

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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 16, 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 Holiday Inn, 141 North 9th Street requesting a class C/K liquor license.

This location has been purchased by Vesta Lincoln Partners.

Vesta Partners Lincoln has requested that Dennis Havranek be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Dennis Havranek was born in Wahoo, Nebraska. He attended Wayne State College graduating in 1981.

Dennis Havranek employment history is as follows:

Present	Manager, Holiday Inn	Lincoln, NE.
2005 - 2007	Manager, Hilton	Omaha, NE.
1999 - 2005	Manager, Lodgian	Omaha, NE.
1997 - 1999	Manager, Westin	Omaha, 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



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.lcc.ne.gov

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 NEBRASKA LIQUOR CONTROL COMMISSION

OFFICE USE ONLY

NEBRASKA LIQUOR CONTROL COMMISSION

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

RETAIL LICENSE(S)

\$145

- 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 min.
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00 5,000 min.
<input type="checkbox"/>	Y	Farm Winery	\$295.00 1,000 min.

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: SUSANNE COX Phone: (360) 737-0442

Firm Name: VESTA HOSPITALITY, LLC

Firm address: 701 SE COLUMBIA SHORES BLVD, VANCOUVER, WA 98661

PREMISE INFORMATION

Trade Name (doing business as) HOLIDAY INN

Street Address #1 141 NORTH 9TH STREET

Street Address #2 _____

City LINCOLN County LANCASTER #2

Zip Code 68508

Telephone number at premise to be licensed (402) 475-4011

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

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

Name: VESTA HOSPITALITY LLC

Street Address #1 701 SE COLUMBIA SHORES BLVD

Street Address #2 _____

City VANCOUVER, WA County CLARK

Zip Code 98661

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.

