



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

May 14, 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 Kabredlo's, 4411 North 27th Street requesting a class D liquor license.

This location was previously known as Git N Spilt which held a class B liquor license

Anthony Olderbak, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Olderbak will be omitted as he is an approved owner/manager at several locations. Mr. Olderbak 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

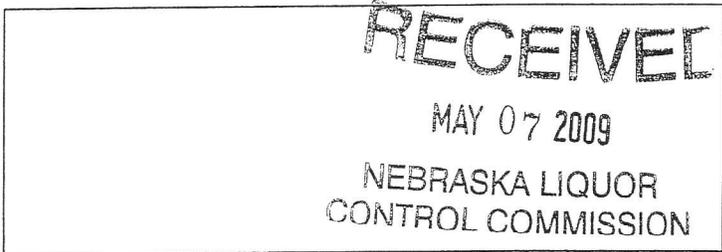


A nationally accredited law enforcement agency



# 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/



## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS	Application Fee	Bond Required
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/> O Boat	\$ 95.00	none
<input type="checkbox"/> V Manufacturer		
<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/> W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/> X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/> Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)	

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>  
All other licenses expire April 30<sup>th</sup>  
Catering license (K) expires 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 Brett Walrath Phone number: (402) 742-9148  
Firm Name Kabredlo's Inc.

**PREMISE INFORMATION**

Trade Name (doing business as) Kabredlo's #127

**RECEIVED**

Street Address #1 4411 North 27 Street

**MAY 07 2009**

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

**NEBRASKA LIQUOR CONTROL COMMISSION**

City Lincoln

County Lancaster

#2

Zip Code 68521

Premise Telephone number Not Yet Assigned (402) 435-6222

Is this location inside the city/village corporate limits:

YES

City

NO

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

Name Kabredlo's Inc.

Street Address #1 2601 West L Street, Suite A

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

City Lincoln

State NE

Zip Code 68522

**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.

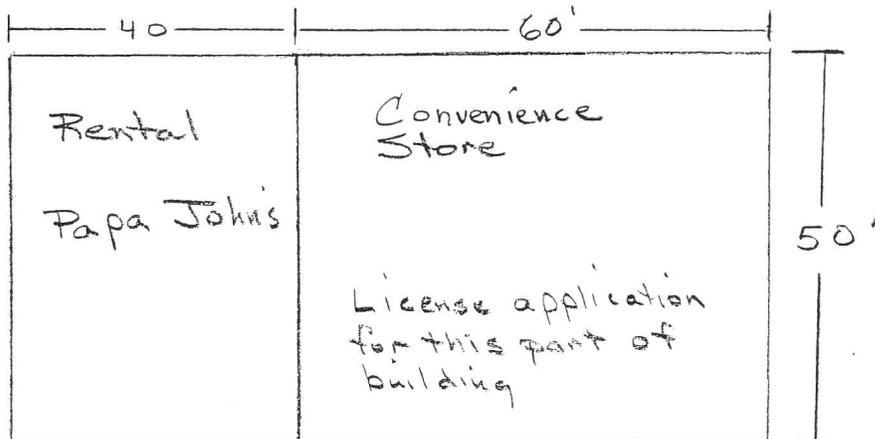
\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

No Basement - One Story Building

100' x 50'

North

one story building approx 50 x 60



27th Street

APPLICANT INFORMATION

RECEIVED

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 name.

[X] YES [ ] NO

If yes, please explain below or attach a separate page.

Mark Oldenbark had a misdemeanor on 9/15/98 for unnumbered motor-boat.

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

[X] YES [ ] NO

If yes, give name of business and license number Get N Split 28201

- 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?

[X] 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?

[X] YES [ ] NO

If yes, list the lender Union Bank and Trust

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

[ ] YES [X] 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 [X] 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 [X] 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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NEBRASKA LIQUOR CONTROL COMMISSION

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.

Security First Bank, 5710 S. 53rd Street, Lincoln, NE 68516 / Michael D. Olderbak / Mark J. Olderbak

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.

