CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The community of opportunity

October 17, 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 Office Gentlemen's Club, 640 West Prospector requesting a class I liquor license.

This location has been purchased by Richard Gatiss and previously held a class C liquor license

Richard Gatiss, [redacted] TS has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Richard Gatiss was born in Denver, Colorado. He attended Mitchell High School graduating in 1979.

Mr. Gatiss has been self employed since 1990.

Richard Gatiss is current on the required training.

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.lcc.ne.gov/

RECEIVED
JUL 14 2006
NEBRASKA LIQUOR CONTROL COMMISSION

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 SPIRTS, 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 J. Michael rierden Phone number: 476-2413
Firm Name Rierden Law Office

PREMISE INFORMATION

Trade Name (doing business as) The Office Gentlemen's Club

Street Address #1 640 West Prospector

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68522

Premise Telephone number 477-2800

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

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

Name same as above

Street Address #1

Street Address #2

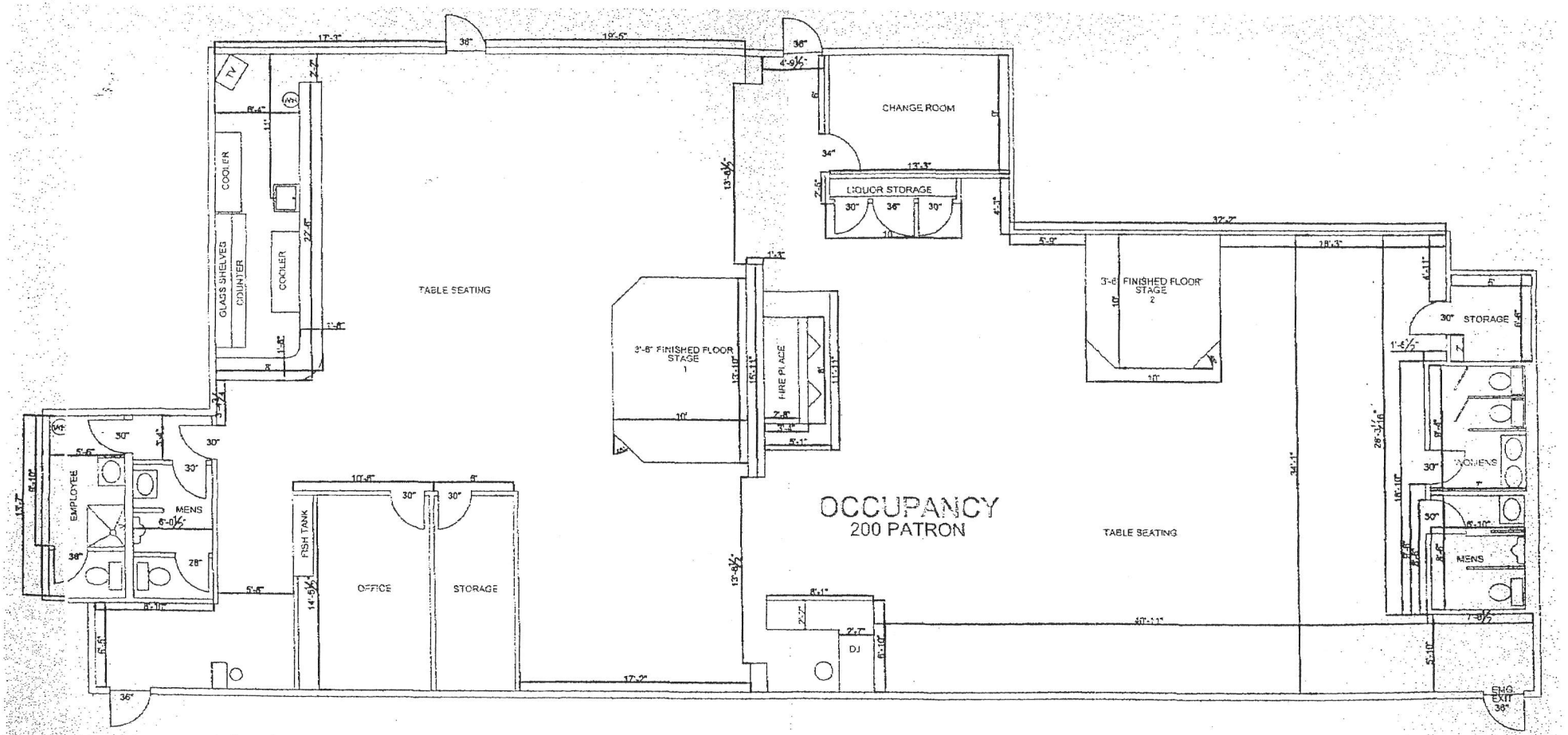
City County Zip Code

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

Entire one story bldg
approx 48' x 100'



THE OFFICE GENTLEMEN'S CLUB FLOC

SIZE	Drawn By:	Owner:
	ADS	THE OFFICE GENTLEMEN'S

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.
Cinda no
John yes speeding in New Mexico 11/04

2. Are you buying the business and/or assets of a licensee?
☑ YES ☐ NO
If yes, give name of business and license number The Office Gentlemen's Club 75950
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.

