

June 4, 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 Drifters, 3223 Cornhusker requesting a class C liquor license.

This location was previously known as Pit Crew which held a class C liquor license

Eugene Flynn, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Eugene Flynn was born in Los Angeles, California. He Obtained his GED in 1984.

Eugene Flynn employment history is as follows:

Present	Driver, USPS	Lincoln, NE.
1986 - 2007	Leadhand, Goodyear	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.

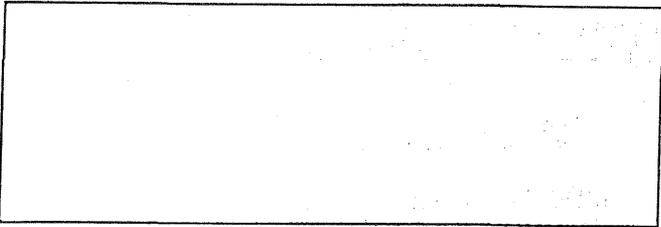


THOMAS K. CASADY, Chief of Police



APPLICATION FOR LIQUOR LICENSE

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



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

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 Darrell K. Stock, Attorney

Phone number: 402-476-3345

Firm Name Snyder & Stock

PREMISE INFORMATION

Trade Name (doing business as) Midtown Drifters, Inc. d/b/a Drifters

Street Address #1 3223 Cornhusker Hwy

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68504

Premise Telephone number _____

Is this location inside the city/village corporate limits:

YES

NO

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

Name Nils McConnell

Street Address

#1 1106 Aberdeen Ave.

Street Address

#2 _____

City Lincoln

County Lancaster

Zip Code 68512

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 attached

FLOOR PLAN - MECHANICAL

KEY PLAN
1/8" = 1'-0"

