



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

July 2, 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 Jakes Cigars and Spirits, 101 N 14<sup>th</sup> Street. Jakes holder of a class D liquor license requests this liquor license be upgraded to a class C liquor license.

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



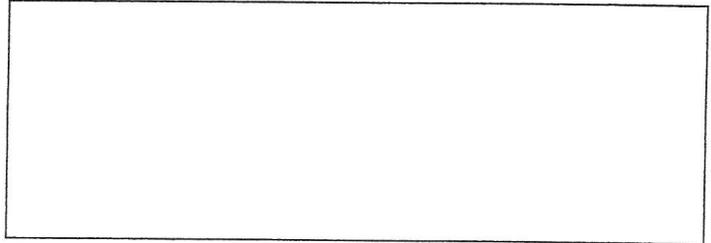
A nationally accredited law enforcement agency



# 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/

*45 days = 8/14/09*



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

### RETAIL LICENSE(S)

		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input 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

	<u>Application Fee</u>	<u>Bond Required</u>
<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 \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) jakes cigars and spirits

Street Address #1 101 n 14th st #1

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

City lincoln County lancaster Zip Code 68508

Premise Telephone number (402)435-8117

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

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

Name jakes cigars and spirits

Street Address #1 101 n 14th st

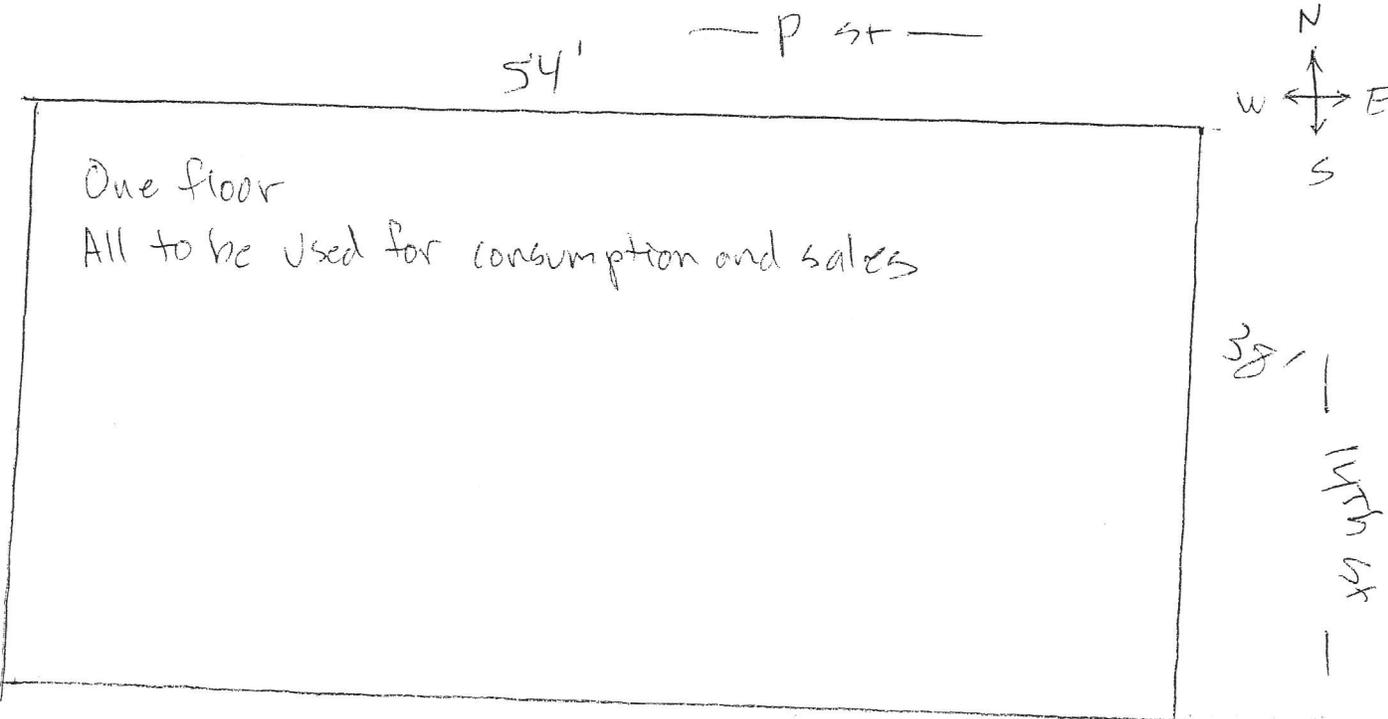
Street Address #2 \_\_\_\_\_

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**

**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.

acr corporation april 2006 sale of alcohol to intoxicated persons

bricktop ent license # 54218 9/30/03 sale of alcohol to intoxicated persons

bricktop ent 12/26/04 sale of alcohol to a minor

acr corporation 2008 sale of alcohol to intoxicated persons license #62329

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

YES                       NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES                       NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