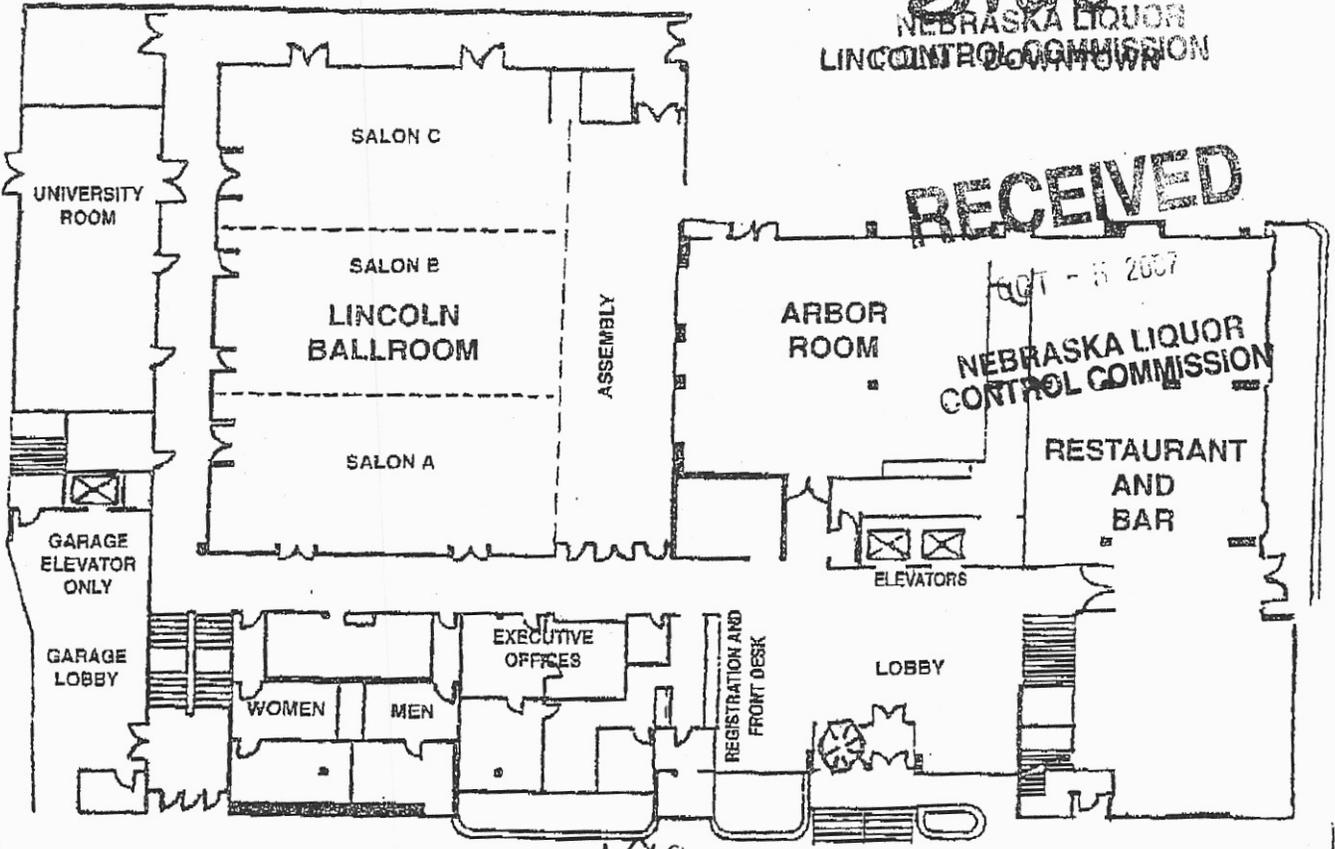
SEE DIAGRAM

Entire 16 (sixteen) story
Hotel APPROX 190 X 140

Do Not include garage

(Previous license did include garage)

MAIN LEVEL

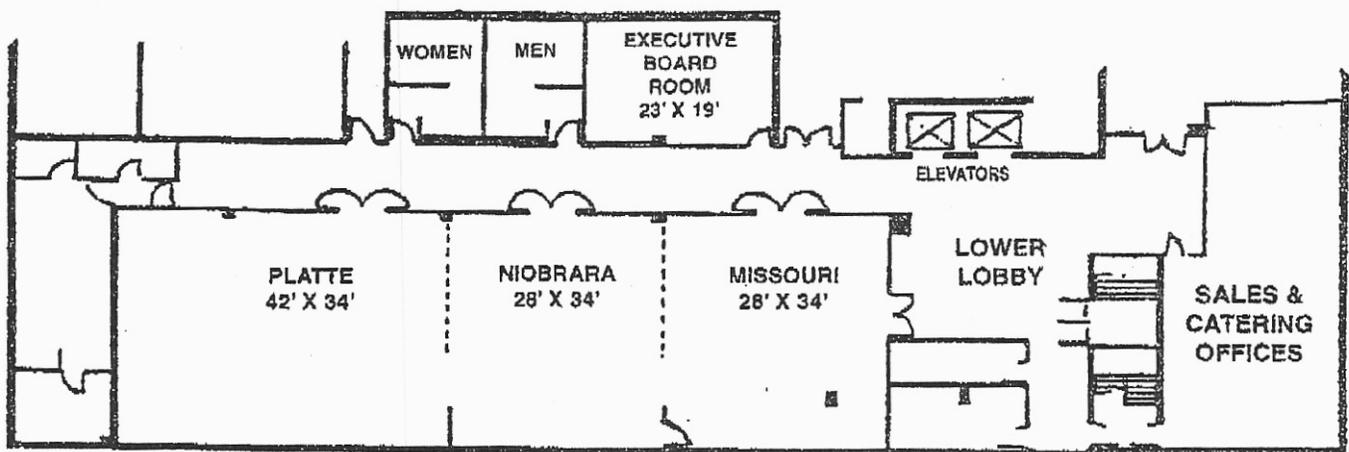


Room	Theatre	Schoolroom	Conference	Banquet	Square Ft.	Dimensions
Lincoln Ballroom	650	300	N/A	500	5,555	79' x 72'6"
Salon A	125	60	40	80	1,441	54'6" x 26'4"
Salon B	125	60	40	80	1,441	54'6" x 26'4"
Salon C	125	60	40	80	1,441	54'6" x 26'4"
Assembly	100	50	30	70	1,242	18' x 69'
University Room	90	36	30	80	916	49'4" x 18'6"
Arbor Room	150	70	45	170	1,850	37' x 50'

30	40	80	1,441	54'6" x 26'4"
----	----	----	-------	---------------



LINCOLN - DOWNTOWN



NEBRASKA BALLROOM

98' X 34'
LOWER LEVEL

Room	Theatre	Schoolroom	Conference	Banquet	Square Ft.	Dimensions
Nebraska Ballroom	250	150	N/A	250	3,332	98' x 34'
Missouri	65	40	25	60	952	28' x 34'
Niobrara	65	40	25	60	952	28' x 34'
Platte	125	60	36	80	1,411	42' x 34'
Executive Board Room	30	34	16	40	440	23' x 19'

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

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 HOLIDAY INN # 40074
 No

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 must provide signature card

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

- Yes NATIONWIDE LIFE INSURANCE COMPANY
 No

5. 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

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6. 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
 No

NEBRASKA LIQUOR CONTROL COMMISSION

7. 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

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NEBRASKA LIQUOR CONTROL COMMISSION

8. 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

9. 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

10. 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.