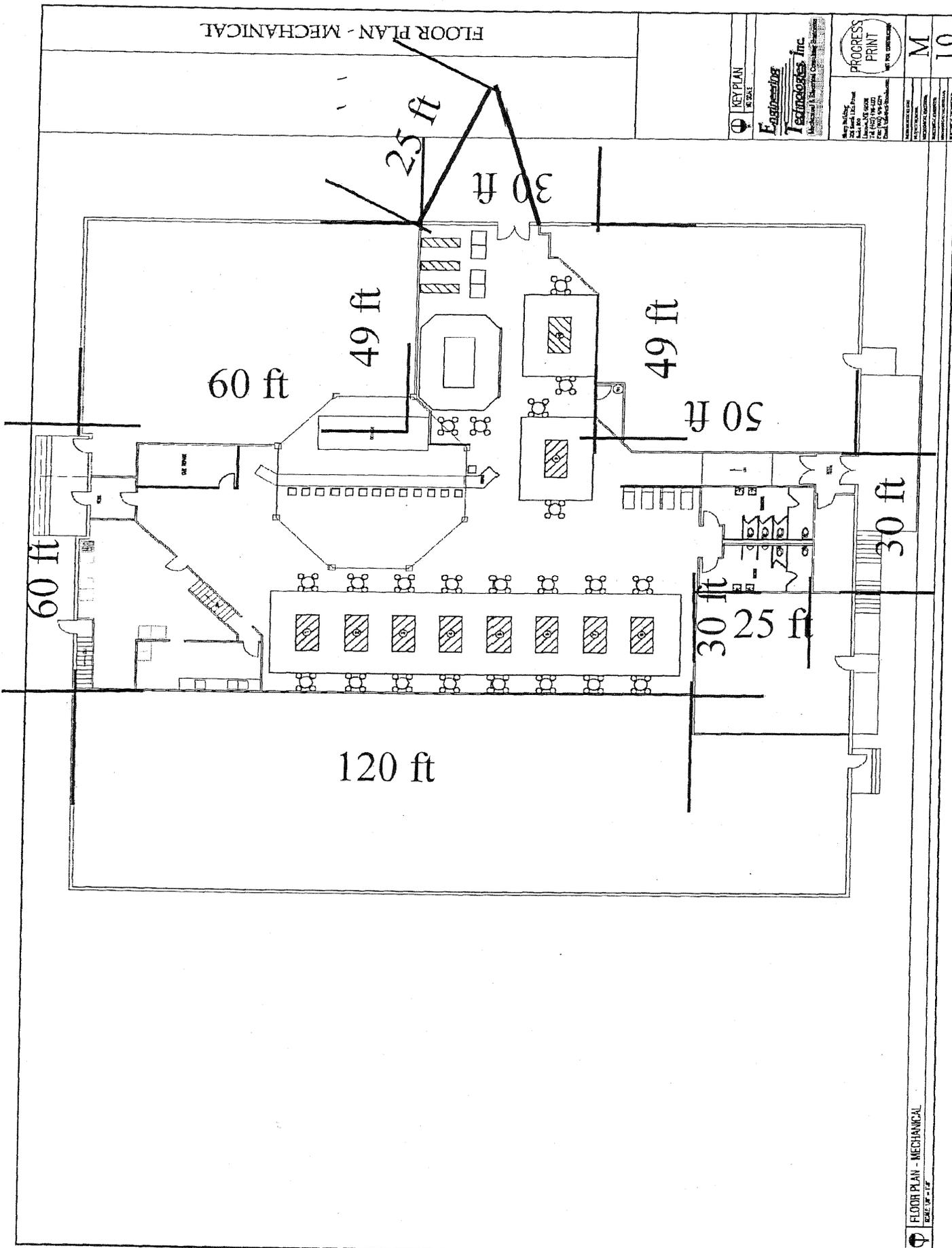
Engineering

Technologies Inc.

Mechanical & Electrical Consulting Engineers

PROGRESS PRINT
NOT FOR CONSTRUCTION

Scale: M 1.0



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 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 Cornhusker Bank

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. Tables, Chairs, Kitchen Equipment, Coolers, Taps from George Skorohod

Pool Tables, Dartboards, Foosball Tables from VVS

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, Eugene Flynn, Dan Thompson, Nils McConnell, Brad Harris

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. Eugene Flynn, 70 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. Bartender for the Keg 1974-1975, East Hills 1975-1976, Villager Lounge 1976-1977

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 May 30, 2013, See attached

Deed

Purchase Agreement

15. When do you intend to open for business? 8/1/2008

16. What will be the main nature of business? Bar and Pool Room

17. What are the anticipated hours of operation? 11 am - 1 am

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
Nils McConnell, Lincoln, NE	1988	Present	Tammy McConnell, Lincoln, NE	1994	Present
Eugene Flynn, Lincoln, NE	1957	Present	Stephanie Flynn, Lincoln, NE	2004	Present
			Stephanie Flynn, Las Vegas	1998	2004
Dan Thompson, Lincoln, NE	1996	Present	Not married		

Brad Harris, Lincoln NE

1967 Present Yan Juan Harris, Lincoln NE 2008 Present

Guangzhou China 1976-2008

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.

[Handwritten Signature]
Signature of Applicant

Signature of Spouse

[Handwritten Signature]
Signature of Applicant

Tommy S. McConnell
Signature of Spouse

[Handwritten Signature]
Signature of Applicant

[Handwritten Signature]
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

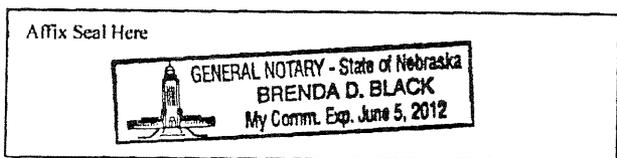
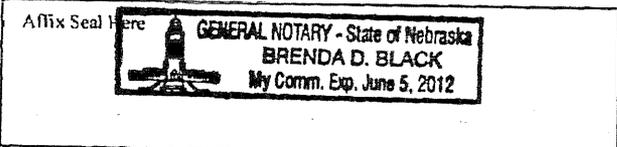
County of Lancaster

The foregoing instrument was acknowledged before me this May 23, 2008 by

The foregoing instrument was acknowledged before me this May 23, 2008 by

[Handwritten Signature]
Notary Public signature

[Handwritten 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.

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.

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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.