38593; 41512; 47959; 47961; 47960; 49658; 38742; 42812; 38741; 39807; 42976; 42974; 54924; 58074; 655

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:
Andrew Maxey		4 yrs (approx) Kabredlo's Inc.

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 \_\_\_\_\_
- Deed
- Purchase Agreement

14. When do you intend to open for business? May 25, 2009

15. What will be the main nature of business? Retail Sales

16. What are the anticipated hours of operation? 6am to 11pm Monday-Friday 7am to 11pm Saturday and 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
Michael D Olderbak, Lincoln, NE	1996	2009			
Mark J. Olderbak, Lincoln, NE	1996	2000	Cheri Olderbak, Sioux City, IA	1996	2000
Omaha, NE	2000	2009	Omaha, NE	2000	2009

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.

*Mark*  
\_\_\_\_\_  
Signature of Applicant  
*Mike*  
\_\_\_\_\_  
Signature of Applicant

*Cheri Deebuk*  
\_\_\_\_\_  
Signature of Spouse

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Signature of Spouse  
MAY 07 2009  
NEBRASKA LIQUOR CONTROL COMMISSION  
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

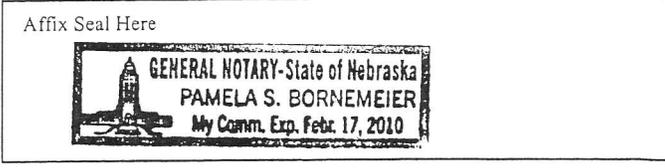
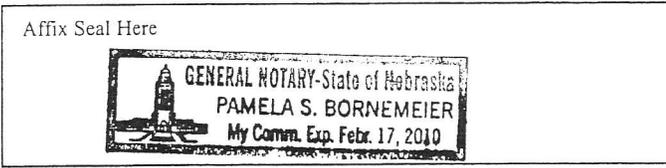
County of Lancaster

The foregoing instrument was acknowledged before me this 4-30-09 by

The foregoing instrument was acknowledged before me this 4-30-09 by

*Pamela Bornemeier*  
\_\_\_\_\_  
Notary Public signature

*Pamela Bornemeier*  
\_\_\_\_\_  
Notary Public signature



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

**APPLICATION FOR TEMPORARY  
AGENCY AGREEMENT**

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)

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CONTROL COMMISSION

- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID# \_\_\_\_\_

On (date) April 2, 2009 seller and buyer entered into a contract for sale of the business known as Git'n Split located at 4411 North 27th St, Lincoln, NE, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to \_\_\_\_\_, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

Name of financial institution (Name, address, account number) of where escrow account is being held (SEND

**COPY OF SIGNATURE CARD)** Security First Bank, 5710 S. 53<sup>rd</sup> St, Lincoln, NE  
Account # 1100114886

**OVER**

All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of seller

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of buyer

State of Nebraska

State of Nebraska

County of Assata

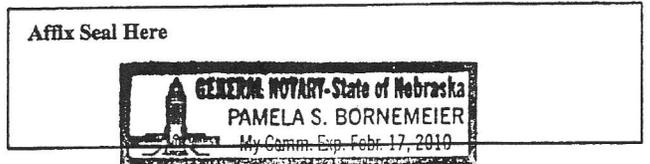
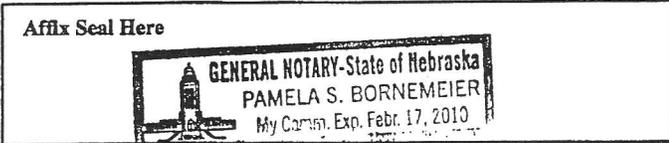
County of Assata

The forgoing instrument was acknowledge before me this 4-28-09  
Date

The forgoing instrument was acknowledge before me this 4-28-09  
Date

*Pamela Bornemeier*  
\_\_\_\_\_  
Notary Public Signature

*Pamela Bornemeier*  
\_\_\_\_\_  
Notary Public Signature



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**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)

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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:

**Premise information**

Premise License Number:   
(if new application leave blank)

