

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

April 1, 2008

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 Grand Manse, 129 North 10th Street requesting a class I liquor license.

Monte Froehlich, owner, has requested that Deborah Loch be approved as the manager of the liquor license.

On March 26, 2008, Mrs. Loch came to the Lincoln Police Department for an interview. At that time, she stated she was not willing to be the manager of this liquor license and asked that her name be withdrawn.

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

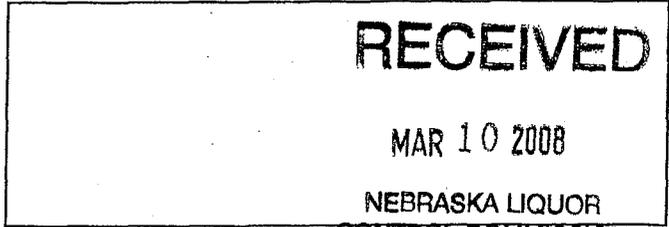


NEW APP 1-80371
DEED

PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

80371

ta



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 the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- L Craft Brewery (Brew Pub) \$295.00 \$1,000 minimum bond
- O Boat \$ 95.00
- V Manufacturer \$ 45.00(+license fee) \$10,000 minimum bond
- W Wholesale Beer \$545.00 \$5,000 minimum bond
- X Wholesale Liquor \$795.00 \$5,000 minimum bond
- Y Farm Winery \$295.00 \$1,000 minimum bond
- Z Micro Distillery \$295.00 \$1,000 minimum bond

All Class C licenses expire October 31st
All other licenses expire April 30th
Catering expire same as underlying retail license

QA

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 & 3c)
- Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION
(commission will call this person with any questions we may have on this application)

Name Patti A. Dittmann Phone number: 402-474-6900
Firm Name Cline Williams Law Firm

Bus 3663
45-mm



PREMISE INFORMATION

MAR 10 2008

Trade Name (doing business as) The Grand Manse

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 129 North 10th Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

#2

Premise Telephone number 402-476-4568

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

CITY

Mail address (where you want receipt of mail from the commission)

Name Old Federal Place Limited Liability Company

Street Address #1 1320 P Street

Street Address #2 Suite 200

City Lincoln County Lancaster Zip Code 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