YES                       NO

If yes, list the lender: first national 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)

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.

first national bank/ downtown branch

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.

Alex Roskelley bricktop lincoln #54218/acr corporation #62329,#72644,omaha ,Alex Roskelley,John Larkin

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:
Alex Roskelley	3/1/02-present	Bricktop ent. owner/manager
	5/1/04-present	Jakes cigars and spirits owner/manager

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 8/31/2014

Deed

Purchase Agreement

14. When do you intend to open for business? september 2009

15. What will be the main nature of business? retail on and off sale

16. What are the anticipated hours of operation? 11:00 am - 1:00 am

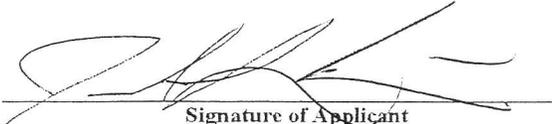
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Alex roskelley Lincoln NE	1997	present			
John Larkin Lincoln NE	2002	2006			
John Larkin Omaha NE	2006	present			

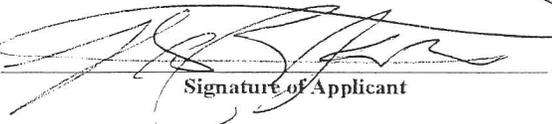
The undersigned applicant(s) hereby consent(s) to an investigation of his her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) 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

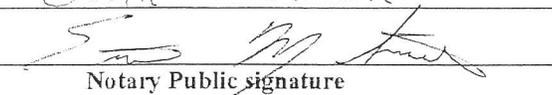
  
 \_\_\_\_\_  
 Signature of Applicant

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

State of Nebraska

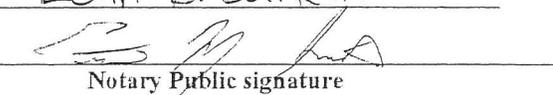
County of Douglas

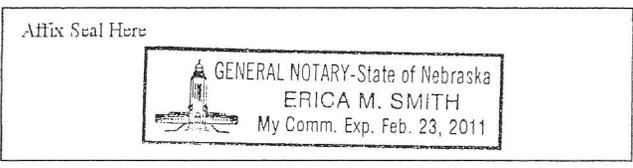
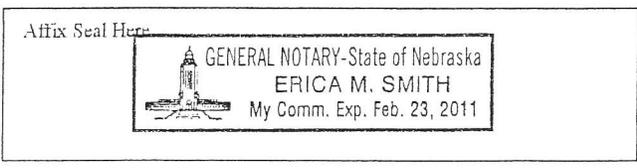
The foregoing instrument was acknowledged before me this 6/25/09 by

John Larkin  
 \_\_\_\_\_  
  
 Notary Public signature

County of Douglas

The foregoing instrument was acknowledged before me this 6/25/09 by

Leah D. Larkin  
 \_\_\_\_\_  
  
 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 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:

