



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

March 4, 2010

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 Comfort Suites, 331 North Cotner requesting a class C liquor license.

John Klimpel, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mr. Klimpel has previously been approved by Council as the manager of a liquor license.

The required training will be completed on April 8th 2010.

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



PREMISE INFORMATION

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Trade Name (doing business as) Comfort Suites

Street Address #1 331 N. Cotner Blvd.

DEC 17 2009

Street Address #2 _____

**NEBRASKA LIQUOR
CONTROL COMMISSION**

City Lincoln County Lancaster

Zip Code 68505

Premise Telephone number (402) 325-8800

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

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

Name John Klimpel

Street Address #1 5930 S. 114th Street

Street Address #2 _____

City Lincoln State NE

Zip Code 68526

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

See attached

800 Lincoln Square
121 So. 13th Street
P.O. Box 82028
Lincoln, NE 68501-2028

**HARDING
& SHULTZ**
P.C., L.L.O.

firm@hslegalfirm.com
www.hslegalfirm.com
402.434.3000
Fax 402.434.3030

KR

RECEIVED

February 25, 2010

FEB 25 2010

NEBRASKA LIQUOR 56759-2
CONTROL COMMISSION

Hand-Delivered

Nebraska Liquor Control Commission
ATTN: Licensing
301 Centennial Mall South
Lincoln, NE 68509

Re: **One Investment, LLC Liquor License Application**

Dear Sir or Madam:

This firm represents One Investment, LLC, which owns the Comfort Suites located at 331 N. Cotner Blvd in Lincoln, Nebraska. An Application for Liquor License is currently on file for this entity. After the Application was submitted, it was discovered that the premises to be licensed were within 150 feet of a school. Therefore, the purpose of this letter is to amend the Application to reduce the size of the licensed premises, thereby making it more than 150 feet of the school. The licensed premises will constitute one room on the first floor of the building, as outlined on the attached diagram.

If you have questions or need anything further, please feel free to contact me or my Paralegal, Trish Bell.

Sincerely,
HARDING & SHULTZ, P.C., L.L.O.



Tim O'Neill
toneill@hslegalfirm.com

TLO/tkb
Enclosure

800 Lincoln Square
121 So. 13th Street
P.O. Box 82028
Lincoln, NE 68501-2028

**HARDING
& SHULTZ**
P.C., L.L.O.

firm@hslegalfirm.com
www.hslegalfirm.com
402.434.3000
Fax 402.434.3030

March 1, 2010

56759-2

Via Fax

Nebraska Liquor Control Commission
ATTN: **Kristina**, Licensing
301 Centennial Mall South
Lincoln, NE 68509

Re: One Investment, LLC Liquor License Application

Dear Kristina:

Per our telephone conference on Friday, enclosed is a new sketch regarding the amendment to the licensed premises we submitted. If you have questions or need anything further, please feel free to contact me.

Sincerely,
HARDING & SHULTZ, P.C., L.L.O.



Trish Bell, Paralegal

/tkb

Enclosure

I:\56759\002\008.wpd

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

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

DEC 17 2009

**NEBRASKALIQUOR
CONTROL COMMISSION**

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 Cornhusker 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. Midas Hospitality, LLC -- see attached

Hotel Management Agreement

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

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QUESTION 1: Law Violations

David G. Robert

- Speeding – Chase County, Kansas – November 2008
- Speeding – Thayer County, Nebraska – May 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Deborah A. Robert

- None

John T. Norville

- Speeding – Maryland Heights, Missouri – October 2008
- Speeding – Illinois – June 2007
- Speeding – St. Charles County, Missouri – 2005

Maria S. Norville

- Failure to Stop at Stop Sign – St. Louis, County, Missouri – 2008

Daniel Marak

- Mr. Marak has had various speeding violations, but cannot remember details of them

Monica M. Marak

- None

John E. Klimpel

- Mr. Klimpel has had speeding violations in Nebraska and Iowa, but cannot remember more details of them
- Mr. Klimpel had an assault charge in 1995 that was expunged

Tamarie A. Klimpel

- Ms. Klimpel has had speeding violations in Lincoln, Nebraska, but cannot remember further details of them

Michael J. Marsh

- Mr. Marsh has had a couple of speeding violations, but cannot remember details of them

Kimberly L. Marsh

- None

Andrew W. Weigel

- Speeding – Maricopa County, Arizona – February 2009

Sandra L. Weigel

- Speeding – Murrieta, California – 2007

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. § 39-177)

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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.

Cornhusker Bank -- Mike Marsh, John Klimpel and J.T. Norville

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.

