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

March 23, 2009

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 Main Street Cafe, 1325 'O' Street.

Main Street Café is changing this license from an individual to an Incorporated LLC.

Jason Kuhr, owner will remain as the manager of the license and is the approved manager for the current liquor license. Mr. Kuhr has completed the required training

Stockholder information is included for your review.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

PREMISE INFORMATION

Trade Name (doing business as) Main St. Cafe

Street Address #1 1325 'O' St.

Street Address #2

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 435-1717

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

City

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

Name Main St. Cafe

Street Address #1 1325 O St. Lincoln, NE 68508

Street Address #2

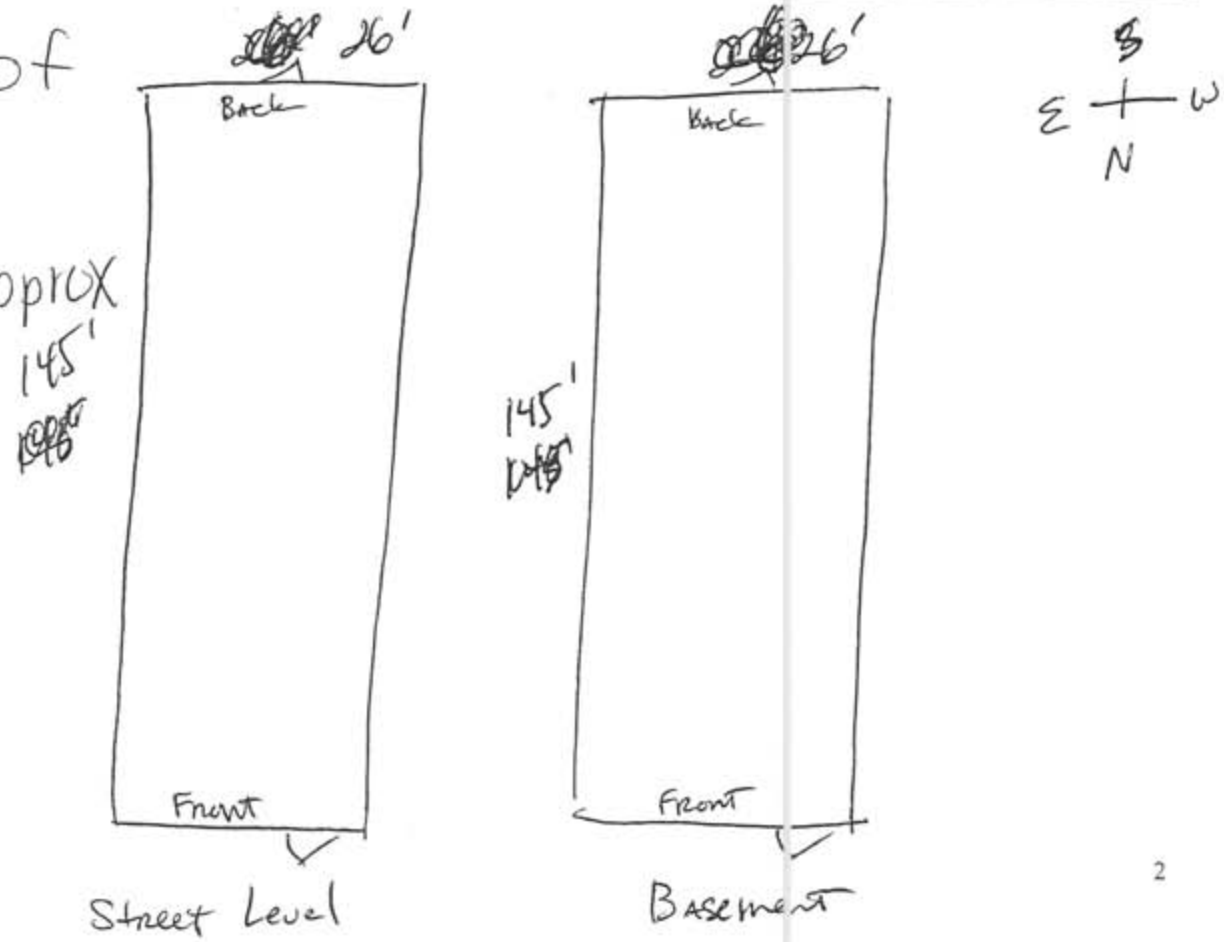
City State Zip Code

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.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

main floor of two story building approx 26 x 145 including basement area



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.

Over Occupancy @ Main St. in 2003

Over Occupancy @ Main St. in 2005

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

☐ YES ☒ NO

If yes, give name of business and license number ~~Arwing Cafe Lee~~ Replacing 54963

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 First National Bank of Syracuse

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.