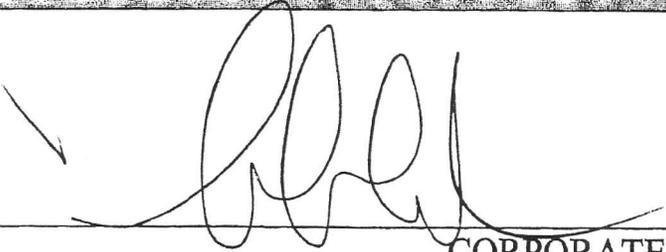
Premise Trade Name/DBA:

Premise Street Address:

City:  Zip Code:

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.**

  
Mike D. Olderbak  
CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

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NEBRASKA LIQUOR CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Olderbak First Name: Anthony MI:

Home Address (include PO Box if applicable): 6920 Starr Street

City: Lincoln State: NE Zip Code: 68505-1869

Home Phone Number: (402) 435-1710 Business Phone Number: (402) 742-9148

Social Security Number:  Drivers License Number & State:

Date Of Birth:  Place Of Birth: Grand Forks, SD

*Prints on file 3-31-2008*

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: Olderbak First Name: Patricia MI: L

Social Security Number:  Drivers License Number & State:

Date Of Birth:  Place Of Birth: Great Fall, MT

*Prints on file 3-27-2008*

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	1996	2009	Lincoln NE	1996	2009

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1994	1996	76 Truck Stop, Alda, NE		
1996	1996	Village Inn, Grand Island		

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

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MAY 07 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

Kabredlo's

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

On Files

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:
12/04 to present	Various Kabredlo's locations in Lincoln, Nebraska

**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.

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NEBRASKA LIQUOR CONTROL COMMISSION

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Manager Applicant

Anthony Olderbak

State of Nebraska

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Spouse

Patricia L. Olderbak

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 4-30-09 by

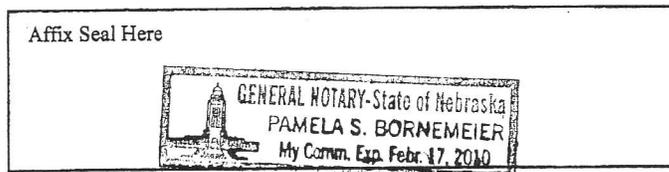
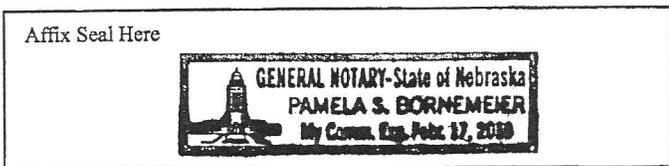
The foregoing instrument was acknowledged before me this 4-30-09 by

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public signature

Notary Public signature

*[Handwritten Signature]*  
\_\_\_\_\_  
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.

Revised 9/2008

1592 LOCAL FILE NUMBER CERTIFICATE OF LIVE BIRTH 125 BIRTH NUMBER 02 010280

CHILD - NAME First Patricia Lynn		Middle Lynn	Last Hauck	DATE OF BIRTH (Month, Day, Year) 2.	SEX 3. Female
HOSPITAL - NAME (If not in hospital, give street and number) 4a. Montana Deaconess Hospital		CITY, TOWN OR LOCATION OF BIRTH 4b. Great Falls		COUNTY OF BIRTH 4c. Cascade	HOUR 5. 11:26 P.M.
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 6a. (Signature) Beverly Roberts Beverly Roberts				DATE SIGNED (Mo., Day, Yr.) 6b. 1-2-73	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) 6c.
CERTIFIER - NAME AND TITLE (Type or Print) 7d. State Department of Health and Environmental Sciences, Helena, Montana			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
LOCAL REGISTRAR 8d. (Signature) Bette Bonner, Deputy Registrar			DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.) 7b. January 5, 1973		
MOTHER - MAIDEN NAME FIRST 9a. Mary		MIDDLE Ann	LAST Garlock	STATE OF BIRTH (If not in U.S.A., name country) 8b. Montana	AGE (At time of this birth) 8c. 20
RESIDENCE - STATE 9a. Montana	COUNTY 9b. Cascade	CITY, TOWN OR LOCATION 9c. Great Falls		STREET AND NUMBER OF RESIDENCE 9d. 3514 Central Avenue	Inside City Limits (Yes or No) 9e. Yes
FATHER - NAME FIRST 10a. Jeffrey		MIDDLE Paul	LAST Hauck	STATE OF BIRTH (If not in U.S.A., name country) 10b. North Dakota	AGE (At time of this birth) 10c.
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 11a. (Signature of Mother)				MOTHER'S MAILING ADDRESS (If same as above, enter zip code only) 11b.	