Eugene F. Halpern Jr.
Signature of Applicant

[Signature]
Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of _____

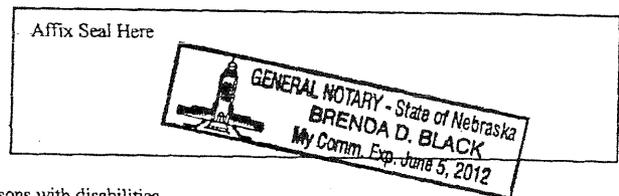
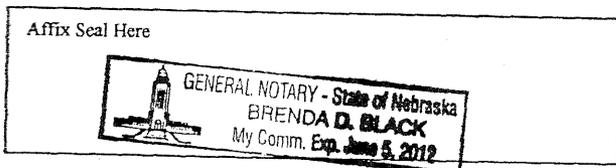
The foregoing instrument was acknowledged before me this May 23, 2008 by _____

County of _____

The foregoing instrument was acknowledged before me this May 23, 2008 by _____

Brenda D. Black
Notary Public signature

Brenda D. Black
Notary Public signature



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**APPLICATION FOR LIQUOR LICENSE CORPORATION
INSERT - FORM 3a**

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

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Nils McConnell

Name of Corporation that will hold license as listed on the Articles

Midtown Drifters, Inc.

Corporation Address: 1106 Aberdeen Ave.

City: Lincoln State: NE Zip Code: 68512

Corporation Phone Number: 402-420-6551 Fax Number

Total Number of Corporation Shares Issued: 2,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: McConnell First Name: Nils MI: _____

Home Address: 1106 Aberdeen Ave. City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 420-6551

Nils McConnell

Signature of president

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

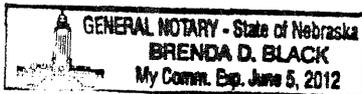
May 23, 2008
date

by Nils McConnell

name of person acknowledged

Brenda D. Black

Notary Public signature



Affix Seal Here

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: McConnell First Name: Nils MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Shareholder, Director, President Number of Shares 500 (25%)

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Harris First Name: Brad MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Shareholder, Director, Vice President Number of Shares 500 (25%)

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Thompson First Name: Daniel MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Shareholder, Director, Secretary Number of Shares 500 (25%)

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Flynn First Name: Eugene MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Shareholder, Director, Treasurer Number of Shares 500 (25%)

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

Spouse Social Security Number _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?



YES

NO

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

Indicate the Corporation'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 corporation insert form 3a 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/L.L.C.: Midtown Drifters, Inc.

Premise information

Premise License Number: Applying for new license

Premise Trade Name/DBA: Drifters

Premise Street Address: 3223 Cornhusker Hwy

City: Lincoln

State: NE

Zip Code: 68504

Premise Phone Number: _____

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.

Neil M. Cornish, President

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Flynn First Name: Eugene MI: F

Home Address (include PO Box if applicable): 2210 SW 17th St.

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: 402-477-0445 Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth Place Of Birth: Long Beach, 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: Flynn First Name: Stephanie MI: C

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 TO		CITY & STATE	YEAR FROM TO	
Lincoln, NE	1957	Present	Lincoln, NE	2004	Present
			Las Vegas, Nevada	1998	2004

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1986 2007	Goodyear Tire & Rubber	Terry Branting	402-466-8311
2008 Present	USPS	Larry Kay	402-458-1830

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.

Eugene A. Flynn

Signature of Manager Applicant

Stephanie C. Flynn

Signature of Spouse

State of Nebraska

County of LANCASTER

County of LANCASTER

The foregoing instrument was acknowledged before me this May 23, 2008 by

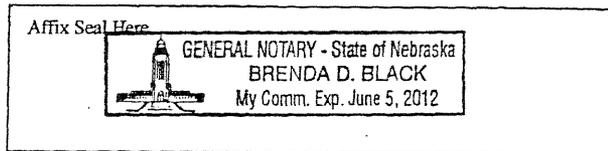
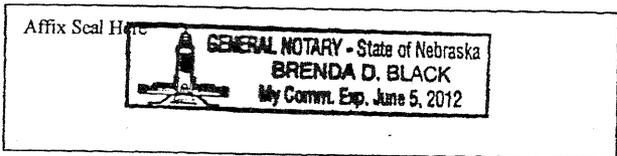
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Brenda D. Black

Notary Public signature

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Notary Public signature



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STATE
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FILED DEC 15 1955 RAY E. LEE, COUNTY RECORDER