Tier One Bank 13 & N Jason Kuhr, Tyler Mohr, Tracy Pohle, Abbie Kuhr

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.

JTK - Jason Kuhr 201 N 7th Lincoln #75009 Main St. Cafe - Jason Kuhr 1325 O St Lincoln #54963

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

a) Individual, applicant only (no spouse)
b) Partnership, all partners (no spouses)
c) Corporation, manager only (no spouse)
d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Jason Kuhr	3/15/01 - current	owner/operator, Main St Cafe
	7/15/09 - current	Owner/operator JTK
	10/9/2008	RHC Training

13. 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 ~~August 31st, 2031~~ Aug 31 - 2011

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? Currently open

15. What will be the main nature of business? Bar & Deli

16. What are the anticipated hours of operation? 11 Am - 1Am M-F SAT 7pm-1am Sunday-closed

17. 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 Jason Kuhr Lincoln NE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
~~[illegible]~~ 129 N 10th #402	04	09			
3203 Starr	99	04	Abbie Kuhr Lincoln NE	99	07
Tyler Mohr	99	09	N/A		

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**
Signature of Applicant	**Signature of Spouse**

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 9 day of March 2009 by

Jason T Kuhr Tyler Mahr

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
MICHAEL R. RAMOS
My Comm. Exp. 6-6-10

County of Lancaster

The foregoing instrument was acknowledged before me this 9 day of March 2009 by

Abbygail Kuhr

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
MICHAEL R. RAMOS
My Comm. Exp. 6-6-10

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.

Print Form

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 13 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

1) **Must be a citizen of the United States**
2) **Must be a Nebraska resident (Chapter 2 – 006)**
3) **Must provide a copy of birth certificate, naturalization paper or US passport**
4) **Must submit fingerprints (2 cards per person)**
5) **Must be 21 years of age or older**
6) **Applicant may be required to take a training course**

BC's enclosed

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Kuhr Mohr LLC

Premise information

Premise License Number: —
(if new application leave blank)

Premise Trade Name/DBA: Main St Cafe

Premise Street Address: 1325 O ST

City: Lincoln Zip Code: 68508

Premise Phone Number: 435-1717

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: Kuhr First Name: Jason MI: T

Home Address (include PO Box if applicable): 129 N 10th #402

City: Lincoln State: NE Zip Code: 68508

Home Phone Number: 730-0858 Business Phone Number: 435-1717

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Blair, NE

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: Kuhr First Name: Abbigail MI: L

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Omaha, 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
129 N 10th #402	04	09	129 N 10th #402	04	09
3203 Starr	99	04			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
02	curr	Main St Cafe - Self Employed	Jason Kuhr	435-1717
06	curr	JTK - Self Employed	Jason Kuhr	435-0161

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.

Over Capacity - Main St. 2003
Over Capacity - Main St - 2006

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 Main St. Cafe, JTK Cuisine & Cocktails

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 prints enclosed

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
2002 - current	Owner/Operator Main St Cafe
2006 - Current	Owner/Operator JTK

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.

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

The foregoing instrument was acknowledged before me this 3-9-09 by

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
MICHAEL R. RAMOS
My Comm. Exp. 6-6-10

County of Lancaster

The foregoing instrument was acknowledged before me this 3-9-09 by

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
MICHAEL R. RAMOS
My Comm. Exp. 6-6-10

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.

Revised 9/2008

RECEIVED
MAR 13 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

Amended Dec. 3, 1981
OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT
Vital Statistics Section

CERTIFICATE OF LIVE BIRTH

126- 393692

CHILD – NAME FIRST LAST 1. Abbigail Louise Lynn Wollenburg	SEX 2. Female	DATE OF BIRTH (Month, Day, Year)	HOUR 3b. 4:27p
HOSPITAL – NAME (If not in hospital, give street and number) 4a. Nebraska Methodist Hospital	INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Omaha	COUNTY OF BIRTH 4d. Douglas
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) /s/ Glenn L. Haswell, M.D.	DATE SIGNED (Month, Day, Year) 5b. 12-15-80	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c. M.D.	
CERTIFIER – NAME AND TITLE (Type or print) 6a. Glenn Haswell, M.D.	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 336 Regency Parkway Omaha, Nebr. 68114		
REGISTRAR – SIGNATURE 7a. Daniel J. Hoefling, M.P.H.	DATE RECEIVED BY REGISTRAR 7b. DEC 17 1980		
MOTHER – MAIDEN NAME FIRST MIDDLE LAST 8a. Joann Louise Brandt	AGE (At time of this birth) 8b. 32	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Beatrice, Nebraska	
RESIDENCE – STATE 9a. Nebraska	COUNTY 9b. Douglas	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Omaha 68106	INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 5618 Hickory Street
MOTHER'S MAILING ADDRESS – Enter if not same as residence 10.			
FATHER – NAME FIRST MIDDLE LAST 11a. Daryl Walter Wollenburg	AGE (At time of this birth) 11b. 32	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Beatrice, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 12a. (Signature of Parent or other Informant) Joann Louise Wollenburg	RELATION TO CHILD 12b. Mother		

This certifies this document to be a true copy of an original record on file with the Omaha-Douglas County Health Department, Vital Statistics Section.