*Handwritten signature*

REC'D APR 8 1974 NORTH DAKOTA  
Local Registrar's File No. 52781

Birth Number  
**133-74-001966**

CERTIFICATE OF LIVE BIRTH  
STATE DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

CHILD - NAME 1. Anthony Lee Olderbak	DATE OF BIRTH (Month, Day, Year) 2. 4:10 P.M.
SEX 3. Male	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4. Single
CITY OR TOWNSHIP OF BIRTH 5a. Grand Forks	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5b. Yes
MOTHER - MAIDEN NAME 6a. Rogene Val Jacoby	STATE OF BIRTH (If not in U.S.A., name country) 6c. Missouri
RESIDENCE - STATE 7a. Minn.	COUNTY 7b. Polk
FATHER - NAME 8a. James Vernon Olderbak	STATE OF BIRTH (If not in U.S.A., name country) 8c. North Dakota
INFORMANT 9a. Rogene Olderbak	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.	
CERTIFIER - NAME 10a. Rodney G. Clark, M.D.	DATE SIGNED (Month, Day, Year) 10b. March 29, 1974
REGISTRAR - SIGNATURE 11a. (Signature)	DATE RECEIVED BY LOCAL REGISTRAR 11b. April 5, 1974

MOTHER'S MAILING ADDRESS (Street or R.F.D. No., City, State, Zip)  
9c. R.R. 1 Rhinhardt Dr. East Grand Forks ND 58721

ATTENDANT - M.D., B.O., MIDWIFE, OTHER (SPECIFY)  
10c. M.D.

MAILING ADDRESS (Street or R.F.D. No., City, State, Zip)  
10b. 221 So. 4th St. Grand Forks, ND 58201

NEBRASKA LIQUOR CONTROL COMMISSION

MAY 07 2009

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"Buy North Dakota Products" (NS 1-2-73 Standard Tribune 35371)

**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)

Office Use

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MAY 07 2009  
NEBRASKA LIQUOR  
CONTROL COMMISSION

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: Michael D. Olderbak

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

Kabredlo's, Inc.

Corporation Address: 2601 West L Street

✓ City: Lincoln State: NE Zip Code: 68522

Corporation Phone Number: (402) 408-3055 Fax Number (402) 477-0675

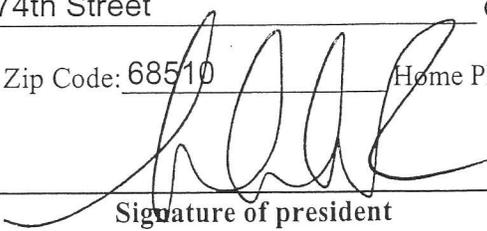
Total Number of Corporation Shares Issued: 400

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

Last Name: Olderbak First Name: Michael MI: D

Home Address: 2840 South 74th Street City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: (402) 450-4410

✓   
Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

4-30-09

date

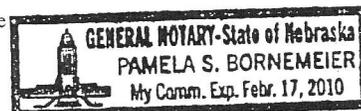
by \_\_\_\_\_

name of person acknowledged

Pamela S Bornemeier

Notary Public signature

Affix Seal Here



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MAY 07 2009

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

NEBRASKA LIQUOR CONTROL COMMISSION  
MI: D

*Signed  
Printson  
file*

Last Name: Olderbak First Name: Michael MI: D

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

Title: President Number of Shares 232

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

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Olderbak First Name: Mark MI: J

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

Title: Vice President Number of Shares 168

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

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

Last Name: Olderbak First Name: Cheri MI: \_\_\_\_\_

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

Title: N/A Number of Shares 0

Spouse Full Name (indicate N/A if single): Mark J. Olderbak

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: \_\_\_\_\_

*Signed  
prints  
on file*

Is the applying Corporation controlled by another Corporation?