John Klimpel, Ramada Plaza Hotel, 141 N. 9th St., Lincoln, NE; unknown license #; hotel sold in 1998

OK 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: |
|--------------|-------|--------|
| See attached | | |
| | | |
| | | |

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? Hotel opened 9-1-09

15. What will be the main nature of business? Hotel

16. What are the anticipated hours of operation? Hotel-24hrs/day; 7days/wk; Service of Alcohol-Mon-Th 5pm-8pm&special occ

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 |
| See attached | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

QUESTION 11: Past and Present Liquor Licenses

John E. Klimpel:

- Ramada Plaza Hotel, 141 N. 9th Street, Lincoln, NE
Unknown license number
Hotel sold in 1998

Michael J. Marsh:

- Was affiliated with license for Gateway Bowl Corp., Lincoln, NE
No longer active

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QUESTION 12:

**NEBRASKA LIQUOR
CONTROL COMMISSION**

| Name: | Date: | Where: |
|-----------------|--------------|--|
| John E. Klimpel | 1972-1986 | Viking Holiday Inn – St. Louis, MO Food & Beverage Director |
| John E. Klimpel | 1986-1987 | Noahs Ark Hotel & Restaurant – St. Louis, MO Food & Beverage Director |
| John E. Klimpel | 1987-1988 | University Club – Lincoln, NE General Manager |
| John E. Klimpel | 1988-1993 | Best Western Villager – Lincoln, NE Food & Beverage Director |
| John E. Klimpel | 1993-1998 | Ramada Plaza Hotel – Lincoln, NE General Manager |
| John E. Klimpel | 1998-Present | Hotel owner/developer |

QUESTION 17: Residences for Past 10 Years

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David G. Robert and Deborah A. Robert

- St. Louis, MO – 1999-2009

**NEBRASKA LIQUOR
CONTROL COMMISSION**

John T. Norville and Maria S. Norville

- St. Louis, MO – 1999-2008
- St. Charles, MO – 2008-2009

Daniel Marak and Monica M. Marak

- Shawnee, KS – 1999-2009

John E. Klimpel and Tamarie A. Klimpel

- Lincoln, NE – 1999-2009

Michael J. Marsh and Kimberly L. Marsh

- Lincoln, NE – 1999-2009

Andrew W. Weigel and Sandra L. Weigel

- Palm Desert, CA – 1996-2003
- Murrieta, CA – 2003-2009

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.

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David G. Robert

Signature of Applicant

David G. Robert, Member

Deborah A. Robert

Signature of Spouse

Deborah A. Robert

Signature of Applicant

John T. Norville, Member

Signature of Spouse

Maria S. Norville

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Signature of Applicant

Daniel Marak, Member

Signature of Spouse

Monica M. Marak

DEC 17 2009

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Applicant

John E. Klimpel, Member
Tailwind, LLC

Signature of Spouse

Tamarie A. Klimpel

By:

Signature of Applicant

Michael J. Marsh, Manager

Signature of Spouse

State of ~~Nebraska~~ Missouri

County of St. Louis

County of St. Louis

The foregoing instrument was acknowledged before me this 11/3/09 by

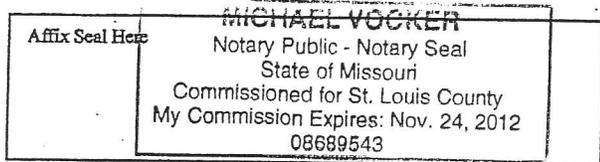
The foregoing instrument was acknowledged before me this 11/3/09 by

Michael Vocker

Notary Public signature

Michael Vocker

Notary Public signature



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Signature of Applicant
David G. Robert, Member

[Handwritten Signature]

Signature of Applicant
John T. Norville, Member

Signature of Spouse
Deborah A. Robert

[Handwritten Signature]

Signature of Spouse
Maria S. Norville

RECEIVED

DEC 17 2009

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Applicant
Daniel Marak, Member

Signature of Spouse
Monica M. Marak

Signature of Applicant
John E. Klimpel, Member
Tailwind, LLC

Signature of Spouse
Tamarie A. Klimpel

By:
Signature of Applicant
Michael J. Marsh, Manager

Signature of Spouse

State of ~~Nebraska~~ MISSOURI
County of ST. CHARLES

County of ST. CHARLES

The foregoing instrument was acknowledged before me this NOV. 2, 2009 by

The foregoing instrument was acknowledged before me this NOV. 2, 2009 by

[Handwritten Signature]
Notary Public signature

[Handwritten Signature]
Notary Public signature

Affix Seal Here
Juanita M. Koen
Notary Public - Notary Seal
STATE OF MISSOURI
St. Charles County
My Commission Expires: July 6, 2013
Commission # 09832821

Affix Seal Here
Juanita M. Koen
Notary Public - Notary Seal
STATE OF MISSOURI
St. Charles County
My Commission Expires: July 6, 2013
Commission # 09832821

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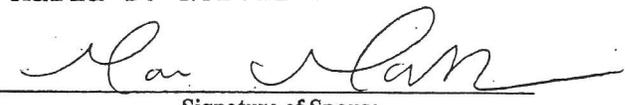
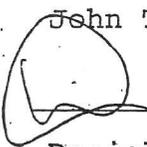
Signature of Applicant
David G. Robert, Member

Signature of Spouse
Deborah A. Robert

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Applicant
John T. Norville, Member

Signature of Spouse
Maria S. Norville



Signature of Applicant
Daniel Marak, Member

Signature of Spouse
Monica M. Marak

Signature of Applicant
John E. Klimpel, Member
Tailwind, LLC

Signature of Spouse
Tamarie A. Klimpel

By:
Signature of Applicant
Michael J. Marsh, Manager

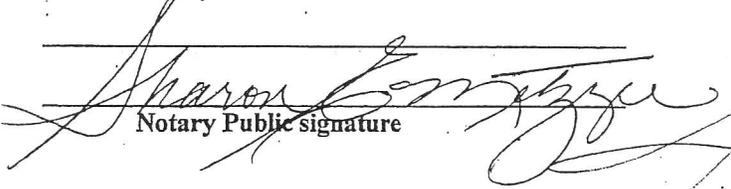
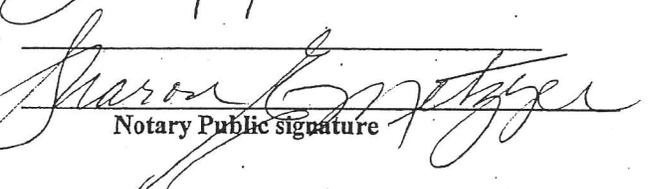
Signature of Spouse

