CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov

LINCOLN
The Community of Opportunity

July 9, 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 Kwik Shop, 1441 North Cotner requesting a class D liquor license.

Cristina Bonnet has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mrs. Bonnet is the approved manager of several Kwik Shop locations.

The required training was completed on June 12, 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/ 45 days = 8/20/09

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

RETAIL LICENSE(S)

			Application Fee
☐	A	BEER, ON SALE ONLY	$45.00
☐	B	BEER, OFF SALE ONLY	$45.00
☐	C	BEER, WINE & DISTILLED SPIRTS, ON & OFF SALE	$45.00
☑	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	$45.00
☐	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	$45.00
☐	Class K Catering license (requires catering application form)		$100.00

MISCELLANEOUS

			Application Fee		Bond Required
☐	L	Craft Brewery (Brew Pub)	$295.00		$1,000 minimum
☐	O	Boat	$ 95.00		none
☐	V	Manufacturer			
	☐	Alcohol & Spirits	$1,045.00		$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$145.00	1 to 100 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$245.00	100 to 150 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$395.00	150 to 200 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$545.00	200 to 300 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$695.00	300 to 400 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$745.00	400 to 500 barrel*	$1,000 minimum
☐	W	Wholesale Beer	$545.00		$5,000 minimum
☐	X	Wholesale Liquor	$795.00		$5,000 minimum
☐	Y	Farm Winery	$295.00		$1,000 minimum
☐	Z	Micro Distillery	$295.00		$1,000 minimum

☐ 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 31st
All other licenses expire April 30th
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 Rosalind R. Sells Phone number: 402-391-1808

Firm Name Kwik Shop, Inc.

PREMISE INFORMATION

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JUN 29 2009
NEBRASKA LIQUOR CONTROL COMMISSION

Trade Name (doing business as) Kwik Shop #680

Street Address #1 1441 N Cotner Blvd.

Street Address #2

City Lincoln County Lancaster Zip Code 68505

Premise Telephone number 402-466-8010

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

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

Name Kwik Shop Office

Street Address #1 8942 Blondo Street

Street Address #2

City Omaha State Nebraska Zip Code 68134

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

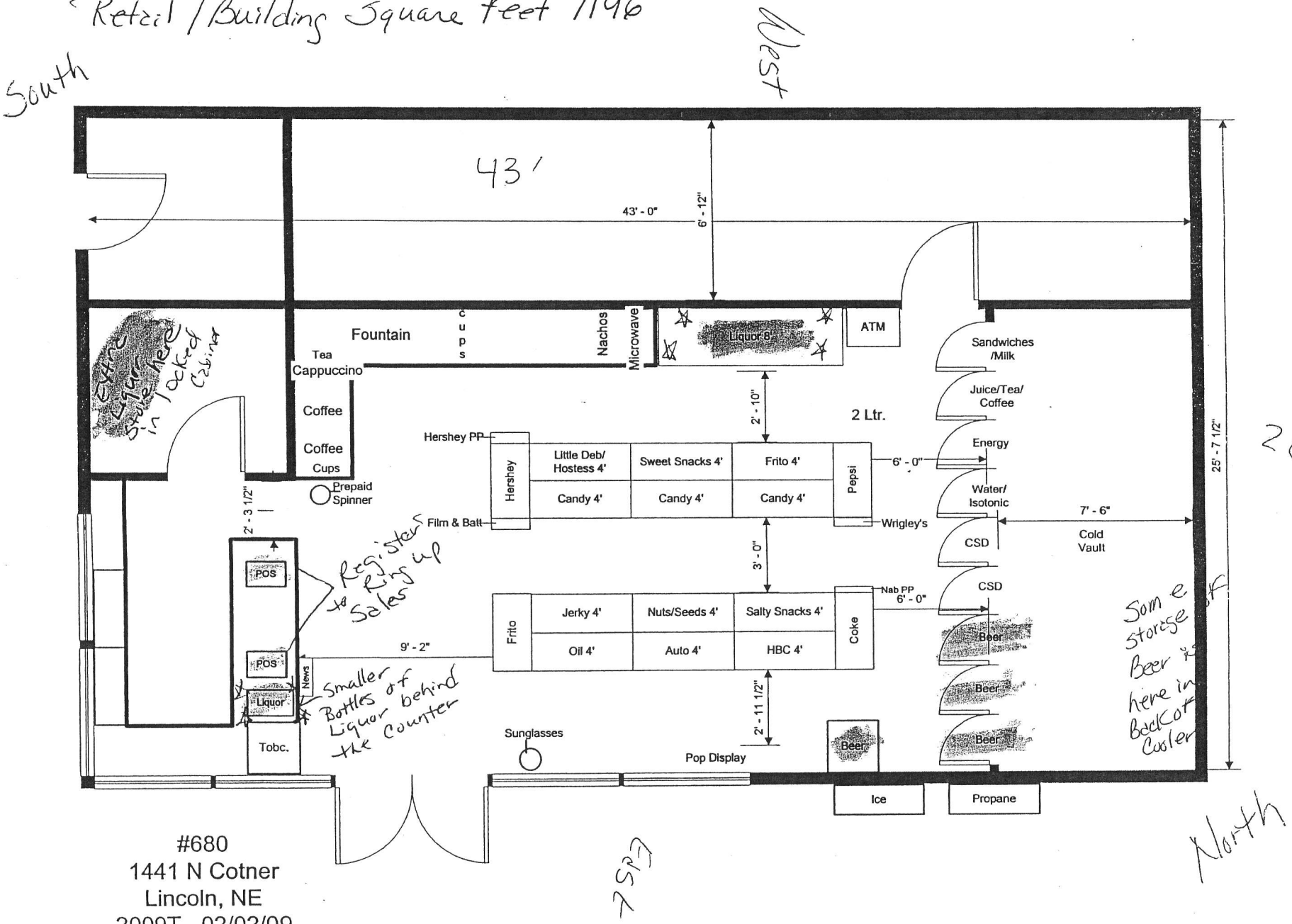
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length 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

