



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 22, 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 Kabredlo's, 606 West 'A' Street requesting a class D liquor license.

This location was previously known as Ampride which held a class B liquor license

Andrew Maxey has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager.

The required training was completed on April 8, 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

Trade Name (doing business as) Kabredlo's #1116

Street Address #1 600 West A Street

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68522

Premise Telephone number 402-477-5424

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

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

Name Kabredlo's Inc.

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APR 19 2010

Street Address #1 2601 West L Street Suite A

Street Address #2 _____

City Lincoln State Nebraska Zip Code 68522

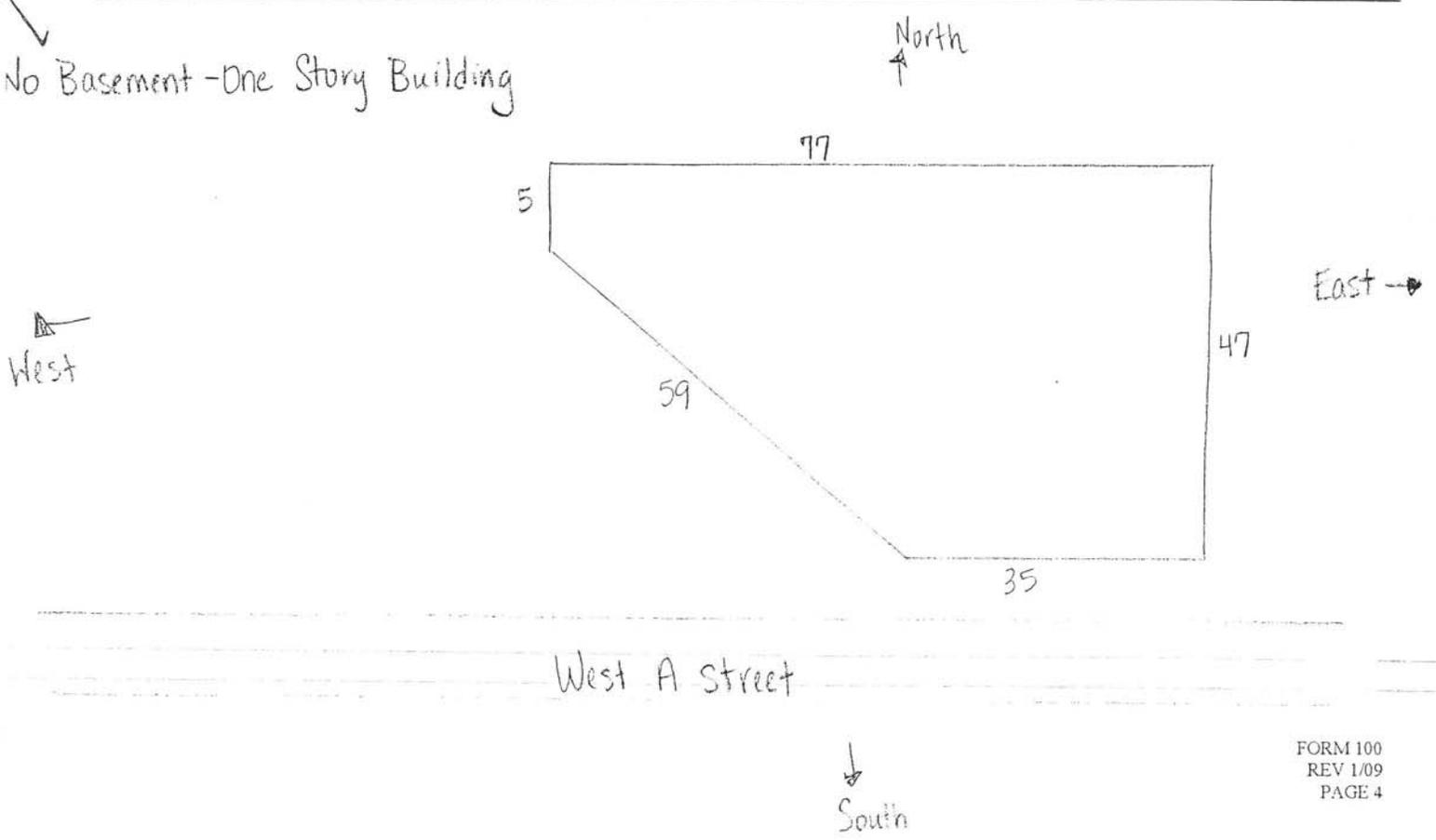
NEBRASKA LIQUOR CONTROL COMMISSION

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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

No Basement - One Story Building



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.

Mark Olderbak had a misdemeanor of 9-15-98 for unnumbered motorboat.

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

YES NO

If yes, give name of business and license number

3074

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)

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

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

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

38593, 41512, 47959, 47960, 47960, 49658, 38742, 42812, 38741, 42976, 42974, 54924, 58074

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)

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See Attached

APR 19 2010

Name:	Date:	Where:
Andrew Maxey		Kabredlo's Inc. NEBRASKA LIQUOR CONTROL COMMISSION