State of ~~Nebraska~~ Kansas
County of Johnson

State of Kansas
County of Johnson

The foregoing instrument was acknowledged before me this 11/25/09 by

The foregoing instrument was acknowledged before me this 12/11/09 by


Notary Public signature
Notary Public signature

Affix Seal Here
SHARON E. METZGER
Notary Public - State of Kansas
My Appt. Expires 7/18/2013

Affix Seal Here
SHARON E. METZGER
Notary Public - State of Kansas
My Appt. Expires 7/18/2013

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NEBRASKA LIQUOR CONTROL COMMISSION

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Signature of Spouse
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Signature of Spouse
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Signature of Spouse
Tamarie A. Klimpel

By: _____
Signature of Applicant
Michael J. Marsh, Manager

Signature of Spouse

State of Nebraska
County of Lancaster

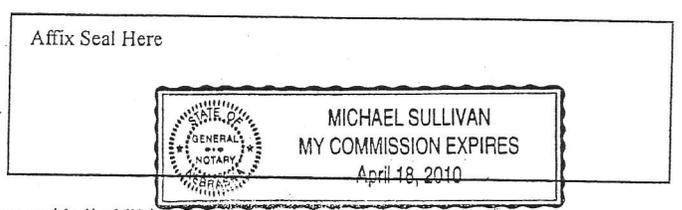
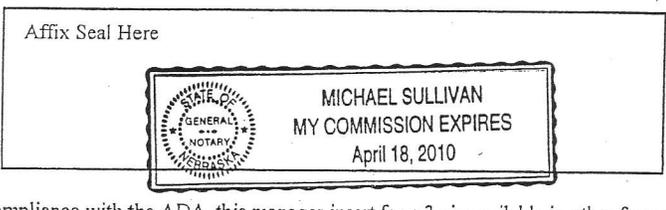
County of Lancaster

The foregoing instrument was acknowledged before me this Nov. 16, 2009 by

The foregoing instrument was acknowledged before me this Nov. 16, 2009 by

Notary Public signature
Michael Sullivan

Notary Public signature
Michael Sullivan



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Signature of Spouse
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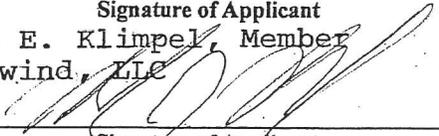
NEBRASKA LIQUOR CONTROL COMMISSION

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Monica M. Marak

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Tailwind, LLC

Signature of Spouse
Tamarie A. Klimpel

By: 
Signature of Applicant
Michael J. Marsh, Manager

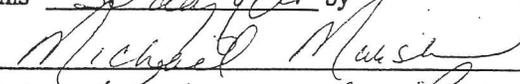
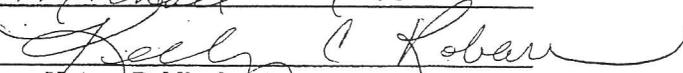
Signature of Spouse

State of Nebraska
County of Lancaster

County of _____

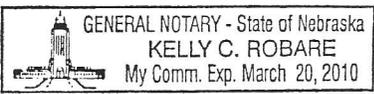
The foregoing instrument was acknowledged before me this 30 day of Dec by

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
KELLY C. ROBARE
My Comm. Exp. March 20, 2010

Affix Seal Here

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.

FILED JAN 29 1964 THE DIVISION OF HEALTH OF MISSOURI 124 62-00
 STANDARD CERTIFICATE OF LIVE BIRTH BIRTH NUMBER
 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 95

RECEIVE

DEC 17 2009

NEBRASKA LIQUOR CONTROL COMMISSION

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Missouri b. COUNTY Scott | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside limits Cape Girardeau Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kelso 1000 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | d. STREET ADDRESS (If outside, give location) Realize on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. CHILD'S NAME (Type or Print) a. (First) DAVID b. (Middle) GERRARD c. (Last) ROBERT | | | |
| 4. SEX Male | | 5. DATE OF BIRTH (Month) (Day) (Year) | |
| 6. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | | 7. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | |
| FATHER OF CHILD | | | |
| 7. FULL NAME a. (First) Theob b. (Middle) Clarence c. (Last) Robert | | 8. COLOR OR RACE White | |
| 9. AGE (At time of this birth) 27 YEARS | | 10. BIRTHPLACE (State or foreign country) Missouri | |
| 11. USUAL OCCUPATION Operator | | 12. KIND OF BUSINESS OR INDUSTRY Kelso Milling Company | |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME a. (First) Germaine b. (Middle) Nora c. (Last) Dierberger | | 13. COLOR OR RACE White | |
| 14. AGE (At time of this birth) 21 YEARS | | 15. BIRTHPLACE (State or foreign country) Missouri | |
| 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) | | | |
| a. How many Other children are now living? 0 | | b. How many Other children were born alive but are now dead? 0 | |
| c. How many fetal deaths (miscarries) born dead or ANY time after conception? 1 | | | |
| 17. ATTENDANT I hereby certify that this child was born alive on the date stated above 10:28 P.M. | | 18. SIGNATURE OF ATTENDANT Hugh O. Ashley, J.D. | |
| 19. ADDRESS Cape Girardeau, Missouri | | 16. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY) | |
| 18a. DATE SIGNED 1-20-62 | | 19. DATE RECD BY LOCAL REG. 1-23-62 | |
| 20. REGISTRAR'S SIGNATURE Gene Hester | | 21. MOTHER'S PERMANENT POST OFFICE ADDRESS, INCLUDE ZONE Box 7, Kelso, Missouri | |