UTPQUA BANK
RICHARD E. TAKACH, JR (MANAGER)
JULIE R. HAMES (CONTROLLER)

11. 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.

RICHARD E. TAKACH :
HOTEL ALDERWOOD, LLC
SSP HOTEL, LLC } see attachment

CONTROLLER)

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.

DENNIS HAVRANEK
40 HRS. /WK

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.

CERTIFIED WITH TIPS

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? ALREADY OPEN

16. What will be the main nature of business? What are the anticipated hours of operation? HOTEL RESTAURANT, BAR AND MTG.

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.

Applicant Name	From: Year	To: Year	City/State
RICHARD E. TAKACH	1996	PRESENT	VANCOUVER/WA
DENNIS HAVRANEK (see FORM 3.c.)		PRESENT	OMAHA NE
ROBERT GARTNER	1987	2006	PORTLAND, OR
✓	2006	2007	Seattle, WA
AMY HAVRANEK (see FORM 3.c.)			

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

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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.

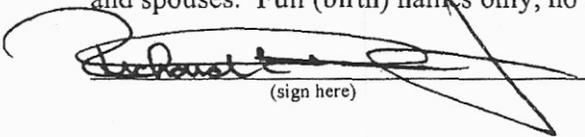
NEBRASKA LIQUOR CONTROL COMMISSION

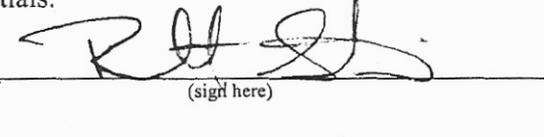
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person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

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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.


(sign here)


(sign here)

Subscribed in my presence and sworn to before me this

20th day of AUGUST, 2007

SUSANNE COYA
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
JULY 21, 2011



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

20th day of SUSANNE COYA 2007

**APPLICATION FOR LIQUOR LICENSE
CATERING 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.lcc.ne.gov

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FEE \$100.00 NEBRASKA LIQUOR CONTROL COMMISSION

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER K

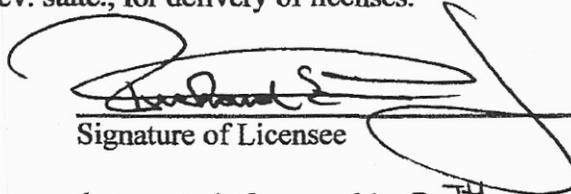
NAME OF LICENSEE VESTA LINCOLN PARTNERS, LLC

TRADE NAME HOLIDAY INN

PREMISE ADDRESS 141 NORTH 9TH ST

CITY/STATE/ZIP CODE LINCOLN, NE 68508

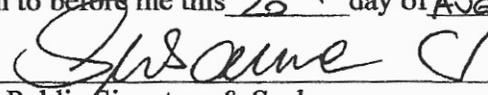
A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.



Signature of Licensee

Subscribed in my presence and sworn to before me this 20TH day of AUGUST, 2007

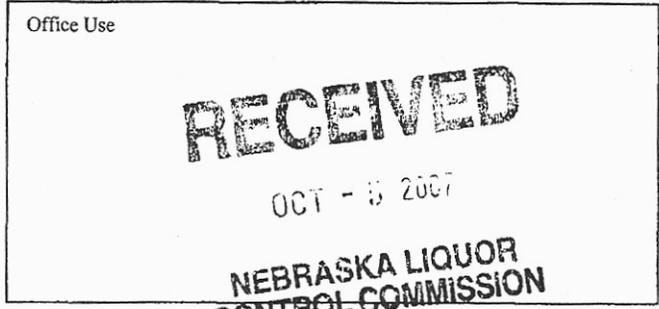
SUSANNE COX
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
JULY 21, 2011



Notary Public Signature & Seal

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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.lcc.ne.gov



All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: WALLACE RICHARDSON OF KUDSEN, BERKHEIMER

RICHARDSON & ENDACOTT, LLP

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

VESTA LINCOLN PARTNERS, LLC

LLC Address: 701 SE COLUMBIA SHORES BLVD.