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 3-23-60
- Deed
- Purchase Agreement

14. When do you intend to open for business? as soon as built

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

16. What are the anticipated hours of operation? 9am to 11pm Monday through Friday; 7am to 11pm Saturday + Sunday

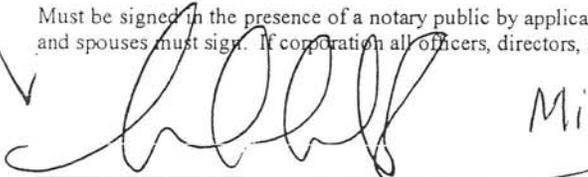
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Michael D. Olderbak Lincoln NE	1996	present			
Mark J Olderbak Lincoln, NE	1996	2000	Cheri Olderbak Sioux City, IA	1996	2000
Dmaha, NE	2000	present	Dmaha, NE	2000	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.

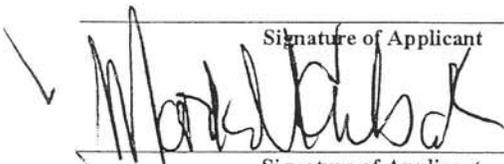
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓  Michael

Signature of Applicant

NIA

Signature of Spouse

✓  Mark

Signature of Applicant

✓  Cheryl

Signature of Spouse

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Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse **NEBRASKA LIQUOR CONTROL COMMISSION**

Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 4-6-2010 by

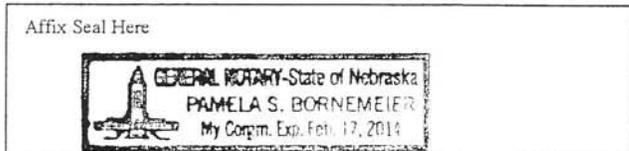
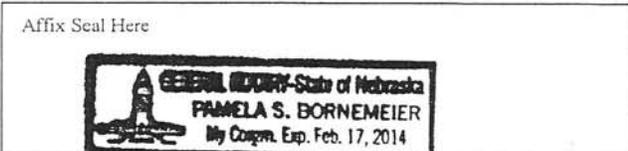
The foregoing instrument was acknowledged before me this 4-6-2010 by



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.

**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

*BC enclosed
Voter check*

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 their 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: Nebraska Retail Ventures LLC
~~Nebraska Retail Ventures dba Kabredlo's, Inc.~~

Premise information

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

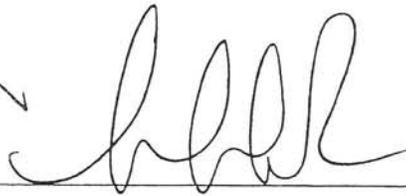
Premise Trade Name/DBA: Kabredlo's #1116

Premise Street Address: 600 West A Street

City: Lincoln State: Nebraska Zip Code: 68522

Premise Phone Number: 402-477-5424

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.