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

(Do not accept if rephotographed, or if seal impression cannot be felt.)

STATE OF MISSOURI
 CITY OF JEFFERSON

I HEREBY CERTIFY that the above is an exact photostatic reproduction of the certificate for the person named therein as it now appears in the permanent records of the Department of Public Health and Welfare of Missouri. Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of said Department this date of

Huntardhereka m.d.

State Registrar of Vital Statistics

MAY 22 1964

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

RECEIVED

DEC 17 2009

NEBRASKA LIQUOR CONTROL COMMISSION

| | | | | | |
|--|---|--|--|---|--|
| MATCHING IDC REGISTRATION DISTRICT NO. 11.0 | | STATE OF ILLINOIS | | CHILD'S BIRTH NUMBER 112-76 | |
| REGISTERED NUMBER 76-65 | | CERTIFICATE OF LIVE BIRTH | | | |
| CHILD—NAME FIRST MIDDLE LAST John Thomas Norville | | DATE OF BIRTH (MONTH, DAY, YEAR) 4-22-76 | | HOUR 11:06 P. M. | |
| SEX 3. Male | THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single | IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b. 1 | | PLACE OF BIRTH COUNTY 5a. Christian | |
| CITY, TOWN, TWP. OR ROAD, DISTRICT NO. 5b. Taylorville | | INSIDE CITY (YES/NO) 5c. Yes | HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. St. Vincent Memorial Hospital | | |
| MOTHER—MAIDEN NAME FIRST MIDDLE LAST 6a. Mary Louise Mason | | AGE, LAST TIME OF THIS BIRTH 6b. 24 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) 6c. Illinois | | |
| RESIDENCE STATE COUNTY 7a. Illinois Christian | | CITY, TOWN, TWP. OR ROAD, DISTRICT NO. 7c. Stonington | INSIDE CITY (YES/NO) 7d. No | STREET AND NUMBER (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 7e. R.R.#1 | |
| MOTHER'S COMPLETE MAILING ADDRESS 7f. R.R.#1 Stonington Illinois 62567 | | | | | |
| FATHER—NAME FIRST MIDDLE LAST 8a. John James Norville | | AGE, LAST TIME OF THIS BIRTH 8b. 28 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8c. Illinois | | |
| INFORMANT'S SIGNATURE 9a. Mary Louise Norville | | RELATION TO CHILD 9b. Mother | | | |
| CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE Dr. M.W. Hosler | | DATE SIGNED (MONTH, DAY, YEAR) 10b. 4-22-76 | ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 10c. M.D. | | |
| SIGNATURE 10a. [Signature] | | ILLINOIS LICENSE NUMBER 10d. 36-49889 | | | |
| CERTIFIER'S COMPLETE MAILING ADDRESS 10e. 600 North Main Taylorville Illinois 62568 | | | | | |
| LOCAL REGISTRAR'S SIGNATURE 11a. Charles Hall | | DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 11b. April 22, 1976 | | | |

VR 100 (1971r)

Illinois Department of Public Health - Office of Vital Records

BASED ON 1968 U. S. STANDARD CERTIFICATE

826851

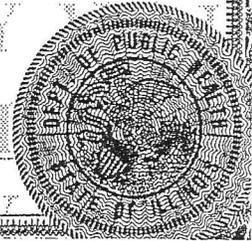
This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

JUN 26 2009

Damon T. Arnold, M.D., M.P.H.

