



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 20, 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 Bread & Cup, 440 N 8<sup>th</sup> Street, holder of a class I liquor license requests this liquor license be upgraded to a class C liquor license.

Kevin Shinn, owner will remain as the manager of the license and is the approved manager for the current liquor license. Mr. Shinn 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



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

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NEBRASKA LIQUOR CONTROL COMMISSION

Trade Name (doing business as) bread&cup

Street Address #1 440 N. 8th St. Suite 150

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-438-2255

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

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

Name bread&cup

Street Address #1 440 N. 8th St. Suite 150

Street Address #2 \_\_\_\_\_

City Lincoln State NE 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.

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



**APPLICANT INFORMATION**

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NEBRASKA LIQUOR CONTROL COMMISSION

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

*replacing from IK-76359  
UPGRADING*

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 Wells Fargo 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. \_\_\_\_\_

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)

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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 Bank, Kevin Shinn, Karen Shinn

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.

55 degrees, Inc, bread&cup, 440 North 8th St. Suite 150, I-76359 (this is our current license)

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:
<del>Kerry Knight</del>	<del>8/98-2007</del>	<del>440 North 8th St. Lincoln</del>
<del>Kerry Knight</del> Karen Shinn	7/07-present	bread&cup
Kevin Shinn	7/07- Present	bread&cup

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 Aug 2015
- Deed
- Purchase Agreement

14. When do you intend to open for business? already operating

15. What will be the main nature of business? food and beverage service

16. What are the anticipated hours of operation? 7am - 12am monday - saturday closed sunday

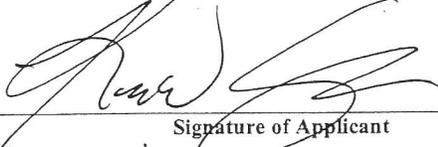
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

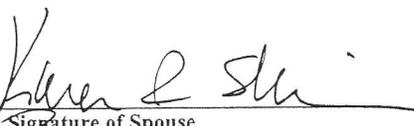
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Kevin Shinn, Lincoln, NE	8/91	present	Karen Shinn, Lincoln, NE	8/91	present
<del>Kerry Knight Lincoln, NE</del>	<del>8/98</del>	<del>present</del>	<del>Kerry Knight Lincoln, NE</del>	<del>8/98</del>	<del>present</del>

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

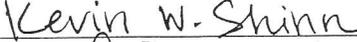
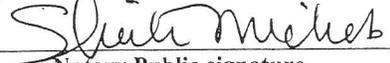
\_\_\_\_\_  
Signature of Spouse

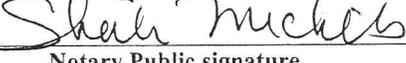
State of Nebraska  
County of Lancaster

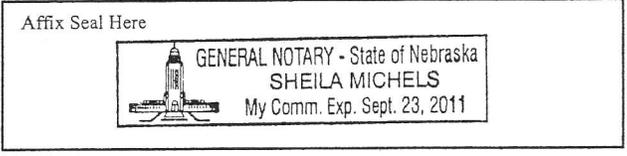
County of Lancaster

The foregoing instrument was acknowledged before me this 5th January 2009 by

The foregoing instrument was acknowledged before me this January 5, 2009 by

  
  
\_\_\_\_\_  
Notary Public signature

  
  
\_\_\_\_\_  
Notary Public signature

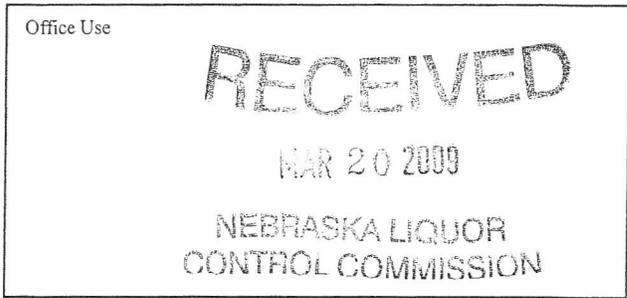


in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**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](http://www.lcc.ne.gov)



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: Kevin Shinn

Name of Corporation that will hold license as listed on the Articles  
55 Degrees, Inc.