Date Issued DEC 4 1981

Daniel J. Hoefling, M.P.H.
Registrar

STATE OF NEBRASKA

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

3/11/2009

LINCOLN, NEBRASKA

RECEIVED

MAR 13 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

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
CERTIFICATE OF LIVE BIRTH

77 23317

126—

CHILD—NAME 1. FIRST: Jason MIDDLE: Travis LAST: Kuhr	DATE OF BIRTH (MONTH, DAY, YEAR) 2a.		HOUR 2b. 1:25A M.
SEX 3. Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.	COUNTY OF BIRTH 5a. Washington
CITY, TOWN, OR LOCATION OF BIRTH 5b. Blair	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Memorial Community	
MOTHER—MAIDEN NAME 6a. FIRST: Debra MIDDLE: Kay LAST: Rasmussen		AGE (AT TIME OF THIS BIRTH) 6b. 27	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Nebraska
RESIDENCE—STATE 7a. Nebraska	COUNTY 7b. Washington	CITY, TOWN, OR LOCATION, zip code 7c. Blair 68008	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. No	STREET AND NUMBER 7e. Route 1
FATHER—NAME 8a. FIRST: Kent MIDDLE: Alan LAST: Kuhr		AGE (AT TIME OF THIS BIRTH) 8b. 29	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Nebraska
INFORMANT—NAME OR SIGNATURE 9a. Mrs Kent Kuhr			RELATION TO CHILD 9b. Mother
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 10a. SIGNATURE HN Sievers MD	DATE SIGNED (MONTH, DAY, YEAR) 10b. 11-26-1977	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. M.D.	
CERTIFIER—NAME (TYPE OR PRINT) 10d. H. N. Sievers, M.D.	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. Blair, Nebraska 68008		
REGISTRAR—SIGNATURE 11a. Charlotte L. Petersen, Co. Clerk		DATE RECEIVED BY LOCAL REGISTRAR 11b. MONTH Nov. DAY 30, YEAR 1977	

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:

Office Use

RECEIVED
MAR 13 2009
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: Jason Kuhr

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

Kuhr Mohr LLC

LLC Address: 1325 O' St.

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 435-1717 Fax Number 435-2059

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

Last Name: Kuhr First Name: Jason MI: T

Home Address: 129 N 10th #402 City: Lincoln

State: NE Zip Code: 68508 Home Phone Number: 730-0858

Signature of Contact Member

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

3/9/09
date

by Jason T Kuhr
name of person acknowledged

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
MICHAEL R. RAMOS
My Comm. Exp. 06-10

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

Last Name: Kuhr First Name: Jason MI: T

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Abbigail L. Kuhr

Spouse Social Security Number: Date of Birth:

signed prints BC

Last Name: Mohr First Name: Tyler MI: T

Social Security Number: Date of Birt..

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

Spouse Social Security Number: Date of Birth:

signed passport prints

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 1st Ending Date: December 31st.

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
MAR 13 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'État des États-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen/ressortissant des États-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 076661775

Surname / Nom / Apellidos
MOHR

Given names / Prénoms / Nombres
TYLER THOMAS

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Sex / Sexe / Sexo: M
Place of birth / Lieu de naissance / Lugar de nacimiento: NEBRASKA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición: 13 Dec 2002
Authority / Autorité / Autoridad: See the Passport Agency

Date of expiration / Date d'expiration / Fecha de caducidad: 12 Dec 2012

Amendments / Modifications / Enmiendas
See Page 24

P<USAMOHR<<TYLER<THOMAS<<<<<<<<<<<<<<<<<<<<<<
0766617753USA8505213M1212123<<<<<<<<<<<<<<<02

STATE OF **NEBRASKA**

RECEIVED
MAR 13 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of the Articles of Organization of

KUHR MOHR, LLC

with its registered office located in LINCOLN, Nebraska, as filed in this office on January 26, 2009.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on January 26, 2009.