DAMON T. ARNOLD, M.D., M.P.H.
STATE REGISTRAR



5975

CERTIFICATE OF LIVE BIRTH

| | | | | | | | | | |
|--|--|--|---|--|--|---|--|------------------------------|--|
| CHILD - NAME Daniel | | MOTHER - FIRST MIDDLE LAST Marie Gaddis | | DATE OF BIRTH (MONTH, DAY, YEAR) | | BIRTH NUMBER | | HOURS DST 3:05 | |
| SEX Boy | | TYPE BIRTH - SINGLE, TWIN, TRIPLE, ETC. (SPECIFY) Single | | IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) | | COUNTY OF BIRTH Linn | | | |
| CITY, TOWN, OR LOCATION OF BIRTH Cedar Rapids | | | INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes | | HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) St. Lukes Methodist Hospital | | | | |
| MOTHER - MAIDEN NAME Donna | | MOTHER - FIRST MIDDLE LAST Marie Gaddis | | AGE (AT TIME OF THIS BIRTH) 21 | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Iowa | | | |
| RESIDENCE - STATE Iowa | | COUNTY Johnson | | CITY, TOWN, OR LOCATION Swisher | | INSIDE CITY LIMITS (SPECIFY YES OR NO) no | | STREET AND NUMBER Route 1 | |
| FATHER - NAME Larry | | FATHER - FIRST MIDDLE LAST Dean Marak | | AGE (AT TIME OF THIS BIRTH) 23 | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Iowa | | | |
| MOTHER - NAME Donna Marak | | | | | | RELATION TO CHILD Mother | | | |
| CERTIFY THAT THE ABOVE ALL OF CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE DATED ABOVE | | | | DATE SIGNED (MONTH, DAY, YEAR) September 7, 1969 | | ATTENDANT - M.D., D.O., MIDWIFE, OTHER (SPECIFY) M. D. | | | |
| SIGNATURE Dr. R. C. Rausch | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Cedar Rapids, Iowa | | | | | |
| REGISTRAR - SIGNATURE Harold G. Schaefer | | | | | | DATE RECEIVED BY LOCAL REGISTRAR October 9, 1969 | | | |

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NEBRASKA LIQUOR
CONTROL COMMISSION

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NEBRASKA LIQUOR CONTROL COMMISSION

CERTIFICATE OF BIRTH

STATE OF INDIANA

Certificate of Birth

This Certifies that according to the records of the State of Indiana

Name MICHAEL JOHN PRASCAK Sex M

Was born in GARY, Indiana, on _____

Child of MERLE ALLEN and PRISCILLA RUTH PRASCAK

Birthplace of father INDIANA Birthplace of mother MEXICO

Record was filed SEPTEMBER 14, 1965 Certificate Number _____


 Issuing Authority: INDIANA STATE DEPARTMENT OF HEALTH
 Issued By: SHJOHNSON
 Issued Date: AUGUST 5, 2009

State Form 36431, (R3/2-07)

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

IT IS UNLAWFUL TO REPRODUCE THIS RECORD

VOID IF ALTERED OR ERASED

FILED

JUL 31 1979

LEE A. BRADY
By  Clerk

1 DEBORAH E. FELDMAN
2 GARFIELD, TEPPER & ASHWORTH
3 A Professional Corporation
4 2029 Century Park East
5 Suite 500
6 Los Angeles, California 90067
7 (213) 277-1981

8 Attorneys for Petitioner

9 SUPERIOR COURT OF THE STATE OF CALIFORNIA
10 FOR THE COUNTY OF ORANGE

11 In the Matter of the Application of) No. A 100529
12 PRISCILLA MARSH,)
13)
14)
15)
16)
17)
18)
19)
20)
21)
22)
23)
24)
25)
26)
27)
28)
for Change of Name.)
DECREE CHANGING NAME

16 The application of Priscilla Marsh, for her son Michael
17 John Prascak, a minor for an Order of Court changing his name to
18 Michael John Marsh in place of his present name, came on regularly
19 to be heard in Department 3 of the above-entitled Court, this
20 31st day of July, 1979, and proof having been made to the satis-
21 faction of the Court that notice of hearing was given in the
22 manner and form required by law and order of this Court, and no
23 objections having been filed by any person, and evidence having
24 been produced on behalf of petitioner in support of said applica-
25 tion, and the Court being satisfied that there is no reasonable
26 objection to the petitioner assuming the name proposed; and
27 It appearing to the satisfaction of the Court that all
28 the allegations of said application are true and that the order

1 prayed for should be granted;

2 IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the
3 minor's name of Michael John Prascak be and the same is hereby
4 changed to Michael John Marsh.

5 The Clerk is ordered to enter this Judgment.

6
7 Dated: JUL 31 1979, 1979.

8 *Bruce M. Summer*
9 Judge of the Superior Court

10 THIS INSTRUMENT IS A CORRECT COPY OF
11 THE ORIGINAL ON FILE IN THIS OFFICE

12 ATTEST: (DATE) JAN 06 1999

13 ALAN SLATER, EXECUTIVE OFFICER AND CLERK
14 OF THE SUPERIOR COURT OF THE STATE OF
15 CALIFORNIA IN AND FOR THE COUNTY OF ORANGE

16 BY Teri Sandidge DEPUTY



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28

STATE OF NEBRASKA

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

DATE OF ISSUANCE

7/2/2009

LINCOLN, NEBRASKA

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

STATE OF NEBRASKA
 DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

PHS-796(VS)
 REV. 12-54
 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH a. COUNTY Lancaster | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Lancaster | |
| b. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln | | c. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln, Nebraska | |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bryan Memorial Hospital | | d. STREET ADDRESS 6040 Cullen Drive Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. CHILD'S NAME (Type or print) a. (First) Kimberly | | b. (Middle) Lee | c. (Last) Weigel |
| 4. SEX Female | 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5. DATE OF BIRTH (Month) (Day) (Year) |
| FATHER OF CHILD W-240 | | | |
| 7. FULL NAME a. (First) Robert | | b. (Middle) Alan | c. (Last) Weigel |
| 8. COLOR OR RACE White | | | |
| 9. AGE (At time of this birth) 25 Yrs. | 10. BIRTHPLACE (City, town, or county) (State or foreign country) Omaha, Nebraska | 11a. USUAL OCCUPATION Attorney | 11b. KIND OF BUSINESS OR INDUSTRY Healey & Healey Law Firm |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME a. (First) Joanne | | b. (Middle) Marie | c. (Last) Carlson |
| 13. COLOR OR RACE White | | | |
| 14. AGE (At time of this birth) 25 Yrs. | 15. BIRTHPLACE (City, town, or county) (State or foreign country) Omaha, Nebraska | 16. Children Previously Born to This Mother. (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0 | |
| 17. INFORMANT'S SIGNATURE OR NAME—Relationship Joanne M. Weigel - Mother | | | |
| 18a. SIGNATURE J. W. Ballew, M.D. | | 18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> (Specify) | |
| 18c. ADDRESS 1025 Sharp Building | | 19. MOTHER'S MAILING ADDRESS 6040 Cullen Drive Lincoln, Nebraska | |
| 20. DATE RECD BY BOH REG 27 1962 | | 21. REGISTRAR'S SIGNATURE | |