Please see Exhibit "A"

One Story Building
Retail / Building Square Feet 1196

Exhibit "A"



#680
1441 N Cotner
Lincoln, NE
2009T - 02/02/09

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.

_____

_____

_____

_____

_____

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_____

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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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.

Pinnacle Bank - Depository only. All Beer and Liquor invoices will be paid with a money order at the time of delivery.

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.

Please see Exhibit "D"

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:
Cristina Bonnet	06/2008	Hospitality Class at 27 & Holdrege at Sub-Station

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 10/31/2042 - This lease is with Dillon Companies, Inc. (a Division of the Kroger Company)
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? Already open, Just applying for Liquor License
15. What will be the main nature of business? Convenience store with gasoline
16. What are the anticipated hours of operation? 24 Hours a day / 7 days a week

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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Please see Exhibit "R"					

Exhibit R

Residence for last 10 years

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CONTROL COMMISSION

Jeffrey Allen Parker, President

Hutchinson, KS	2002 - Present
Pueblo, CO	1999 - 2002
San Angelo, TX	1970 - 1999

Kathleen Anne Parker, Spouse of President

Hutchinson, KS	2002 - Present
Pueblo, CO	1973 - 2002

Brian Mark Fisher

Hutchinson, KS	2008 - Present
Jacksonville, FL	1999-2008
Orlando, FL	1998-1999

Beth Ann Fisher, Spouse of Vice President

Hutchinson, KS	2008-Present
Jacksonville, FL	1999-2008
Orlando, FL	1998-1999

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 Jeffrey A. Parker, President	**Signature of Spouse** Kathleen A. Parker
Signature of Applicant Brian M. Fisher, Vice President	**Signature of Spouse** Beth A. Fisher
Signature of Applicant	**Signature of Spouse**
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 June 19, 2009 by

Jeffrey A. Parker + Brian A. Fisher

Notary Public signature

Affix Seal Here

STATE OF NEBRASKA GENERAL NOTARY

ROSALIND R. SELLS
MY COMMISSION EXPIRES
May 11, 2011

County of Douglas

The foregoing instrument was acknowledged before me this June 19, 2009 by

Kathleen A. Parker + Beth A. Fisher

Notary Public signature

Affix Seal Here

STATE OF NEBRASKA GENERAL NOTARY

ROSALIND R. SELLS
MY COMMISSION EXPIRES
May 11, 2011

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: www.lcc.ne.gov

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: CT Corporation

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

Kwik Shop, Inc. DBA: Kwik Shop #680

Corporation Address: 734 East 4th Avenue

City: Hutchinson State: Kansas Zip Code: 67504

Corporation Phone Number: 620-669-8504 Fax Number 620-694-1820

Total Number of Corporation Shares Issued: Kroger Inc. 100% Stock holders / 1000 authorized shares

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

Last Name: Parker First Name: Jeffrey MI: A.