Corporation Address: 356 S. 53rd Street

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402-730-0225 Fax Number \_\_\_\_\_

Total Number of Corporation Shares Issued: 100

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

Last Name: Shinn First Name: Kevin MI: \_\_\_\_\_

Home Address: 356 S. 53rd City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-488-9225

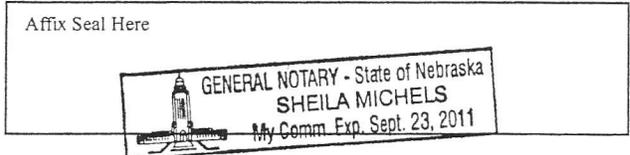
Signature of president

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

5 January 2009 by Kevin W. Shinn  
date name of person acknowledged

Notary Public signature



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

Last Name: Shinn First Name: Kevin MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares 42.5

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Shinn First Name: Karen MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Secretary Number of Shares 42.5

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

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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                      Ending Date: December

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](http://www.lcc.ne.gov)

Office Use

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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

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC:

*55 Degrees, Inc*

Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

*bread & cup*

Premise Street Address:

*440 N. 8th Street Suite 150*

City:

*Lincoln*

Zip Code:

*68508*

Premise Phone Number:

*402 438- 2255*

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)

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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.

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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      *bread & cup*

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

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:
<i>8/07 to present</i>	<i>bread &amp; cup, Lincoln NE</i>

Southwest Memorial Hospital

Cortez, Colorado

BIRTH CERTIFICATE

This Certifies that KAREN RENEE HENDRICK

was born in Southwest Memorial Hospital of Cortez, Colorado

at 11:18 PM on the        day of        A. D. 19      

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

Henry Clark  
Hospital Director  
S. Morrison  
Doctor

Hospital No. B 3577

**CERTIFICATE OF LIVE BIRTH**

State of Oklahoma - Department of Health

STATE FILE NO. **135-63-026243**

LOCAL REG. NO. _____		STATE FILE NO. <b>135-63-026243</b>	
1. PLACE OF BIRTH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Oklahoma</b> b. COUNTY <b>Washington</b>	
b. CITY, TOWN, OR LOCATION <b>Bartlesville</b>		c. CITY, TOWN, OR LOCATION <b>Bartlesville</b>	
c. NAME OF HOSPITAL OR INSTITUTION <b>Jane Phillips Episcopal Hospital</b>		d. STREET ADDRESS <b>R. R. 2, Box 145</b>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. CHILD'S NAME First Middle Last <b>KEVIN WAYNE SHINN</b>			
4. SEX <b>Male</b>		5. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	
6. DATE OF BIRTH Month Day Year <b>[REDACTED]</b>			
7. FATHER'S NAME First Middle Last <b>Jack Wilson Shinn</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>32 YEARS</b>		10. BIRTHPLACE (State or foreign country) <b>Kansas</b>	
11. USUAL OCCUPATION <b>IBM Programmer</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Phillips Petroleum Co</b>	
12. MOTHER'S MAIDEN NAME First Middle Last <b>Junarita Rachel May</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>25 YEARS</b>		15. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>	
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) 4. How many OTHER children were born alive but are now living? <b>1</b> 5. How many OTHER children were born alive but are now dead? <b>0</b> 6. How many fetal deaths (miscarriages) from death at ANY time after conception? <b>0</b>			
17. INFORMANT <b>Mother</b>			
18. MOTHER'S MAILING ADDRESS <b>Mrs. Jack W. Shinn RR 2, Box 145 Bartlesville, Oklahoma</b>			
19a. LENGTH OF PREGNANCY COMPLETED <b>40 WEEKS</b>		19b. WEIGHT OF CHILD AT BIRTH <b>10 LB 4 OZ.</b>	
20. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. WAS BLOOD OF THIS CHILD'S MOTHER TESTED FOR SYPHILIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21c. IF NO TEST, STATE REASON THEREFOR: <b>[REDACTED]</b>	
22a. SIGNATURE <i>[Signature]</i>		22b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.C. <input type="checkbox"/> D.C. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) _____	
22c. ADDRESS <b>J. R. Smithson, M. D. Dewey, Oklahoma</b>		22d. DATE SIGNED <b>7-16-63</b>	
23a. DATE REC'D. BY LOCAL REG. <b>[REDACTED]</b>		23b. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24. DATE RECEIVED BY STATE REGISTRAR <b>JUL 23 1963</b>			
THIS LINE FOR USE OF STATE REGISTRAR		DATE CORRECTIONS MADE	
ITEMS CORRECTED		AUTHORITY	
CLERK			

CERTIFIED COPY



**State Department of Health**

State of Oklahoma

1400 NORTH EASTERN

OKLAHOMA CITY 5, OKLAHOMA

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE AND CORRECT COPY, ORIGINAL OF WHICH IS ON FILE IN THIS OFFICE. IN TESTIMONY WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND CAUSED THE OFFICIAL SEAL TO BE AFFIXED, AT OKLAHOMA CITY, OKLAHOMA, THIS 20 DAY OF AUGUST 1963.