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DEC 17 2009

NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

65

| | | | |
|---|---|---|---|
| 1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u> | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u> | |
| b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> | | c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> | |
| c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION <u>Bryan Memorial Hospital</u> | | d. STREET ADDRESS <u>4700 South 84th</u> Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. CHILD'S NAME a. (First) <u>Andrew</u> b. (Middle) <u>Todd</u> c. (Last) <u>Weigel</u> | | | |
| 4. SEX <u>Male</u> | 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 6. DATE (Month) (Day) (Year) OF BIRTH |
| FATHER OF CHILD <u>W - 240</u> | | | |
| 7. FULL NAME a. (First) <u>Robert</u> b. (Middle) <u>Alan</u> c. (Last) <u>Weigel</u> | | 8. COLOR OR RACE <u>White</u> | |
| 9. AGE (At time of this birth) <u>28</u> Yrs. | 10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Omaha, Nebraska</u> | 11a. USUAL OCCUPATION <u>Attorney</u> | 11b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME a. (First) <u>Joanne</u> b. (Middle) <u>Marie</u> c. (Last) <u>Carlson</u> | | 13. COLOR OR RACE <u>White</u> | |
| 14. AGE (At time of this birth) <u>28</u> Yrs. | 15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Omaha, Nebraska</u> | 16. Children Previously Born to This Mother (Do NOT include this child) | |
| 17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Joanne Marie Weigel - mother</u> | | a. How many OTHER children are now liv- ing? <u>1</u> | b. How many OTHER chil- dren were born alive but are now dead? <u>0</u> |
| 18a. SIGNATURE <u>J. F. Ballew, M.D.</u> <i>J. F. Ballew, M.D.</i> | | 18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) | |
| 18c. ADDRESS <u>1701 K Street</u> | | 19. MOTHER'S MAILING ADDRESS <u>4700 South 84th Lincoln, Nebraska</u> | |
| 20. DATE REC'D BY LOCAL REG. <u>DEC 17 1972</u> | 21. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | |

THIS CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL
CERTIFICATE ON FILE WITH THE STATE DEPARTMENT OF HEALTH,
BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY
FOR VITAL RECORDS.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Jessie Stein
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA

Issued December 18, 1972

CERTIFICATE OF LIVE BIRTH

7097

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH LOCAL REGISTRATION CENTER

| | | | | | | |
|---------------------------|---|--|--|--|---|--|
| THIS CHILD | 1a NAME OF CHILD—FIRST NAME Sandra | | 1b MIDDLE NAME Lee | | 1c LAST NAME Mitchell | |
| | 2 SEX Female | 3a THIS BIRTH SINGLE BIRTH OR TRIPLET? Single | 3b IF TRINITY OR TRIPLET THIS CHILD BORN 1ST 2ND 3RD? --- | | 4a HOUR 12:06 P. | |
| PLACE OF BIRTH | 5a PLACE OF BIRTH—NAME OF HOSPITAL Queen of the Valley Hospital | | | 5b STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1115 S. Sunset Avenue | | 5c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) (Yes) |
| | 5d CITY OR TOWN West Covina | | | 5e COUNTY Los Angeles | | |
| MOTHER OF CHILD | 6a MAIDEN NAME OF MOTHER—FIRST NAME Deloris | | 6b MIDDLE NAME Marie | | 6c LAST NAME (MAIDEN SURNAME) McNulty | |
| | 7 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska | | 8 AGE OF MOTHER (AT TIME OF THIS BIRTH) 32 | | 9 COLOR OR RACE OF MOTHER White | |
| | 10a RESIDENCE OF MOTHER—STREET ADDRESS 13834 Nubia Avenue | | | 10b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) (Yes) | | |
| | 10c RESIDENCE OF MOTHER—CITY OR TOWN Baldwin Park | | | 10d RESIDENCE OF MOTHER—COUNTY Los Angeles | | 10e RESIDENCE OF MOTHER—STATE California |
| FATHER OF CHILD | 11a NAME OF FATHER—FIRST NAME Edward | | 11b MIDDLE NAME Lee | | 11c LAST NAME Mitchell | |
| | 12 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia | | 13 AGE OF FATHER (AT TIME OF THIS BIRTH) 43 | | 14 COLOR OR RACE OF FATHER White | |
| | 15a PRESENT OR LAST OCCUPATION Foreman | | 15b KIND OF INDUSTRY OR BUSINESS Disposal Co. | | | |
| INFORMANT'S CERTIFICATION | 16a I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. | | | | 16b DATE REVIEWED AND SIGNED BY INFORMANT 04-21-70 | |
| ATTENDANT'S CERTIFICATION | 17a I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE. | | | | 17b DATE SIGNED BY PHYSICIAN (OTHER ATTENDANT) 4/20/70 | |
| LOCAL REGISTRAR | 17c ADDRESS 910 S. Sunset Avenue, West Covina, California | | | | 17d PHYSICIAN'S CALIFORNIA LICENSE NUMBER 5-3532 | |
| | 18 LOCAL REGISTRAR SIGNATURE <i>Subid...</i> | | | | 19 LOCAL REGISTRAR COUNTY California | |
| | | | | | 20 DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR MAY 15 1970 | |