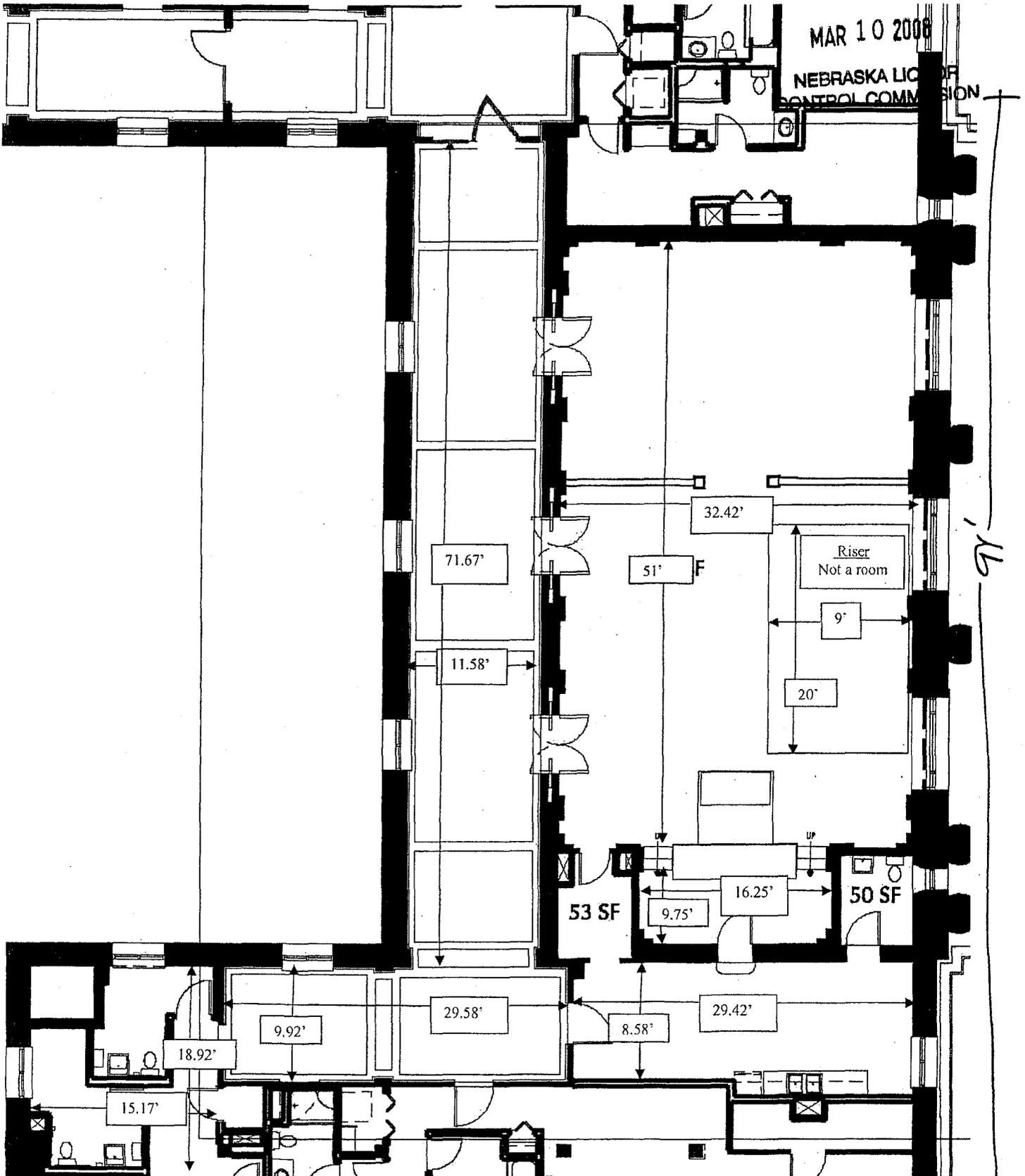
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length 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.

Entire one story l shaped area approx 91' x 84' (see attached)

RECEIVED

MAR 10 2008

NEBRASKA LIC OF
CONTROL COMMISSION



16'

84

APPLICANT INFORMATION

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.

2. Are you buying the business and/or assets of a licensee?

YES NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

YES NO

If yes, list the lender _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

YES NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?
 YES NO
 If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?
 YES NO
 If yes, list the person, the law enforcement agency involved and the person's exact duties

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 withdrawals on accounts at the institution.
 Cornhusker Bank; Monte Froehlich, Cindy Graham, Joel Anderson and Patricia Corkle authorized

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 reason for termination of any license(s) previously held.
 None

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. Deborah Loch - 40 hours

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. None at this time needs training

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? April 1, 2008
 16. What will be the main nature of business? Leasing space for special events
 17. What are the anticipated hours of operation? Varies, depending on what events have been scheduled

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, Nebraska	--	2008	Lincoln, Nebraska	---	2008

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and 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 of 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.

Monte Froehlich
Signature of Applicant

Lisa R. Froehlich
Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska
County of LANCASTER

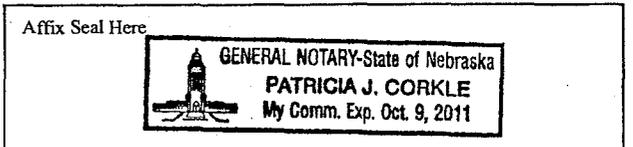
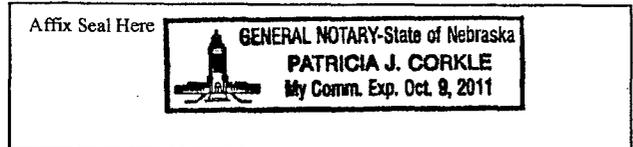
County of LANCASTER