Wells Fargo Rick, Cindy and ~~John~~ per atty.

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. Richard Gattis ~~[illegible]~~ 40 hrs

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. Office - 6 mos will take training per atty

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 ~~3 year~~ Aug 31, 2011

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? as soon as possible

16. What will be the main nature of business? lounge

17. What are the anticipated hours of operation? legal hours

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 FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Cinda Krasnovsky/ Phoenix Ariz	1988	2000	John Krasnovsky		
Anthem Ariz	2000	2008	(same)		

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.

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Arizona

County of Maricopa

The foregoing instrument was acknowledged before me this Aug. 18, 2008 by Linda L. Krasnovsky

Notary Public signature

Affix Seal Here

OFFICIAL SEAL
JILL K. REIDINGER
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
My Comm. Expires May 21, 2010

County of Maricopa

The foregoing instrument was acknowledged before me this Aug. 18, 2008 by John Krasnovsky

Notary Public signature

Affix Seal Here

OFFICIAL SEAL
JILL K. REIDINGER
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
My Comm. Expires May 21, 2010

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

Office Use

RECEIVED
OCT 14 2008
NEBRASKA LIQUOR CONTROL COMMISSION

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: J Michael Rierden

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

Black Bear Enterprises, LLC

LLC Address: 640 West Prospector

City: Lincoln State: Neb Zip Code: 68522

LLC Phone Number: 477-2800 Fax Number

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

Last Name: Krasnovsky First Name: Linda MI: L.

Home Address: 40238 N. Exploration City: Anthem

State: AZ Zip Code: 85086 Home Phone Number: 623-221-3007

Linda L Krasnovsky

Signature of Contact Member

State of ~~Nebraska~~ Arizona
County of Maricopa

The foregoing instrument was acknowledged before me this

August 19, 2008
date

by Linda L. Krasnovsky
name of person acknowledged

Notary Public signature

Affix Seal Here

OFFICIAL SEAL
JILL K. REIDINGER
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
My Comm. Expires May 21, 2010

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

Last Name: Krasnovsky First Name: Cinda MI: L

Social Security Number _____ Date of Birth _____

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

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: 1/1 Ending Date: 12/30

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

RECEIVED
OCT 14 20..
NEBRASKA LIQUOR CONTROL COMMISSION

State of Colorado

BIRTH NO. 6539

CERTIFICATE OF LIVE BIRTH

REGISTRAR'S NO. 9995 DIST. 54

1. PLACE OF BIRTH a. COUNTY: Denver	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Colorado b. COUNTY: Arapahoe
b. CITY, TOWN, OR LOCATION: Denver	c. CITY, TOWN, OR LOCATION: Aurora
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Saint Luke's Hospital	d. STREET ADDRESS: 11679 East Dakota Avenue
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☒ NO ☐	e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

CHILD

3. NAME (Type or print): First: Cinda Middle: Louise Last: Gatiss

4. SEX: Female

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1ST ☐ 2D ☐ 3D ☐

6. DATE OF BIRTH: Month Day Year

FATHER

7. NAME: First: Harlan Middle: Paul Last: Gatiss

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Illinois

11a. USUAL OCCUPATION: Fireman

11b. KIND OF BUSINESS OR INDUSTRY: Aurora Fire Department

MOTHER

12. MAIDEN NAME: First: Jane Middle: Louise Last: Hammond

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Colorado

16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many fetal deaths (fetuses born dead at ANY time after conception)?
1	0	0

17. MOTHER'S SIGNATURE: Jane L. Gatiss

18. MOTHER'S MAILING ADDRESS: 11679 East Dakota Avenue, Aurora, Colorado 80011

I hereby certify that this child was born alive on the date stated above. At 2:33 P.M.

18a. SIGNATURE: [illegible]

18b. ATTENDANT AT BIRTH: M.D. ☒ D.O. ☐ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: 1955 Pennsylvania - Denver, Colo. 80203

18d. DATE SIGNED: July 11, 1964

19. DATE REC'D. BY LOCAL REG.: JUL 22 1964

20. REGISTRAR'S SIGNATURE: Electa C. Myers op

21. DATE ON WHICH GIVEN NAME ADDED: BY (Registrar)

STATE OF COLORADO, CITY AND COUNTY OF DENVER, SS.

I hereby certify that the above is a true, full and correct copy of the certificate, in my custody and now on file in my office.

Witness my hand and official seal at Denver, in said State, this 27th day of October, A. D. 1972.