Office Use

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

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

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

Name of Registered Agent: Alex Roskelley president

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

ACR corporation

Corporation Address: 114n 14th street

City: Lincoln State: Ne Zip Code: 68508

Corporation Phone Number: (402)435-8117 Fax Number (402)435-8117

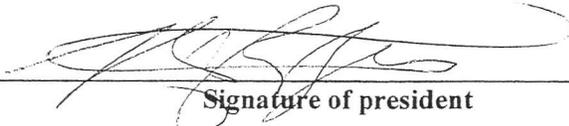
Total Number of Corporation Shares Issued: 100

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

Last Name: Roskelley First Name: Alex MI: C

Home Address: 4221s 32nd st City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: (402)202-8780



Signature of president

State of Nebraska  
County of Lancaster

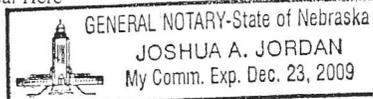
The foregoing instrument was acknowledged before me this

6/24/09  
date

by Alex C Roskelley  
name of person acknowledged

Notary Public signature

Affix Seal Here



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

Last Name: Roskelley First Name: Alex MI: C

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

Title: president Number of Shares 50

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

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

---

Last Name: Larkin First Name: John MI: A

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

Title: Treasurer Number of Shares 50

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

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

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

Starting Date: Jan 1 Ending Date: Dec 31

---

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

---

# 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

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.



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Roskelley First Name: Alex MI: C

Home Address (include PO Box if applicable): 4221 s 32nd st

City: Lincoln State: Nebraska Zip Code: 68502

Home Phone Number: (402)202-8780 Business Phone Number: (402)435-8117

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Salt Lake City Utah

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES  NO

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln Nebraska	1997	present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996	1998	knuckleheads ent	george Vallario	(786)303-5544
1998	present	ACR corporation	n/a	(402)435-8117

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.

april 2006 acr corporation sale of liquor to intoxicated persons /2008 sale of alcohol to intoxicated persons
september 2003 bricktop ent sale of liquor to intoxicated persons/December 2004 sale of alcohol to a minor
ACR corporation license #62329/ bricktop ent. #54218

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

ACR Corporation # 76023      Omaha  
 ACR Corporation # 62329      Lincoln  
 Bricktop ent. # 54218      Lincoln

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:
3/1/02-present	bricktop ent 1427 O st Lincoln Ne owner/manager
5/1/03-present	jakes cigars and spirits 114 n 14th st Lincoln Ne owner/manager
recurring	responsibility hospitality training

**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**

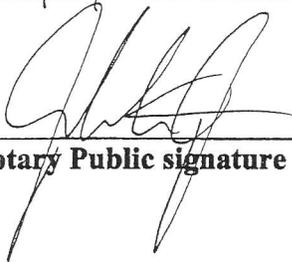
State of Nebraska

County of Lancaster

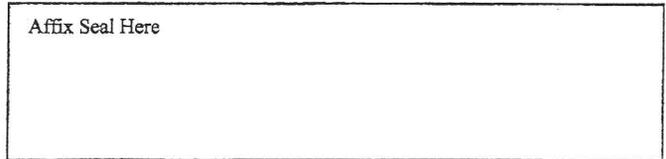
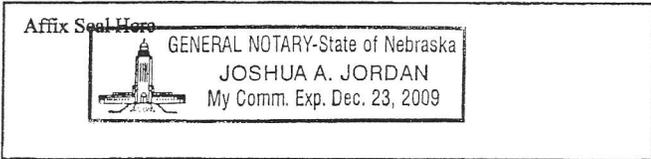
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this 6/24/2009 by \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_

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

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



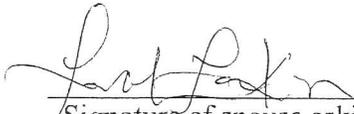
In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

# SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

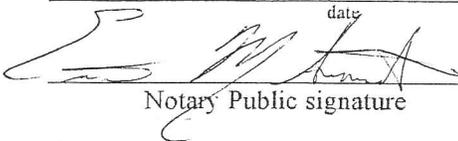
  
\_\_\_\_\_  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

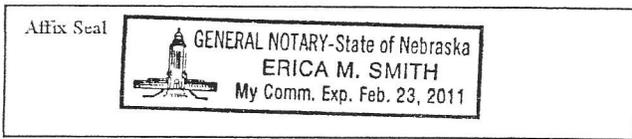
Leah D. Larkin  
\_\_\_\_\_  
Printed name of spouse asking for waiver