YES

NO

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

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: July Ending Date: June

---

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.

NE Sec of State John A. Gale - CORP AP  
 0951201076 Pgs: 1  
 KABREDLO'S, INC.  
 Filed: 06/29/1995 04:30 PM

**ARTICLES OF INCORPORATION  
 OF  
 KABREDLO'S, INC.**

JUN 29 1995

28815

The undersigned natural persons of the age of majority, acting as the incorporators of a corporation under the Nebraska Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

STATE OF NEBRASKA } SS  
 SECRETARY'S OFFICE

Received and filed for record  
 and recorded on film roll No. 95-12 at page 1076

**ARTICLE I**

The name of the corporation shall be: Kabredlo's, Inc.

**ARTICLE II**

The duration of the corporation is perpetual.

**ARTICLE III**

The purposes for which the corporation is organized are to transact fully all lawful business for which a corporation may be incorporated under the Nebraska Business Corporation Act, as amended from time to time.

**ARTICLE IV**

The aggregate number of shares which this corporation shall have the authority to issue is 10,000 shares, having a par value of \$1.00 each, all of which shall be a common stock. All transfers of the shares of this corporation shall be made in accordance with the provisions of the By-Laws of this corporation.

**ARTICLE V**

Each shareholder of the corporation shall have preemptive rights to purchase, subscribe for and otherwise acquire shares or other securities of the corporation, whether now or hereafter authorized, unissued, or issued in accordance with the provisions of the By-Laws of the corporation.

**ARTICLE VI**

To the extent permitted by law, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit proceeding, whether civil, criminal, administrative or investigative, including any action or suit by or in the right of the corporation to procure a judgment in its favor, by reason of the fact that he or she is or was a director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee or agent of another corporation, partnership, joint venture or other enterprise or as a trustee, officer, employee or agent of an employee benefit plan, against expenses, including attorney fees, and except for actions by or in the right of the corporation, judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit or proceeding if he or she acted in good faith and in a manner he or she reasonable believed to be in or not opposed to the best interests of the corporation, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful.

To the extent permitted by law, the corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the corporation against any liability asserted against him or her in such capacity or arising out of his or her status as such, whether or not the corporation would have the power to indemnify him or her against such liability.

The indemnity provided for by this Article VI shall not be deemed to be exclusive of any other rights to which those indemnified may be otherwise entitled, nor shall the provisions of this Article VI be deemed to prohibit the corporation from extending its indemnification to cover other persons or activities to the extent permitted by law or pursuant to any provision in the By-Laws.

**ARTICLE VII**

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation in the manner now and hereafter permitted by law, and all rights conferred upon shareholders herein are granted subject to this reservation.

**ARTICLE VIII**

The address of the corporation's initial registered office is Gold's Galleria, Suite 614, 1033 "O" Street, Lincoln, Lancaster County, Nebraska 68508 and the name of the initial registered agent at such address shall be Sharon L. Barter.

**ARTICLE XIX**

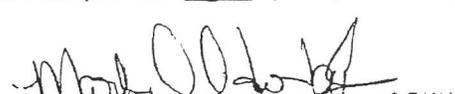
The names and street addresses of the incorporators are as follows:

Michael D. Olderbak  
 3291 Randolph  
 Lincoln, NE 68510

Mark J. Olderbak  
 1842 Knox #1  
 Lincoln, NE 68521

In witness whereof, these Articles of Incorporation have been executed in duplicate on this 29<sup>th</sup> day of June, 1995.

  
 Incorporator

  
 Incorporator 1076