*[Signature]*  
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

BIRTH NO. 105-

DEPARTMENT OF HEALTH  
EDUCATION AND WELFARE  
PUBLIC HEALTH SERVICE  
Form V.S. 15

State of Colorado  
CERTIFICATE OF LIVE BIRTH REGISTRAR'S NO. 578 DIST. 159

1. PLACE OF BIRTH a. COUNTY <u>Montezuma</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Colorado</u> b. COUNTY <u>Montezuma</u>	
b. CITY, TOWN, OR LOCATION <u>Cortez</u>		c. CITY, TOWN, OR LOCATION <u>Cortez</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Southwest Memorial Hosp.</u>		d. STREET ADDRESS <u>711 Wedgewood</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CHILD	3. NAME (Type or print) First <u>Naren</u> Middle <u>Renae</u> Last <u>Hendrick</u>	6. DATE OF BIRTH Month <u>12</u> Day <u>10</u> Year <u>59</u>	
	4. SEX <u>F</u> 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1ST <input type="checkbox"/> 2D <input type="checkbox"/> 3D <input type="checkbox"/>	
FATHER	7. NAME First <u>Ignacio</u> Middle <u>Renae</u> Last <u>Hendrick</u>	8. COLOR OR RACE <u>White</u>	
	9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Murphy, Ark</u>	
	11a. USUAL OCCUPATION <u>Drummer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Shell Oil</u>	
MOTHER	12. MAIDEN NAME First <u>Betty</u> Middle <u>Lorraine</u> Last <u>Love</u>	13. COLOR OR RACE <u>White</u>	
	14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Laughlin, New Mexico</u>	
	17. MOTHER'S SIGNATURE <u>Betty Hendrick</u>	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children were born alive but are now living? <u>2</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many fetal deaths (fetuses born dead at ANY time after conception)? <u>0</u>	
	18. MOTHER'S MAILING ADDRESS <u>711 Wedgewood - Cortez, Colorado</u>	18a. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
	18b. SIGNATURE <u>C. G. Mashion</u>	18c. DATE SIGNED <u>12-10-59</u>	
	18c. ADDRESS <u>Cortez, Colorado</u>	21. DATE ON WHICH GIVEN NAME ADDED BY <u>Carol J. Garrett</u> (Registrar)	
	19. DATE RECD. BY LOCAL REG. <u>Dec. 18 1959</u>	20. REGISTRAR'S SIGNATURE <u>Margaret Calhoun</u>	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED NOV 19 1958

Carol J. Garrett  
CAROL J. GARRETT, P.H.D.  
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. 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 record. NOT VALID IF PHOTOCOPIED.



RECEIVED  
MAY 20 2005  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**ARTICLES OF INCORPORATION  
OF  
55 DEGREES INC.**

I, the undersigned natural person over the age of majority, acting as incorporator of a corporation under the Nebraska Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

FIRST: The name of the corporation is "55 Degrees Inc.", hereunder referred to as the corporation.

SECOND: The period of the corporation's duration is perpetual.

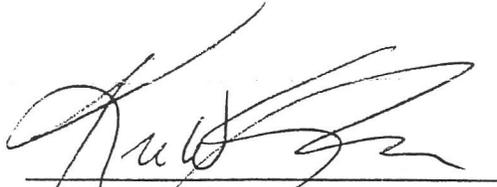
THIRD: The general nature of the business to be transacted is any and all lawful business for which corporations may be incorporated under the Nebraska Business Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is 100 shares of stock and the par value of each such share shall be One Hundred Dollars (\$100.00).

FIFTH: The street address of the principal place of business of the corporation is 356 S. 53<sup>rd</sup> St., Lincoln, NE, 68510, and the name of the initial registered agent at that address is Kevin W. Shinn.

SIXTH: The name and street address of the incorporator is Kevin W. Shinn, 356 S. 53<sup>rd</sup> St., Lincoln, NE, 68510.

Dated this 23rd day of May, 2005.

  
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Kevin W. Shinn, Incorporator