The foregoing instrument was acknowledged before me this 2-25-2008 by

The foregoing instrument was acknowledged before me this 2-25-2008 by

MONTE FROEHLICH
Patricia J. Corkle
Notary Public signature

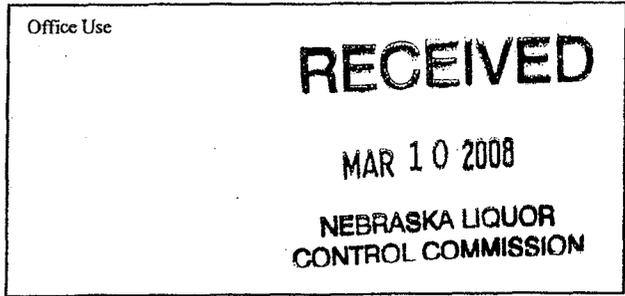
LISA R. FROEHLICH
Patricia J. Corkle
Notary Public signature



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.

**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: Monte L. Froehlich

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

Old Federal Place Limited Liability Company

LLC Address: 1320 P Street

City: Lincoln State: NE Zip Code: 68508

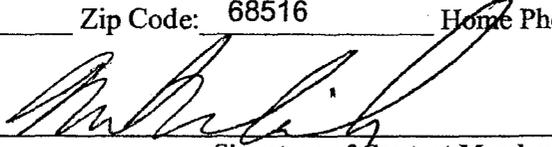
LLC Phone Number: 402-475-8776 Fax Number 402-476-6124

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

Last Name: Froehlich First Name: Monte MI: L.

Home Address: 6011 South 72nd Street City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-489-0030


Signature of Contact Member

State of Nebraska

County of LANCASTER

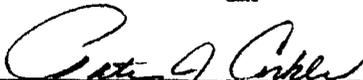
The foregoing instrument was acknowledged before me this

2-25-2008

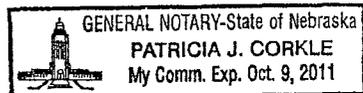
date

by MONTE L. FROEHLICH

name of person acknowledged


Notary Public signature

Affix Seal Here



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

Last Name: Froehlich First Name: Monte MI: L.

Social Security Number: _____ Date of Birth: _____

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

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: _____

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

Ending Date: December

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

75-3100048

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

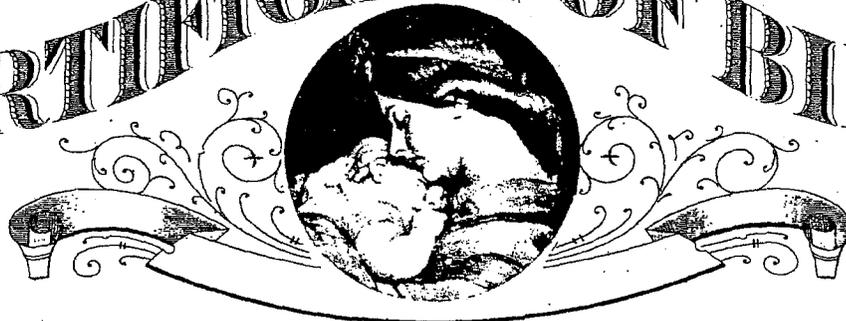
JUN 29 1952
LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