Home Address: 3107 Princeton Drive City: Hutchinson

State: Kansas Zip Code: 67502 Home Phone Number: 620-728-2225

Signature of president

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

June 19, 2009 by Jeffrey A. Parker
date name of person acknowledged

Notary Public signature

Affix Seal Here

STATE OF NEBRASKA GENERAL NOTARY
ROSALIND R. SELLS
MY COMMISSION EXPIRES
May 1, 2011

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

Last Name: Parker First Name: Jeffrey MI: A.

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Fisher First Name: Brian MI: M.

Social Security Number: _____ Date of Birth: _____

Title: Vice President Number of Shares 0

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

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: _____

Is the applying Corporation controlled by another Corporation?

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CONTROL COMMISSION

☐ 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: Nearest Friday to 1/31 Ending Date: Nearest Thursday to 1/31

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.

Print Form

MANAGER APPLICATION INSERT - FORM 3c

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

Office Use

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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: Kwik Shop, Inc.

Premise information

Premise License Number: B36558
(if new application leave blank)

Premise Trade Name/DBA: Kwik Shop #680

Premise Street Address: 1441 North Cotner Blvd.

City: Lincoln Zip Code: 68505

Premise Phone Number: 402-466-8010

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.

STATE OF NEBRASKA GENERAL NOTARY
ROSALIND R. SELLS
MY COMMISSION EXPIRES
May 13, 2011

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Bonnet First Name: Cristina MI: Mae

Home Address (include PO Box if applicable): 1800 S. 48th Street

City: Lincoln State: Nebraska Zip Code: 68506

Home Phone Number: 402-990-3751 Business Phone Number: 402-486-3120

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Ainsworth, NE

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

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Harris First Name: David MI: Jam

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Tampa, Florida

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2001	Now	Lincoln, NE	1997	Present
Chappell, NE	1998	2001	Pawnee City, NE	1994	1996
Sydney, NE	1997	1998			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	Now	Kwik Shop, Inc.	Jimmy Lewis	402-391-1808
1996	2000	Snoking Cafe - Chappel, NE	Now Closed	

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

RECEIVED
JUN 29 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.

Yes, Cristina Bonnet - November 2006 in Sidney, Nebraska - Charge was wreckless driving, Speeding ticket 05/07/2009 in Lincoln, NE
Yes, Possession of marijuana 2006 o r 2007 - Possession of Drug Paraphernalia 2004 or 2005 (both in Lincoln, Nebraska)

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES,** list the name of the premise.

☒ YES ☐ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for $38.00 per person**)

☒ YES ☐ NO

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:
03/01/2009	Responsible Beverage Service On line Class
03/29/04	5 years of convenience store experience / training with We card and State Patrol 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
Cristina M. Bonnet

Signature of Spouse
David J. Harris

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this June 08, 2009 by

Notary Public signature

Affix Seal Here

GENERAL NOTARY STATE OF NEBRASKA
ROSALIND R. SELLS
MY COMMISSION EXPIRES
May 11, 2011

County of _____

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

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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

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

Office Use

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.

David J Harris

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

David James Harris

Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

June 08, 2009 by David J. Harris

date name of person acknowledged

Rosalind R. Sells

Notary Public signature

Affix Seal

STATE OF NEBRASKA GENERAL NOTARY
ROSALIND R. SELLS
MY COMMISSION EXPIRES
May 11, 2011

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)

Cristina Mae Bonnet

Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

June 08, 2009 by Cristina M. Bonnet

date name of person acknowledged

Rosalind R. Sells

Notary Public signature

Affix Seal

STATE OF NEBRASKA GENERAL NOTARY
ROSALIND R. SELLS
MY COMMISSION EXPIRES

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.