John A. Gale

SECRETARY OF STATE

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

RECEIVED
MAR 13 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

ARTICLES OF ORGANIZATION
OF
KUHR MOHR, LLC

NE Sec of State John A Gale - CORP RL
1600864128 Pgs: 4
KUHR MOHR, LLC
Filed: 01/26/2009 03:05 PM

ARTICLE I
Name

The name of this limited liability company is KUHR MOHR, LLC (the "Company").

ARTICLE II
Duration

The period of duration of the Company is thirty (30) years from the date these Articles of Organization are filed with the Secretary of State of the State of Nebraska.

ARTICLE III
Purpose and Powers

3.1 Purposes. The purposes for which the Company is organized are to engage in any and all lawful businesses for which a limited liability company may be organized under the laws of the State of Nebraska.

3.2 Powers. The Company shall have and exercise all powers and rights conferred upon a limited liability company by the Nebraska Limited Liability Company Act (the "Act"), and any enlargement of such powers conferred by subsequent legislative acts.

ARTICLE IV
Principal Place of Business

The Company's principal place of business in Nebraska is 1325 "O" Street, Lincoln, Nebraska, 68508.

ARTICLE V
Registered Office and Registered Agent

5.1 Office. The initial registered office of the Company is 1325 "O" Street, Lincoln, Nebraska, 68508.

5.2 Agent. The name of the initial registered agent of the Company at such address is Jason Kuhr.

ARTICLE X
Withdrawal From Membership

Subject to the limitations on withdrawal of capital contained in the Act and in the Operating Agreement, any member may withdraw from membership in the Company at any time, but shall not be entitled to demand the return of any part of such withdrawing member's capital contribution until 1) all liabilities of the limited liability company other than liabilities to members have been paid or provided for; and 2) a majority in interest of the members have consented to the return; or such withdrawal has been authorized by amendment or cancellation of the articles of organization. No member shall be entitled to withdraw any property other than cash from the Company without the prior written consent of a majority in interest of the remaining members.

ARTICLE XI
Right to Continue Business

The business of the Company shall be continued upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member or on the occurrence of any other event which terminates the continued membership of any member in the Company upon the written consent of a majority in interest of the remaining members of the Company

ARTICLE XII
Management of the Company

The management of the Company shall be vested in the members. The names and addresses of the initial members are as follows:

Jason Kuhr, 1325 "O" ST., LINCOLN, NE 68508
Tyler Mohr, 1325 "O" ST., LINCOLN, NE 68508

The then-existing members shall elect the successor(s) to the initial Managers in the manner provided by the Operating Agreement.

ARTICLE XIII
Majority In Interest

Whenever the term "majority in interest" is used herein or in the Operating Agreement, it shall mean a majority of both the capital interests and the profits interests of the Members in question in the Company, determined as of the date in question.

ARTICLE VI
Stated Capital

The total amount of cash and a description and agreed value of all property, other than cash, initially contributed by the members as a basis for capitalization of the Company are described below:

Property Contributed	Agreed Value
Cash	$ 10,000.00
Other (GOODWILL)	$ 40,000.00
TOTAL	$ 50,000.00

ARTICLE VII
Additional Capital Contributions

The total additional contribution agreed to be made by all members and the time at which or events upon the happening of which they shall be made are as follows:

Additional contributions to the capital of the Company shall be made only at such times and in such amounts as all members of the Company shall consent to in writing, as provided in the Operating Agreement of the Company.

ARTICLE VIII
Admission of Additional Members

Additional members shall be admitted to the Company from time to time, upon the affirmative vote of a majority in interest of the then-existing members. Any member may in its sole discretion withhold consent to the admission of a new member.

ARTICLE IX
Transfer or Assignment of Membership

If a member of the Company does not obtain the prior written consent of at least a two-thirds majority in interest of the other members of the Company to the transfer or assignment by contract or operation of law of all or any portion of such transferring member's interest in the Company, then the transferee shall have no right to participate in the management of the Company or to become a member of the Company. In such event, the Transferee shall only be entitled to receive the share of the Company's profits or other compensation by way of income allocable to the transferred interest and the return of any capital contributions to which the transferring member would otherwise have been entitled with respect to such transferred interest. Any member of the Company may in its sole discretion withhold its consent to any such transfer or assignment.

ARTICLE IX

Amendments

These Articles of Organization shall be amended as required by the Act. In all other circumstances, these Articles may be amended only upon the affirmative vote of a two-thirds majority in interest of the members of the Company.

The undersigned, being all the members of the Company, hereby adopt and sign the foregoing Articles of Organization for the purpose of forming the Company under the Act.

Dated this 26th day of January, 2009.

MEMBERS:

Jason Kuhr

Tyler Mohr