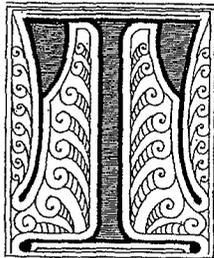
STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics				58-032068	
FHS-706(VS) REV. 12-54 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE				CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....	
1. PLACE OF BIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL) OR TOWN Norfolk		c. CITY (If outside corporate limits, write RURAL) OR TOWN Norfolk			
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 1803 Madison Ave.			
3. CHILD'S NAME (Type or print)		a. (First) Monte b. (Middle) Lynn c. (Last) Froehlich			
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triples <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE (Month) (Day) (Year) BIRTH	
FATHER OF CHILD F-6-2					
7. FULL NAME a. (First) Virgil		b. (Middle) Leo		c. (Last) Froehlich d. COLOR OR RACE White	
8. AGE (At time of this birth) 29 Yrs.	9. BIRTHPLACE (City, town, or county) (State or foreign country) Hadar, Nebraska	10. USUAL OCCUPATION Buyer	11. KIND OF BUSINESS OR INDUSTRY General Wholesale		
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First) Janice		b. (Middle) Klaine		c. (Last) Clark d. COLOR OR RACE White	
14. AGE (At time of this birth) 30 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Page, Nebraska	13. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are stillborn (born dead after 20 weeks pregnancy)? 0 c. How many children were born dead after 20 weeks pregnancy? 0			
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Virgil L. Froehlich Mother					
I hereby certify that this child was born alive on the date stated above at 1952 A.M.		18a. SIGNATURE <i>Estel G. Burman</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
		18c. ADDRESS Norfolk, Nebraska		19. MOTHER'S MAILING ADDRESS Mrs. Virgil L. Froehlich 1803 Madison Ave. Norfolk, Nebraska	
20. DATE RECD BY LOCAL SEC. Dec. 27, 1958		21. REGISTRAR'S SIGNATURE <i>W.A. Boyson</i>			

CERTIFICATE OF BIRTH



LUTHERAN HOSPITAL

NORFOLK, NEBRASKA



This Certifies that

Monte Larson

was born in this Hospital at 3:52 o'clock A. m.
on Monday the day of 19 .

Weight at birth 8 lbs. 10 ozs.

Sex



Whereof the Hospital has caused this Birth Certificate to be signed by its duly authorized officer and its Corporate Seal hereunto affixed.

Estel G. Furber M.D.

Attending Physician

Irvin M. Jensen R.D.
Superintendent

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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
RECEIVED
MAR 10 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Lisa R. Froehlich
Signature of spouse asking for waiver
(Spouse of individual listed below)

Lisa R. Froehlich

Printed name of spouse asking for waiver

State of Nebraska

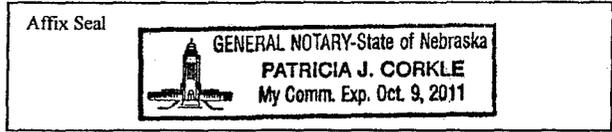
County of Lancaster

The foregoing instrument was acknowledged before me this

MARCH 6, 2008
date

by LISA R. FROEHLICH
name of person acknowledged

Patricia J. Corkle
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Monte Froehlich
Signature of individual involved with application.
(Spouse of individual listed above)

Monte Froehlich

Printed name of applying individual

State of Nebraska

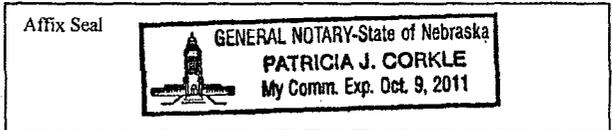
County of Lancaster

The foregoing instrument was acknowledged before me this

MARCH 6, 2008
date

by MONTE FROEHLICH
name of person acknowledged

Patricia J. Corkle
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation 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

RECEIVED

MAR 10 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

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: Old Federal Place Limited Liability Company

Premise information

Premise License Number: _____

Premise Trade Name/DBA: The Grand Manse

Premise Street Address: 129 North 10th Street

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-476-4568

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: Loch First Name: Deborah MI: L.