RECEIVED
JUN 29 2009
NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
12/06/2006
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA – DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH 126- 78 12490

CHILD – NAME (FIRST MIDDLE LAST) 1. Cristina Mae Bonnett	SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3.	HOUR 3b. 4:35pm
HOSPITAL – NAME (If not in hospital, give street and number) 4a. Brown County Hospital	INSIDE CITY LIMITS (Specify Yes or No) 4b. yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Ainsworth	COUNTY OF BIRTH 4d. Brown
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) H. J. Panzer	DATE SIGNED (Month, Day, Year) 5b. 7/3/78	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c. M.D.	
CERTIFIER – NAME AND TITLE (Type or print) 6a. H.J. Panzer M.D.	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. Ainsworth, Nebraska 69210		
REGISTRAR – SIGNATURE 7a. Marilyn A. Calvert	DATE RECEIVED BY REGISTRAR (MONTH DAY YEAR) 7b. July 10, 1978		
MOTHER – MAIDEN NAME (FIRST MIDDLE LAST) 8a. Debora Kay Bonnett	AGE (At time of this birth) 8b. 17	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Winner, South Dakota	
RESIDENCE – STATE 9a. Nebr.	COUNTY 9b. Brown	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Ainsworth	INSIDE CITY LIMITS (Specify Yes or No) 9d. no	STREET AND NUMBER 9e. Box 82
MOTHER'S MAILING ADDRESS – Enter if not same as residence 10.			
FATHER – NAME (FIRST MIDDLE LAST) 11a.	AGE (At time of this birth) 11b.	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c.	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) 12a. Debora Bonnett	RELATION TO CHILD 12b. mother		

FAMILY HISTORY

Father's full name _____

Birthplace _____ *Date* _____

Mother's maiden name Debora Kay Bonnet

Birthplace Winner, South Dakota *Date* _____

Residence at time child was born Box 82 Ainsworth, Nebr.

Sex of child female *Weight at birth* 8 *pounds* 3 *ounces.* *Length* 21 *inches*

Baby's left footprint

Baby's right footprint

Mother's left thumbprint

Mother's right thumbprint

This Document should be carefully preserved. It is your family's heirloom record of the facts pertaining to your child's birth. The law requires that the original certificate (not this document) be filed with the Vital Statistics Office at, Lincoln, Nebraska *from which an official copy may be obtained.*

DS DEVELOPMENT SERVICES INCORPORATED

www.dmv.state.ne.us

NEBRASKA

Class O

OPERATORS LICENSE

Sex F Ht 601 Wt 160 Issued 04-15-2008

Eyes BRO Hair BRO Expires -2012

CRISTINA M BONNET
2601 S 58TH ST APT 24
LINCOLN NE 68506

DONOR

DMV

Fee $11.25

STATE OF NEBRASKA

RECEIVED
JUN 29 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

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

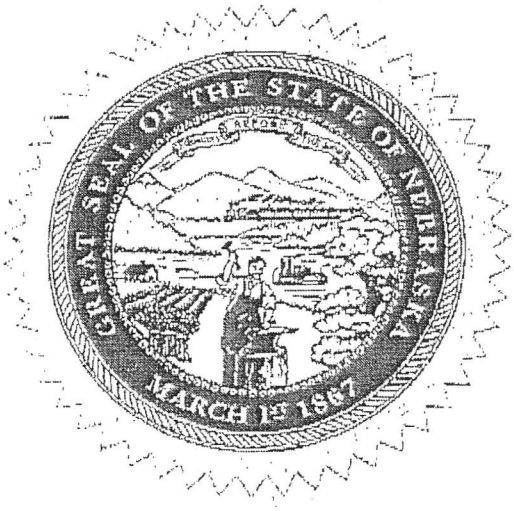
the attached is a true and correct copy of the Certificate of Authority to transact business in the State of Nebraska and all amendments thereto of

KWIK SHOP, INC.

a Kansas corporation with registered office located in LINCOLN, Nebraska.

I further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; a certificate of withdrawal has not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on October 16, in the year of our Lord, two thousand three.

John A. Gale

SECRETARY OF STATE