FILED 5-29-70 MAY E. LEE, COUNTY RECORDER



Imprinted in paper
FREE
2.00 JUL 17 1970

E. Lee
COUNTY RECORDER AND
DEPUTY COUNTY HEALTH OFFICER
LOS ANGELES COUNTY, CALIFORNIA

RECEIVED

DEC 17 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Mike Marsh

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

One Investment, LLC

LLC Address: 5930 South 114th Street

City: Lincoln State: NE Zip Code: 68526

LLC Phone Number: (402) 325-8800 Fax Number (402) 325-8811

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

Last Name: Klimpel First Name: John MI: E.

Home Address: 5930 South 114th Street City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: 402/420-2543


Signature of Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

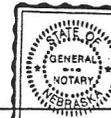
November 16, 2009
date

by John E. Klimpel

name of person acknowledged

Michael Sullivan
Notary Public signature

Affix Seal Here



MICHAEL SULLIVAN
MY COMMISSION EXPIRES
April 18, 2010

One Investment, LLC

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

Last Name: Robert First Name: David MI: G Signed

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Deborah Ann Robert Signed

Spouse Social Security Number _____ Date of Birth _____ Spousal

Last Name: Norville First Name: John MI: T Signed

Social Security Number _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Maria Suzanne Norville Signed

Spouse Social Security Number _____ Date of Birth: _____ Spousal

Last Name: Marak First Name: Daniel MI: M Signed

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Monica Marie Marak Signed

Spouse Social Security Number: _____ Date of Birth: _____ Spousal

Last Name: Klimpel First Name: John MI: E Signed

Social Security Number: _____ Date of Birth: _____ prints

Spouse Full Name (indicate N/A if single): Tamarie Ann Klimpel Signed

Spouse Social Security Number: _____ Date of Birth _____ Spousal

Last Name: Tailwind, LLC (See Attached) First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

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DEC 17 2009

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Org. Chart - Tailwind, LLC

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

Last Name: Weigel First Name: Andrew MI: T

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Marsh First Name: Michael MI: J *signed*

Social Security Number _____ Date of Birth: _____ *prints*

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

Spouse Social Security Number _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: DEC 17 2009 Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

ONE INVESTMENT, LLC

RECEIVED

DEC 17 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

70%

30%

Tailwind, LLC*

Other Individuals*

F.P. Sign-all
One Ind.

OK
mm

F.P.
One Ind.

all
Signed

OK
mm

* – No person individually owns 25% or more

Manager
F.P.
Signed

OK
mm

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

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

See attached

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

Starting Date: January 1

Ending Date: December 31

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**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
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Commission will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner. I will not 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.

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

Deborah Robert
Printed name of spouse asking for waiver

State of Missouri

County of St. Louis

11/3/09
date

Michael Vocker
Notary Public signature

The foregoing instrument was acknowledged before me this
Deborah Robert

Affix Seal
MICHAEL VOCKER
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: Nov. 24, 2012
08689543

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.

David Robert
Signature of individual involved with application
(Spouse of individual listed above)

David Robert
Printed name of applying individual

State of Missouri

County of St. Louis

11/3/09
date

Michael Vocker
Notary Public signature

The foregoing instrument was acknowledged before me this
David Robert

Affix Seal
MICHAEL VOCKER
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: Nov. 24, 2012
08689543

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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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Maria S. Norville

Maria S. Norville

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

Printed name of spouse asking for waiver

State of MISSOURI

County of ST. CHARLES

NOV. 2, 2009

date

Juanita M. Koen

Notary Public signature

The foregoing instrument was acknowledged before me this
Maria S. Norville

by

name of person acknowledged

Juanita M. Koen

Affix Seal

**Notary Public - Notary Seal
STATE OF MISSOURI
St. Charles County**

**My Commission Expires: July 6, 2013
Commission # 09832821**

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.