Home Address (include PO Box if applicable): 6756 South 88th Street

City: Lincoln State: NE Zip Code: 68526

Home Phone Number: 402-326-2280 Business Phone Number: 402-476-4568

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

Date Of Birth: _____ Place Of Birth: Anaheim, CA

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

YES NO

Spouse's information

Spouses Last Name: Loch First Name: Lorin
MI: W.

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

Date Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2005	2008	Lincoln, NE	2005	2008
Foster City, CA	2003	2005	Foster City, CA	2003	2005
San Mateo, CA	2002	2003	San Mateo, CA	2002	2003
Lincoln, NE	1976	2002	Lincoln, NE	1976	2002

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2007	HMA Hotels	Roland Morgan	402-420-0330
2005	2006	County Club of Lincoln	Eric Holstein	402-423-8502

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.

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

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

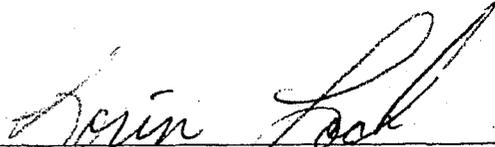
PERSONAL OATH AND CONSENT OF INVESTIGATION

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.


Signature of Manager Applicant


Signature of Spouse

State of Nebraska

County of LANCASTER

County of LANCASTER

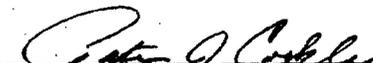
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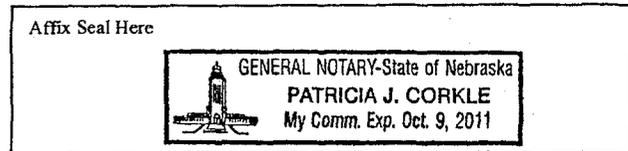
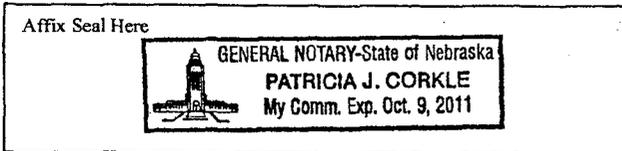
The foregoing instrument was acknowledged before me this 2-25-2008 by

DEBORAH L. LOCH

LORIN LOCH


Notary Public signature


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.

STATE OF
IOWA

DISTRICT COURT

COUNTY OF
FAYETTE

Certificate of Birth Registration

This is to Certify that

there is recorded in Book No. 14 Page No. 440
in the office of Fayette County Clerk of District Court, West
Union, Iowa, Record of Birth, as follows:

Name Lisa Roydon Richards Sex Female

Born in Oelwein Fayette County, Iowa

On _____

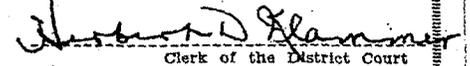
Name of Father Duane Ross Richards

Maiden Name of Mother Adeline Adama Roydon

Date of Filing July 9, 1959

IN WITNESS WHEREOF: I have hereunto set my hand and
affixed the seal of said Court in my office in West Union,

Fayette County, this 23rd day of August A. D. 19 66


Clerk of the District Court

By _____ Deputy

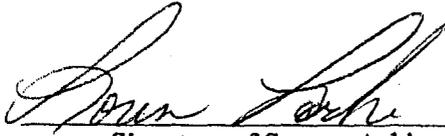
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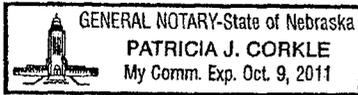
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

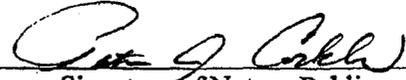
NEBRASKA LIQUOR
CONTROL COMMISSION

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 2-25-2008 day
of FEBRUARY, 2008.



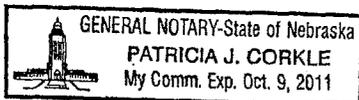

Signature of Notary Public

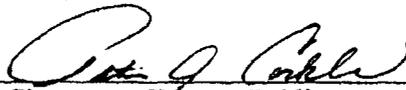
The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.