59965

STATE FILE No.		CERTIFICATE OF LIVE BIRTH <small>STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH</small>				REGISTRATION DISTRICT No. 7052	REGISTRAR'S NUMBER 9044
THIS CHILD <small>(TYPE OR PRINT NAME)</small>	1A. CHILD'S FIRST NAME Eugene	1B. MIDDLE NAME Francis	1C. LAST NAME Flynn, Jr.				
	2. SEX Male	3A. THIS BIRTH, SINGLE, TWIN, OR TRIPLET Single	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD, 4TH, 5TH, 6TH, 7TH, 8TH, 9TH, 10TH, 11TH, 12TH	4. DATE OF BIRTH—MONTH, DAY, YEAR	4a. HOUR 8:51a.		
PLACE OF BIRTH	5A. COUNTY Los Angeles	5B. CITY OR TOWN Long Beach	<input type="checkbox"/> OUTSIDE CORPO. RATE LIMITS <input checked="" type="checkbox"/> INSIDE CORPO. RATE LIMITS				
	5C. FULL NAME OF HOSPITAL OR INSTITUTION Long Beach Community Hospital		5D. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) 1720 Termino Avenue				
USUAL RESIDENCE OF MOTHER <small>(PRINT FULL ADDRESS)</small>	6A. STATE California	6B. COUNTY Los Angeles	6C. CITY OR TOWN Lakewood	<input type="checkbox"/> OUTSIDE CORPO. RATE LIMITS <input checked="" type="checkbox"/> INSIDE CORPO. RATE LIMITS		6D. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) 5209 Montair Avenue	
	7A. MAIDEN NAME OF MOTHER—FIRST NAME Arlene		7B. MIDDLE NAME Belle	7C. LAST NAME Owens	8. COLOR OR RACE OF MOTHER White		
MOTHER OF CHILD	9. AGE OF MOTHER (AT TIME OF THIS BIRTH) 32 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska		11. MAILING ADDRESS OF MOTHER— <small>IF DIFFERENT FROM USUAL RESIDENCE (FOR NOTIFICATION OF BIRTH REGISTRATIONS)</small>			
	12A. NAME OF FATHER—FIRST NAME Eugene		12B. MIDDLE NAME Francis	12C. LAST NAME Flynn	13. COLOR OR RACE OF FATHER White		
FATHER OF CHILD	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 48 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota		16A. USUAL OCCUPATION Block Operator	16B. KIND OF BUSINESS OR INDUSTRY Pre-Cast Concrete P		
	INFORMANT'S CERTIFICATION I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17A. SIGNATURE OF PARENT OR OTHER INFORMANT (IF OTHER THAN MOTHER, SPECIFY)		17B. DATE SIGNED BY PARENT OR OTHER INFORMANT		
ATTENDANT'S CERTIFICATION I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		18A. SIGNATURE OF ATTENDANT		18B. ADDRESS			
REGISTRAR'S CERTIFICATION 19. DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1955		20. SIGNATURE OF LOCAL REGISTRAR		21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT			
				22C. HOW MANY CHILDREN			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan
DEAN C. LOGAN
Acting Registrar-Recorder/County Clerk

MAY 28 2008



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



ANY ALTERATION OR ERASURE VOIDSTHIS CERTIFICATE

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

DATE OF ISSUANCE

5/22/2008

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics

70 09557

CERTIFICATE OF LIVE BIRTH ¹²⁶⁻
~~X-405~~

1. CHILD—NAME FIRST MIDDLE LAST Stephanie Christine Wilson		DATE OF BIRTH (MONTH, DAY, YEAR) 11:02 P M.	
2. SEX Female	3. THIS BIRTH—SINGLE, TWIN, TRINITY, ETC. (SPECIFY) Single	4. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	5. COUNTY OF BIRTH Lancaster
6. CITY, TOWN, OR LOCATION OF BIRTH Lincoln		7. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	8. HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Bryan Memorial Hospital
9. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Pamela Sue Green		10. AGE (AT TIME OF THIS BIRTH) 19	11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska
12. RESIDENCE—STATE Nebr.	13. COUNTY Lancaster	14. CITY, TOWN, OR LOCATION Lincoln	15. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
16. FATHER—NAME FIRST MIDDLE LAST Robert Lynn Wilson		17. AGE (AT TIME OF THIS BIRTH) 22	18. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska
19. INFORMANT—NAME OR SIGNATURE Pamela Sue Wilson		20. RELATION TO CHILD Mother	
21. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AS AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		22. DATE SIGNED (MONTH, DAY, YEAR) 5-15-70	23. ATTENDANT—M.D., P.O., OTHER (SPECIFY) M.D.
24. SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) J.G. Rogers M.D.		25. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 3145 O. St. Lincoln Nebr.	
26. REGISTRAR—SIGNATURE <i>[Signature]</i>		27. DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1970	