full basement area on east side of building -
5970 sq. ft. outlined in yellow



Circled

include full basement

APPLICANT INFORMATION

1 READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- Yes If yes, please explain below or attach a separate page.
 No

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JUL 9 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

2 Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- Yes
Current business name and license number The Pit Crew 51189
 No see #4 on list

3 Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.**

- Yes
 No see #5 on list

4 Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes _____
 No _____

✓ Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

- Yes _____
- No

✓ Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

- Yes See attached per applicant
- No

✓ Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

- Yes _____
- No

✓ Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

- Yes _____
- No

✓ Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

- Yes _____
- No

✓ List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

to per applicant ✓ Pinnacle Bank, 27th + Folkways, Lincoln, NE
George and Carolene Skorohod
Eric Fortune

List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

George Skorohod, Waverly Farms, 11900 Hwy 6, Waverly, NE
68462, #10750
Ceased operation in early 1990's

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Eric Fortune, Manager
Available 11:00 a.m to 1:00 a.m

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Mr. Fortune has had no experience with selling or serving alcohol products. He has had management experience/employee management experience in his own business (Battery Station) which has ceased operation. Training at SECC and Seminar Training at Cornhusker Hotel 2001-2003-2005.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- Lease: expiration date _____
- Deed
- Purchase Agreement

15. When do you intend to open for business? June 22, 2007

16. What will be the main nature of business? What are the anticipated hours of operation? Sports bar serving food, beer, liquor.
Featuring Nascar races
Open 11:00 p.m to 1:00 a.m. 7 days a week

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

pe1
applicant

Applicant Name	From: Year	To: Year	City/State
<u>George Skorohod and Spouse</u>			
<u>501 So. 120 St, Lincoln, NE</u>	<u>1997</u>	<u>2007</u>	<u>Lincoln, NE</u>
<u>Carolene Skorohod</u>			
<u>501 So. 120 St, Lincoln, NE</u>	<u>1997</u>	<u>2007</u>	<u>Lincoln, NE</u>

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

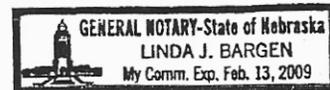
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

X <u>Benny Skovsted</u> (sign here)	_____	(sign here)
X <u>Caroline Skovsted</u> (sign here)	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)

Subscribed in my presence and sworn to before me this

20th day of July, 2007

Linda J. Barger
Notary Public Signature & Seal



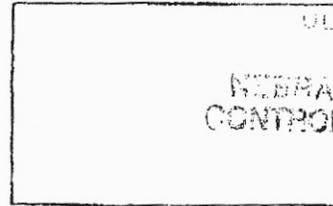
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

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APPLICATION FOR LIQUOR LICENSE CORPORATION/LLC INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2371
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

GSCS, Inc. doing business as "The Pit Crew"

Corporate Street Address: 3223 Cornhusker Hwy.

City: Lincoln State: NE Zip Code: 68504

Corporate Telephone Number (402) 464-9521

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation? YES NO

If yes, what is your Federal ID #? _____

Name of Registered Agent Terry Barber

Name of Proposed Manager Eric Fortune

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: SKorohod First Name: George MI

Address Street 501 So. 120 St. City Lincoln

State NE Zip Code 68520 Home Phone number (402) 488-7755

Social Security Number _____ Date of Birth _____

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NEBRASKA LIQUOR CONTROL COMMISSION

Last names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name SKorohod First Name Carolene

Social Security Number --- Date of Birth ---

Title Sec. Treas. Number of Shares 50

Spouse Name (indicate N/A if single) ---

Spouse Social Security Number --- Date of Birth ---

Title --- Number of Shares ---

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

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NEBRASKA LIQUOR CONTROL COMMISSION

Is this Corporation or Limited Liability Company controlled by another Corporation?
 Yes No
If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date June 2007 Ending Date Dec, 2007

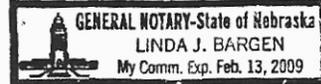
[Signature]
Signature of President/Managing Member

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

20th day of July 2007

[Signature]
Notary Public Signature & Seal



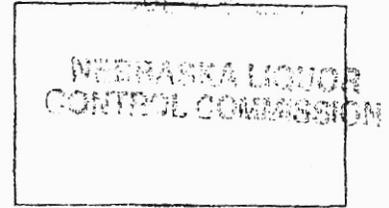
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4183
REV. 4/05

Eric & wife

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APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT



301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lc.ne.gov>

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION GSCS, Inc., dba "The Pit Crew"
CLASS & LICENSE NUMBER _____
TRADE NAME The Pit Crew
STREET ADDRESS 3223 Cornhusker CITY Lincoln, NE ZIP CODE 68504

X 
SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME ERIC FORTUNE
ADDRESS 4934 MYRTLE STREET
CITY LINCOLN STATE NE ZIP CODE 68506
HOME PHONE NUMBER 402-416-3976 BUSINESS PHONE NUMBER 402-464-9521
SEX MALE FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH ALLIANCE, NE
DRIVERS LICENSE NUMBER & STATE _____

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME KAYLENE FORTUNE
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____

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JUL 21 2007

NEBRASKA LIQUOR CONTROL COMMISSION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law, a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

NSF CHARGE IN 1994. PAID RESTITUTION, CASE CLOSED.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

YES NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?