*Signature of applying individual
(spouse of individual listed above)

Deborah Loch
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 25th day
of FEBRUARY, 2008.




Signature of Notary Public

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

\$10.50

0213936



03078579

2003 AUG -8 P 12: 32

LANCASTER COUNTY, NE

INST NO 2003

078579

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MAR 10 2008

NEBRASKA LIQUOR CONTROL COMMISSION

BLOCK NO CODE OLD FE2 CHECKED ENTERED SITED

NEBRASKA DOCUMENTARY STAMP TAX

AUG 08 2003

QUITCLAIM DEED

\$ X4 BY [Signature]

This Deed is made by the CITY OF LINCOLN, NEBRASKA a municipal corporation in the State of Nebraska, (GRANTOR) to OLD FEDERAL PLACE LIMITED LIABILITY COMPANY, a Nebraska Limited Liability Company, with a place of business at 1025 Leavenworth St., Omaha NE, 68102 (GRANTEE) and GRANTOR and GRANTEE are collectively referred to as the Parties to this Instrument. All instrument numbers referred to herein are as recorded in the office of the Register of Deeds of Lancaster County, Nebraska.

WITNESSETH:

WHEREAS, the Parties have executed and filed a new City plat for Old Federal 2nd Addition (Instrument No. 03-065742) as owners in fee simple to correctly depict and show the dimensions and lines of lots previously recorded in the administrative plat for Old Federal 1st Addition (Instrument No. 03-037246); and

WHEREAS, the GRANTOR previously transferred the parcel of land previously known as Lot 1 Old Federal 1st Addition to GRANTEE (Instrument No. 03-042764); and

WHEREAS, the GRANTEE previously transferred a Deed of Architectural Façade and Interior Preservation Easements to the GRANTOR (Instrument No. 03-044859); and

WHEREAS the parcel of land now known as Lot 1 Old Federal 2nd Addition is not identical in size and dimensions to the parcel formerly known as Lot 1 Old Federal 1st Addition; and

WHEREAS, the Parties have simultaneously executed quitclaim deeds as of this even date to each other to reflect their intent to convey the parcel of land formerly known as Lot 1 Old Federal 1st Addition in the configuration as now known and represented in the latest plat for Lot 1 Old Federal 2nd Addition subject to the restrictions and reservations of the Warranty Deed (Instrument No. 03-042764); the Redevelopment Agreement dated June 3, 2003 (Instrument No. 03-35698); the Easement Agreement (Instrument No. 03-044857); the Reciprocal Easement Agreement (Instrument No. 03-044858) and the Deed of Architectural Façade and Interior Preservation Easements (Instrument No. 03-044859).

NOW THEREFOR, GRANTOR in consideration of \$10.00 and other good and valuable consideration received from GRANTEE, does hereby grant, bargain, sell, convey and

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confirm unto GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. § 76-201):

Lot 1, Old Federal 2nd Addition, Lincoln, Lancaster County, Nebraska subject to easements and restrictions of record and the following:

- a. A perpetual cross easement for ingress and egress 6 feet on either side of the center line of the common access easement line as shown on the administrative final plat for Old Federal 2nd Addition (the Easement Area) for reasonable access to both Lot 1 and Lot 2, and alley use by motor vehicles between 9th and 10th Street which easement shall run with the land and inure to the benefit of the owner of both Lot 1 and Lot 2 and its successors and assigns.
- b. Grantee shall be responsible for all maintenance, repair, snow removal, and necessary improvements within the Easement Area; and
- c. Grantor's First Right of Refusal and Restrictive Covenants pursuant to sections 402.4 and 402.5 of the Redevelopment Agreement approved by the City Council Resolution A-81525 d filed in the Register of Deeds office of Lancaster County as Instrument No. 03-35698.