State of Nebraska  
County of Douglas  
06/25/2009

The foregoing instrument was acknowledged before me this  
Leah D. Larkin

by \_\_\_\_\_  
name of person acknowledged

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



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

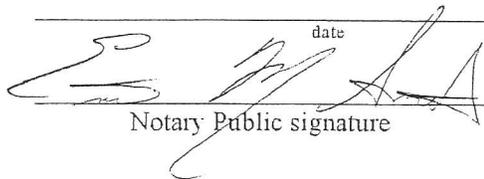
  
\_\_\_\_\_  
Signature of individual involved with application  
(Spouse of individual listed above)

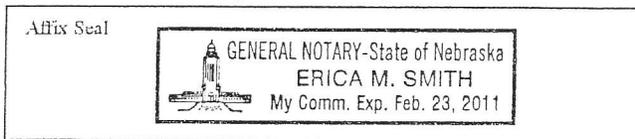
John A Larkin  
\_\_\_\_\_  
Printed name of applying individual

State of Nebraska  
County of Douglas  
06/25/2009

The foregoing instrument was acknowledged before me this  
John A Larkin

by \_\_\_\_\_  
name of person acknowledged

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



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

# STATE OF UTAH - DEPARTMENT OF HEALTH

## Birth Certification

**RECEIVED**  
143 77 037071

### UTAH STATE DIVISION OF HEALTH CERTIFICATE OF LIVE BIRTH

JAN 29 2004

LOCAL FILE NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)		HOUSE
1 CHILD - NAME FIRST MIDDLE LAST		Alex Charles Roskelley		KA LIQUOR 809 M.
2 SEX	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC (SPECIFY)	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		CONTROL COMMISSION Salt Lake
3 Male	single			
4a CITY, TOWN, OR LOCATION OF BIRTH		4b (INSIDE CITY LIMITS) (SPECIFY YES OR NO)	HOSPITAL - NAME	
Salt Lake City		yes	LDS Hospital	
5a MOTHER - MARRIEN NAME FIRST MIDDLE LAST		5b AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
Marian Biggins		23	Utah	
6a RESIDENCE - STATE		6b (INSIDE CITY LIMITS) (SPECIFY YES OR NO)	STREET AND NUMBER	
Utah	Salt Lake	no	1190 Buddlea Drive	
7a FATHER - NAME FIRST MIDDLE LAST		7b AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
David Eugene Roskelley		16	Utah	
8a INFORMANT		8b RELATION TO CHILD		
Marian Roskelley		Mother		
9 CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		10a DATE SIGNED (MONTH, DAY, YEAR)	10b ATTENDANT - M.D., O.O., MIDWIFE, OTHER (SPECIFY)	
10a SIGNATURE / Richard E. Johns MD		6 Dec 77	MD	
10b CERTIFIER - NAME		10c ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)		
R. E. Johns MD		2000 South 9th East, SLC, Utah		
11a REGISTRAR - SIGNATURE		11b DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR)		
John E. Brocket M.D.M.P.H.		Dec. 12, 1977		

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-2-22 of the Utah Code Annotated, 1953 as amended.

*John E. Brocket*  
John E. Brocket  
DIRECTOR OF VITAL STATISTICS



DEC 08 1993

SS132553

03 770

1656980

JUL 24 1998

ARTICLES OF INCORPORATION

100973  
 STATE OF NEBRASKA  
 SECRETARY'S OFFICE  
 Received filed and recorded on  
 film roll no. 9821  
 at page 1090  
Scott  
 Secretary of State  
 By CB 15,000  
3:35pm

ARTICLE 1

(a) Corporate Name

ACR Corporation

(b) Number of Shares and par value

100 shares common stock  
\$1.00 par value per share

(c) Street Address and Name of Initial Registered Agent

Suite 200 1451 "O" Street, Lincoln, NE., 68510  
Alex C. Roskelley, Initial Registered Agent