J.T. Norville

J.T. Norville

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

Printed name of applying individual

State of MISSOURI

County of ST. CHARLES

NOV. 2, 2009

date

Juanita M. Koen

Notary Public signature

The foregoing instrument was acknowledged before me this
J.T. Norville

by

name of person acknowledged

Juanita M. Koen

Affix Seal

**Notary Public - Notary Seal
STATE OF MISSOURI
St. Charles County**

**My Commission Expires: July 6, 2013
Commission # 09832821**

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SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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LINCOLN, NE 68509-5046
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NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will 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]
Signature of spouse asking for waiver
(Spouse of individual listed below)

Monica Marak
Printed name of spouse asking for waiver

State of Kansas

County of Johnson

The foregoing instrument was acknowledged before me this
Monica Marak

10/30/09
date

by _____
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
SHARON E. METZGER
Notary Public - State of Kansas
My Appt. Expires 7/18/2013

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]
Signature of individual involved with application
(Spouse of individual listed above)

Dan Marak
Printed name of applying individual

State of Kansas

County of Johnson

The foregoing instrument was acknowledged before me this
Dan Marak

10/30/09
date

by _____
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
SHARON E. METZGER
Notary Public - State of Kansas
My Appt. Expires 7/18/2013

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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
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

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

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC:

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: First Name: MI:

Home Address (include PO Box if applicable):

City: State: Zip Code:

Home Phone Number: Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

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 FROM TO | CITY & STATE | YEAR FROM TO |
| Lincoln, NE | 1999 Present | Lincoln, NE | 1999 Present |
| | | | |
| | | | |
| | | | |

| MANAGER'S LAST TWO EMPLOYERS | | | |
|------------------------------|----------------------|--------------------|------------------|
| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
| 2001 2006 | Master Hotel Systems | Julie Chen (owner) | (562) 396-6651 |
| 2006 2009 | Lincoln Hotel Group | Self | (402) 730-1022 |

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.

| |
|--------------|
| See attached |
| |
| |
| |
| |
| |

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 *See attached*

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NEBRASKA LIQUOR CONTROL COMMISSION

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License under the 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: |
|--------------|--------|
| See attached | |
| | |
| | |

MISSOURI

BIRTH CERTIFICATION

DATE FILED:

STATE FILE NUMBER:

CHILD'S NAME: JOHN EDWARD KLIMPEL

DATE OF BIRTH: COUNTY OF BIRTH: ST LOUIS

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MOTHER'S MAIDEN NAME: CELESTE KLIMPEL

DEC 17 2009

MOTHER'S AGE: 35 MOTHER'S STATE OF BIRTH:

ILLINOIS NEBRASKA LIQUOR CONTROL COMMISSION

FATHER'S NAME: HAROLD A KLIMPEL

FATHER'S AGE: 34 FATHER'S STATE OF BIRTH: MISSOURI

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: JEFFERSON

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

SEPTEMBER 5, 2007

DATE ISSUED:

Ivra J. Cross
Ivra J. Cross
State Registrar of Vital Statistics



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION

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Print Form

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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Tamarie A. Klimpel

Tamarie A. Klimpel

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

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this
Tamarie A. Klimpel

November 16, 2009 by _____
date

name of person acknowledged

Michael Sullivan
Notary Public signature

Affix Seal


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.

John E. Klimpel

John E. Klimpel

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

Printed name of applying individual

State of Nebraska

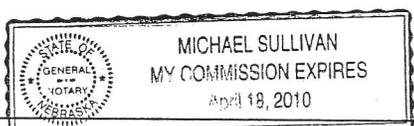
County of Lancaster

The foregoing instrument was acknowledged before me this
John E. Klimpel

November 16, 2009 by _____
date

name of person acknowledged

Michael Sullivan
Notary Public signature

Affix Seal


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ARTICLES OF ORGANIZATION
OF
ONE INVESTMENT, LLC

The undersigned, desiring to form a limited liability company under the Nebraska Limited Liability Company Act, hereby adopts the following Articles of Organization:

ARTICLE I.
NAME

The name of the limited liability company is One Investment, LLC (the "Company").

ARTICLE II.
DURATION

The period of duration of the Company shall be perpetual.

ARTICLE III.
PURPOSE

The purpose for which the Company is organized is to engage in any and all lawful business for which a limited liability company may be organized under the laws of the State of Nebraska.

ARTICLE IV.
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company is 2300 South 48th Street, Lincoln, Nebraska 68504.

ARTICLE V.
REGISTERED AGENT

The name and address of the Company's registered agent in Nebraska is Mike Marsh, 2300 South 48th Street, Lincoln, Nebraska 68504.

ARTICLE VI.
STATED CAPITAL

The total amount of cash contributed to stated capital is \$1,000.00. No property other than cash has been contributed to stated capital.

ARTICLE VII.
ADDITIONAL CAPITAL CONTRIBUTIONS

Additional contributions to the capital of the Company shall be made only at such times and in such amounts as the then-existing members of the Company shall determine by unanimous written consent.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

ARTICLE VIII.
ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the Company from time to time upon the unanimous written consent of the then-existing members.

ARTICLE IX.
MANAGEMENT

The management of the Company shall be vested in one or more managers. The initial managers of the Company are:

Mike Marsh
2300 South 48th Street
Lincoln, NE 68504

John Klimpel
5930 South 114th Street
Lincoln, NE 68526

ARTICLE X
COUNTERPARTS

This document may be executed in any number of counterparts, each of which shall be deemed a original and all counterparts, taken together, shall constitute one and the same instrument.

Dated: ~~May~~ ^{June} 16, 2008

Tailwind, LLC, Member
2300 South 48th Street
Lincoln, NE 68504

By: _____

Michael Marsh, Manager

Midas Holdings, LLC, Member
12390 Olive Blvd., #305
St. Louis, MO 63141

By: _____

Dan Marak, Manager

By: _____

John Klimpel, Manager

By: _____

David Robert, Manager

By: _____

JT Norville, Manager

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NEBRASKA LIQUOR
CONTROL COMMISSION