Executed July 28th, 2003

CITY OF LINCOLN, NEBRASKA,
A Municipal Corporation

ATTEST:

Jean E. [Signature]
City Clerk



By:

Coleen Seng [Signature]
Coleen Seng, Mayor

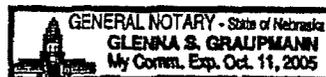
STATE OF NEBRASKA)

) ss.

COUNTY OF LANCASTER)

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Coleen Seng, Mayor of the City of Lincoln, Nebraska, on behalf of the City.

Glenna S. Graupmann [Signature]
Notary Public



Page 1



**ARTICLES OF ORGANIZATION
OF
Old Federal Place Managing Member Limited Liability Company**

The undersigned, desiring to form a limited liability company for the purposes hereinafter set forth, under and in conformity with the laws of the State of Nebraska, do hereby make this written certificate in duplicate, and hereby verify:

1. **Name.** The name of the company shall be Old Federal Place Managing Member Limited Liability Company (the "Company").

2. **Duration.** The period of duration of the Company shall be perpetual from the date these Articles of Organization are filed with the Secretary of State of the State of Nebraska.

3. **Purpose.** The Company is organized to act as the managing member of Old Federal Place Limited Liability Company which is to convert, own, rent and operate the premises at 129 N Street Lincoln, Nebraska as a 42 unit apartment and commercial project.

4. **Principal Place of Business—Registered Agent.** The address of the principal place of business of the Company in Nebraska is:

1025 Leavenworth Street
Omaha, Nebraska 68102

The name and address of the Company's registered agent in Nebraska is:

Tammy Barrett
1025 Leavenworth Street
Omaha, Nebraska 68102

5. **Property Contributed.**

(a) The total amount of property contributed to stated capital is \$100 (one hundred dollars) in cash.

(b) No member shall be obligated to make any additional contributions to capital of the Company unless the Members of the Company shall consent in writing, as provided in the Operating Agreement of the Company.

6. **Additional Members.** The members of the Company have the right to admit additional members from time to time, upon unanimous approval and upon additional terms and conditions of admission as may be determined by the members at the time of admission. Except as provided in the Operating Agreement, the interests of the members in the Company may not be transferred or assigned.

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NEBRASKA LIQUOR
CONTROL COMMISSION

7. **Operating Agreement.** The Operating Agreement of the Company shall be executed by each Member of the Company and shall set forth all provisions for the affairs of the Company and the conduct of its business to the extent that such provisions are non inconsistent with law or these Articles.

8. **Management.** The management of the Company shall be vested in one or more Managers, who shall hold the offices for the term and have the responsibilities accorded to them by the Members as set forth in the Operating Agreement. The names and addresses of the initial Managers are:

Tammy Barrett
1025 Leavenworth Street
Omaha, Nebraska 68102

Todd Heistand
1025 Leavenworth Street
Omaha, Nebraska 68102

Any successor or additional Manager shall be appointed in the manner provided in the Operating Agreement.

9. **Internal Affairs.** The regulations of the internal affairs of the Company are set forth in the Operating Agreement of the Company and shall govern the operation of the business and the members accordingly.

EXECUTED in duplicate original counterparts by the undersigned member on the 9th day of September, 2003.

By Tammy Barrett
Name: Tammy Barrett
Its: Manager

Page 3

NuStyle Development Corporation

1025 Leavenworth · Omaha, Nebraska 68102 · Office: 402/345-8000 Fax: 402/345-3623

September 12, 2003

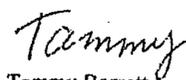
Secretary of State
State Capitol
Room 1301
PO Box 94608
Lincoln NE 68509-4608

Dear Secretary of State:

I, Tammy Barrett, Manager of Old Federal Place Limited Liability Company consents to the creation and use of the Old Federal Place Managing Member Limited Liability Company.

If there are any questions please feel free to call.

Sincerely,


Tammy Barrett