(d) Name and Street Address of Each Incorporator

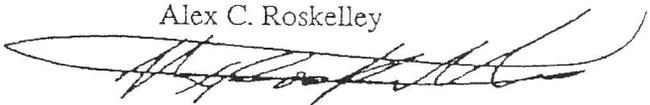
Alex C. Roskelley  
Suite 200 1451 "O" Street, Lincoln, NE., 68510

(e) N/A

ARTICLE 2

(a) Name/Street Address of Initial Directors

Alex C. Roskelley



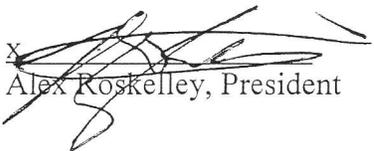
ALEX C. ROSKELLEY, President, ACR Corp.

ACR Corporation, Inc.  
DbA Jakes Cigars & Smokehouse  
114 No 14<sup>th</sup> ST.  
Lincoln, NE 68508  
402) 435-8114

May 5, 2005

**RE: Redistribution of Corporate Stock effective June 1, 2005.**

I, Alex Roskelley, agree to transfer to John Larkin 25 shares of my 50 shares of ACR Common stock for good and valuable consideration.

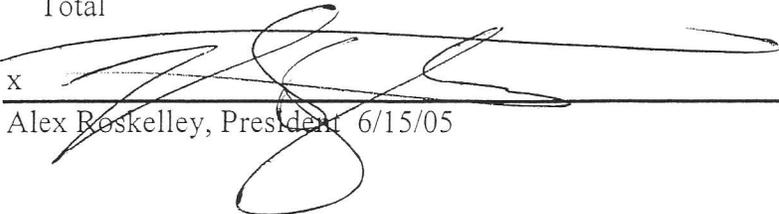
x  \_\_\_\_\_ Date 6-24-05  
Alex Roskelley, President SS# \_\_\_\_\_

I, John Larkin, agree to this redistribution of stock ownership in ACR Corporation and accept the transferred shares.

x  \_\_\_\_\_ Date 6-24-5  
John Larkin SS# \_\_\_\_\_

The new status of issued shares of ACR Corporation Stock will be as follows:

<u>Shares Status</u>	<u>Shareholders</u>	<u># of Shares</u>	<u>%age Owned</u>
Issued	Alex Roskelley	25	50%
Issued	John Larkin	25	50%
Outstanding (not issued)	-----	<u>50</u>	0%
Total		100	

x  \_\_\_\_\_  
Alex Roskelley, President 6/15/05

DOMESTIC CHANGE OF REGISTERED AGENT and/or OFFICE

Submit in Duplicate

NE Sec of State John A Gale - CORP AO
1000636327
ACR CORPORATION
Filed: 04/03/2006 03:18 PM

John A. Gale, Secretary of State
Room 1301 State Capitol P.O. Box 94608
Lincoln, NE 68509
http://www.sos.state.ne.us

The following corporation, pursuant to the laws of the state of Nebraska, does hereby wish to change its Registered Agent and/or Registered Office.

Name of Corporation ACR CORPORATION

CORPORATE RECORDS SHOW

1656980

Previous:

Registered Agent: ALEX C. ROSKELLEY

Registered Office: SUITE 200, 1451 O STREET, LINCOLN NE 68510

New:

Registered Agent: Alex C. Roskelley

Registered Office\*: 114 N. 14th St., Lincoln NE 68508

\* The street address of the registered office and the street address of the registered agent must be identical.

DATED 3/24/06

Signature of Alex Roskelley
Printed Name/Title: Alex Roskelley/President

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation.

Registered Agent: Please check A (current agent) or B (new agent) below and sign

[ ] A. I hereby state that the above named corporation has been notified of the change in address of my registered office.

[x] B. I hereby consent to act as registered agent for the above named corporation.

Signature of Registered Agent

FILING FEE: \$30.00