YES NO

RESIDENCES FOR THE LAST 10 YEARS APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
LINCOLN NEBRASKA		1997	2007	LINCOLN NE	
EMPLOYERS, WITH EMPLOYERS EMPLOYERS					
MONTH FROM	YEAR TO	NAME OF EMPLOYER		NAME OF SUPERVISOR	TELEPHONE NUMBER
JAN 07	PRESENT	FORTUNE MANAGEMENT + RECOVERY		OWNER	402-416-3976
AUG 2000	AUG 2005	UNIVERSAL ACCEPTANCE CORP		KAREN MYERS	800-414-2622

NO. 2776 P. 7

S.L. CORPORATION 8:17PM 2007 06/28

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JUL 11 2007

NEBRASKA LIQUOR CONTROL COMMISSION

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sen. §33-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

[Handwritten Signature]

Signature of Applicant

[Handwritten Signature]

Signature of Spouse

Subscribed in my presence and sworn to before me this 5th
day of July, 2007

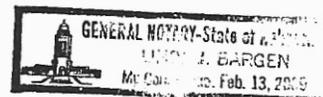
Subscribed in my presence and sworn to before me this 5th
day of July, 2007

[Handwritten Signature]

Notary Signature & Seal

[Handwritten Signature]

Notary Signature & Seal



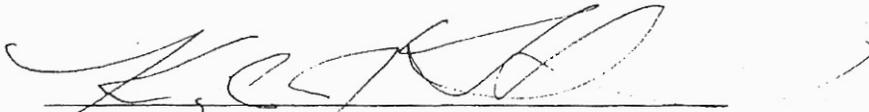
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

RECEIVED

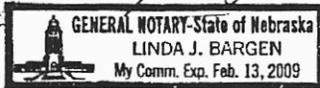
JUL 7 2007

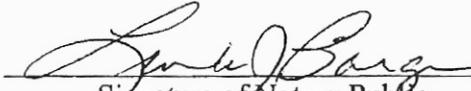
NEBRASKA LIQUOR CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.


Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 5th day
of July, 2007.




Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.


*Signature of applying individual (spouse of individual listed above), ERIC FORTUNE
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 5th day
of July, 2007.




Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

July 5, 2007

David Miller, Lead Dog Entertainment, Inc.,
does convey to George and Carolene Skorohod,
now dba "The Pit Crew," any business and
inventory at "The Pit Crew."

The new owners, George and Carolene Skorohod,
will be allowed to use Lead Dog Entertainment,
Inc.'s, liquor license #51189 for a
maximum of 60 days or less until they
obtain a liquor license in their name -

David Miller
David Miller
Lead Dog Entertainment, Inc.
dba "The Pit Crew"

7/5/07
Date

George Skorohod
George Skorohod

7-5-07
Date

Carolene Skorohod
Carolene Skorohod

7-5-07
Date

TEMPORARY AGENCY AGREEMENT

ID# _____

#3

1. On June 21, 2007. Seller and buyer entered into a contract for sale of the business known as Pit Crew, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.

2. Seller and buyer agree to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to June 22 2007, the date of filing the application.

3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

4. Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

5. At time of closing, certain funds will be held in escrow pending issuance of the license.

6. **FINANCIAL INSTITUTION: NAME, ADDRESS, ACCOUNT NUMBER**
SEND COPY OF SIGNATURE CARD

NEBRASKA LIQUOR CONTROL COMMISSION

see attached

7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

9. It is hereby understood that in the event the Commission denies this application, the temporary agency agreement is null and void the date of the order.

Signature of Seller [Signature], Lead Dog Entertainment, Inc.

Signature of Seller _____

The above and forgoing agency agreement was acknowledged before me this 22nd day of June, 2007 by Eric A. Fortune

Notary signature and seal [Signature]

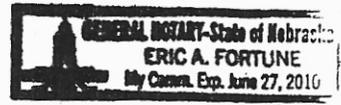


Signature of Buyer [Signature]

Signature of Buyer _____

The above and forgoing agency agreement was acknowledged before me this 22nd day of June, 2007 by Eric A. Fortune

Notary signature and seal [Signature]



44 44 22

PINNACLE BANK
7000 ADAMS
LINCOLN NE 68507-2725

OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):
 Single-Party Account _____ Trust-Separate Agreement _____
 Multiple-Party Account _____
 Other _____

RIGHTS AT DEATH (Select One And Initial):
 Single-Party Account _____
 Multiple-Party Account With Right of Survivorship _____
 Multiple-Party Account Without Right of Survivorship _____
 Single-Party Account With Pay On Death _____
 Multiple-Party Account With Right of Survivorship and Pay On Death _____
PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 LIMITED LIABILITY COMPANY
BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

DATE OPENED 06/25/2007 BY ANDREW ELDER
INITIAL DEPOSIT \$ 188.34
 CASH CHECK _____
HOME TELEPHONE # 402-432-9243
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL added names to account 7/10/07 aelder
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS
TIN: { _____
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).
X George Skoroehod 7-2-07
GEORGE SKOROEHOD (Date)

ACCOUNT NUMBER _____ PORTFOLIO NUMBER _____

ACCOUNT OWNER(S) NAME & ADDRESS
George & Carolene Skoroehod
501 So. 120 St
Lincoln, NE 68520

TYPE OF ACCOUNT
 NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
Account Name: PinnCheck Commercial
 This is a Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

Deposit Account Funds Availability Truth in Savings
 Electronic Fund Transfers Privacy Substitute Checks

(1): [X George Skoroehod]
GEORGE SKOROEHOD
I.D. # _____ D.O.B. _____

(2): [X Carolene Skoroehod]
CAROLENE SKOROEHOD
I.D. # _____ D.O.B. _____

(3): [X Eric Fortune]
ERIC FORTUNE
I.D. # 4 D.O.B. _____

(4): [X David B Miller]
DAVID B MILLER
I.D. # _____ D.O.B. _____

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

(Select One and Initial):
 Agency Designation Survives Disability or Incapacity of Parties _____
 Agency Designation Terminates on Disability or Incapacity of Parties _____