E G Brayton M.D.
Registrar of Vital Statistics
City and County of Denver, Colorado

Essie J. Cook
Deputy

Print Form

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
OCT 14 2008
NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have 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.

Signature of spouse asking for waiver
(Spouse of individual listed below)

John Paul Krasnovsky
Printed name of spouse asking for waiver

State of Arizona

County of Maricopa

The foregoing instrument was acknowledged before me this

August 18, 2008
date

by John Paul Krasnovsky
name of person acknowledged

Notary Public signature

Affix Seal

OFFICIAL SEAL
JILL K. REIDINGER
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
My Comm. Expires May 21, 2010

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.

Signature of individual involved with application
(Spouse of individual listed above)

Cinda L Krasnovsky
Printed name of applying individual

State of Arizona

County of Maricopa

The foregoing instrument was acknowledged before me this

August 18, 2008
date

by Cinda L Krasnovsky
name of person acknowledged

Notary Public signature

Affix Seal

OFFICIAL SEAL
JILL K. REIDINGER
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
My Comm. Expires May 21, 2010

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
OCT 1 9 [illegible]
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: Black Bear Enterprises LLC

Premise information

Premise License Number:

Premise Trade Name/DBA: The Office Gentlemen's Club

Premise Street Address: 640 W. Prospector

City: Lincoln State: Neb Zip Code: 68522

Premise Phone Number: 477 7800

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.

Linda Krasowski

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Gatiss First Name: Richard MI: H

Home Address (include PO Box if applicable): 511 Pier 1

City: City Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-805-2029 Business Phone Number: 402-477-2800

Social Security Numb _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Denver

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: _____ First Name: _____
MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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
6135 Wilson Rd. Colo Spgs	1998	2008	Colo Spgs Co		
Co					
Lincoln	2008	now			
per atty					

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	2008	Self/All Amer. Rec		719-268-0715

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.

?? 2005-2004 Traffic Violations Speeding CO per atty
?? 1981 Theft College hazing prank CO per atty

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.

Richard I Gates

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this October 2, 2008 by

JoAnn Rierden

Notary Public signature

Affix Seal Here

STATE OF NEBRASKA GENERAL NOTARY

JOANN RIERDEN
MY COMMISSION EXPIRES
February 9, 2009

County of _____

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

Affix Seal Here

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 Colorado

BIRTH NO. 4371

CERTIFICATE OF LIVE BIRTH

REGISTRAR'S NO. 02380 DIST. 54

1. PLACE OF BIRTH a. COUNTY: Denver	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Colorado b. COUNTY: Adams
b. CITY, TOWN, OR LOCATION: Denver	c. CITY, TOWN, OR LOCATION: Aurora
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): St. Joseph's Hospital	d. STREET ADDRESS: 1535 Geneva Street
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☒ NO ☐	e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

CHILD

3. NAME (Type or print) First: Richard	Middle: Harlan	Last: Gatiss	
4. SEX: Male	5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐	5b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1ST ☐ 2D ☐ 3D ☐	6. DATE OF BIRTH Month Day Year

FATHER

7. NAME First: Harlan	Middle: Paul	Last: Gatiss	8. COLOR OR RACE: White
9. AGE (At time of this birth): 30 YEARS	10. BIRTHPLACE (State or foreign country): Illinois	11a. USUAL OCCUPATION: Fireman	11b. KIND OF BUSINESS OR INDUSTRY: Aurora Fire Department

MOTHER

12. MAIDEN NAME First: Jane	Middle: Louise	Last: Hammond	13. COLOR OR RACE: White
14. AGE (At time of this birth): 30 YEARS	15. BIRTHPLACE (State or foreign country): Colorado	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? None	b. How many OTHER children were born alive but are now dead? None; c. How many fetal deaths (fetuses born dead at ANY time after conception)? None

17. MOTHER'S SIGNATURE: Jane Hammond Gatiss

18. MOTHER'S MAILING ADDRESS: 1535 Geneva Street Aurora, Colorado

I hereby certify that this child was born alive on the date stated above. At 7:56 A.M.

18a. SIGNATURE: [signature]

18b. ATTENDANT AT BIRTH: M.D. ☒ D.O. ☐ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: Aurora Colo

18d. DATE SIGNED: 7/25/61

19. DATE RECD. BY LOCAL REG.: [illegible]

20. REGISTRAR'S SIGNATURE: Elveta C. Myers, Dep. Reg.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

STATE OF COLORADO
United States of America

I hereby certify this document is a true and correct copy of the original record in my custody. Issued in Denver this 12th day of November A.D. 1987.

This copy not valid unless prepared on green basket-weave paper and impressed with raised seal of the Colorado Department of Health.

[signature]
Joseph D. Carney
State Registrar of Vital Statistics

PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics certificate.