City: VANCOUVER State: WA Zip Code: 98661

LLC Phone Number: (360) 737-0442 Fax Number (360) 694-4557

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: TAKACHI First Name: RICHARD MI: E.

Home Address: 3812 SE 155TH AVE. City: VANCOUVER

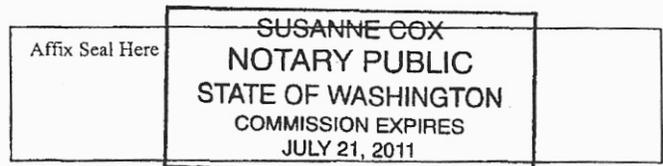
State: WA Zip Code: 98683 Home Phone Number: (360) 253-6443

Signature of Contact Member

County of CLARK

The foregoing instrument was acknowledged before me this 8TH DAY OF SEPTEMBER, 2007 by

Notary Public signature



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: TALACH First Name: RICHARD MI: E.

Social Security Number: 100-00-0000 Date of Birth: - - - -

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

CYPRESS CAPITAL MANAGEMENT, LLC

Last Name: GARTNER First Name: ROBERT MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JANUARY 1 Ending Date: DECEMBER 31

Is this a Non Profit Corporation?

YES NO

If yes, provide the Federal ID #.

In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format

**MANAGER APPLICATION
INSERT - FORM 3c**

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.lcc.ne.gov

Office Use

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Vesta Lincoln Partners LLC

Premise information

Premise License Number: _____

Premise Trade Name/DBA: Holiday Inn

Premise Street Address: 141 North 9th Street

City: Lincoln State: Ne Zip Code: 68508

Premise Phone Number: 402-475-4011

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below


CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY.

Gender: MALE FEMALE

Last Name: Havranek First Name: Dennis MI: L

Home Address (include PO Box if applicable): 1511 S. 152nd Circle

City: Omaha State: Ne Zip Code: 68144

Home Phone Number: 402-991-1352 Business Phone Number: 402-321-8281

Social Security Number: --- Drivers License Number & State: ---

Date Of Birth: --- Place Of Birth: ---

Are you married? (If yes, complete spouse information (Even if a divorce affidavit has been submitted))

YES NO

Spouse's information

Spouses Last Name: Havranek First Name: Amy
MI: C

Social Security Number: --- Drivers License Number & State: ---

Date Of Birth: --- Place Of Birth: ---

APPLICANT AND SPOUSE MUST LIST RESIDENCES FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Omaha, Ne.	2005	pres.	Omaha Ne	2005	pres.
Fort Worth Tx	2003	2005	Fort Worth Tx.	2003	2005
Cedar Rapids, Ia	2001	2003	Cedar Rapids Ia.	2001	2003
Omaha Ne.	1993	2001	Omaha Ne	1993	2001

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005 2007	Hilton Garden Inn-Omaha	Jonathan Bogatay	402-341-4400
1999 2005	Lodgian Hotels	Bob Caron	?

Manager and spouse must review and answer the questions below.
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND 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.

"Indecent Exposure" - forget the exact charge
what they called it - Public Indecency or something
involving public urination in June of 2004.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

YES NO Sheraton Four Points, Omaha

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

YES NO

4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

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. (Sec §53-131.01) 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, a spousal 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.

Deri Hank
Signature of Manager Applicant

Angi Paul
Signature of Spouse

State of Nebraska

County of Lancaster

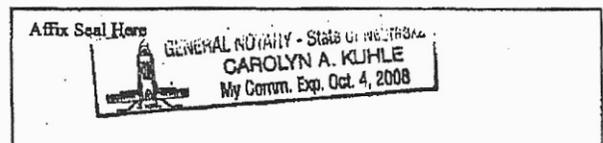
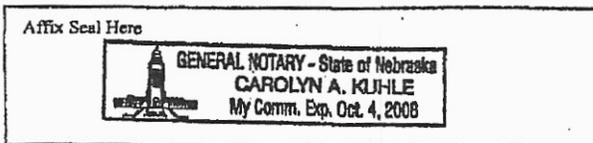
County of Lancaster

The foregoing instrument was acknowledged before me this 9-29-07 by

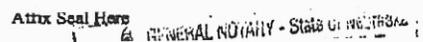
The foregoing instrument was acknowledged before me this 9-29-07 by

Carolyn A. Kuhle
Notary Public signature

Carolyn A. Kuhle
Notary Public signature



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



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INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
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Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)