President, Michael D. Olderbak
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Maxey First Name: Andrew MI: J

Home Address (include PO Box if applicable): 1518 D Street

City: Lincoln State: Nebraska Zip Code: 68502

Home Phone Number: 402-416-5282 Business Phone Number: 402-742-9148

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Omaha, Nebraska

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
Omaha, Nebraska	5/83	6/09			
Lincoln, Nebraska	6/09	present			

MANAGER'S LAST TWO EMPLOYERS

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
1/03	8/04	B+R Stores (Super Saver)	Luke Rihanek	402-720-2000

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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

prints on file

5. List the training and/or experience (when and where)

Date:	Where:
See Attached Sheet #12	Kabredlo's Inc.

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

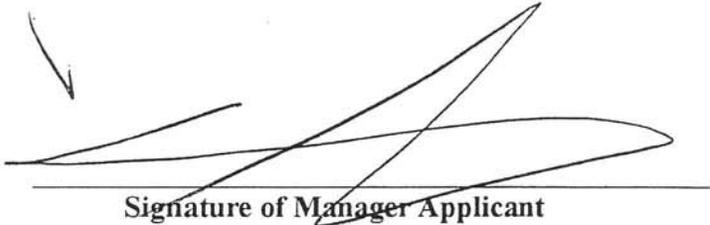
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**


Signature of Manager Applicant

N/A
Signature of Spouse

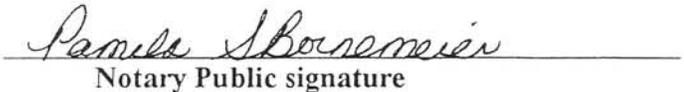
State of Nebraska

County of Sanicaster

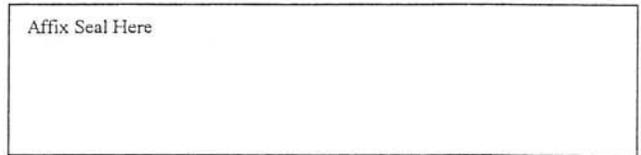
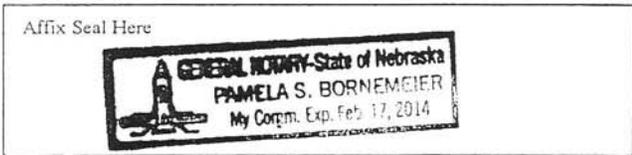
County of _____

The foregoing instrument was acknowledged before me this 4-6-2010 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.

Revised 9/2008

OK

OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT

Vital Statistics Section

CERTIFICATE OF LIVE BIRTH

126

NT IN
LINK
MON

CHILD - NAME FIRST MIDDLE LAST Andrew Jason Maxey			SEX Male	DATE OF BIRTH (Month, Day, Year) 8-14-83	HOUR 8:14a
HOSPITAL - NAME (If not in hospital, give street and number) 4a. Methodist Hospital		INSIDE CITY LIMITS (Specify Year No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Omaha		COUNTY OF BIRTH 4d. Douglas
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) /s/ Bernard Magid, M.D.			DATE SIGNED (Month, Day, Year) 5b. 5-27-83	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c. M.D.	
CERTIFIER - NAME AND TITLE (Type or print) 6a. Bernard Magid, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 8300 Dodge Street Omaha, Nebr. 68114		
REGISTRAR - SIGNATURE 7a. Daniel J. Stuthig, M.P.H.			DATE RECEIVED BY REGISTRAR 7b. JUN 6 1983		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST Donna Marie Johnson			AGE (At time of birth) 8a. 31	CITY AND STATE OF BIRTH (If not in U.S., Name Country) 8b. Bellevue, Nebraska	
RESIDENCE - STATE 9a. Nebraska	COUNTY 9b. Douglas	CITY, TOWN, OR LOCATION (Specify Year No) 9c. Omaha 68106	INSIDE CITY LIMITS (Specify Year No) 9d. Yes	STREET AND NUMBER 9e. 4686 Maxey	
MOTHER'S MAILING ADDRESS - Enter if not same as residence 10.					
FATHER - NAME FIRST MIDDLE LAST William Lee Maxey			AGE (At time of birth) 11a. 32	CITY AND STATE OF BIRTH (If not in U.S., Name Country) 11b. Omaha, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) 12a. (other Informant) Donna Maxey			RELATION TO CHILD 12b. Mother		

This certifies this document to be a true copy of an original record on file with the Omaha-Douglas County Health Department, Vital Statistics Section.

Date Issued

AUG 30 1983

Daniel J. Stuthig, M.P.H.

Registrar



Established 1991

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NEBRASKA LIQUOR
CONTROL COMMISSION

March 23, 2010

Nebraska Liquor Commission
301 Centennial Mall South
PO Box 95046
Lincoln, NE 68509-5046

I will be the overseeing manager of the 4135 S 48th St. store. I am currently the District Manager overseeing all store level operations of the Kabredlo's Inc Nebraska stores. I have been working in a management role for Kabredlo's since August 2004. Prior to working for Kabredlo's I worked for Baker's and Super Saver supermarkets in Omaha and Lincoln respectively. I have been successfully handling and selling alcoholic beverages for over eight years now. I take the responsibility of selling not just alcohol but all age restricted products seriously and am very meticulous in following state and company guidelines in doing so. For the past four years of being a member of this company's upper management team I have always trained employees to follow state guidelines as well as this company. We train our employees to card all customers who purchase age restricted products that appear to be thirty five years of age or younger. In addition we have the employees key the date of births into the register to avoid any potential discrepancies. Thank you for your time.

Andrew Maxey
Nebraska District Manager
Kabredlo's Inc.
2601 West L Street Suite A
Lincoln, NE 68522
402-742-9148
402-416-5282 Cell
andrewm@kabredlos.com

**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: Michael D. Olderbak

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

Nebraska Retail Ventures LLC

Corporation Address: 2601 West L Street

City: Lincoln State: NE Zip Code: 68522

Corporation Phone Number: 402-742-9148 Fax Number 402-477-0675

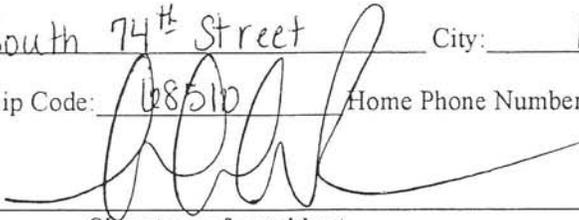
Total Number of Corporation Shares Issued: 400

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

Last Name: Olderbak First Name: Michael MI: D

Home Address: 2840 South 74th Street City: Lincoln

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



Signature of president

State of Nebraska
County of Lincoln

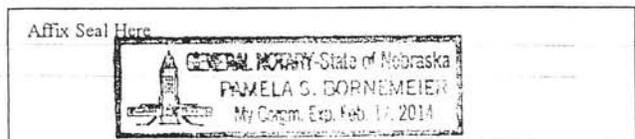
The foregoing instrument was acknowledged before me this

4-6-2010
date

by Mike Olderbak
name of person acknowledged

Pamela Dornemeier

Notary Public signature



BC Needed

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

Signed
voter reg
prints
ON file
9-22-08

Last Name: Olderbak First Name: Michael MI: D.

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 232

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

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

Last Name: Olderbak First Name: Mark MI: J

Social Security Number: _____ Date of Birth: _____

Title: Vice President / Secretary Number of Shares 168

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

Spouse Social Security Number _____ Date of Birth: _____

Signed
voter reg
prints
ON file
9-23-08
Signed
voter reg

Last Name: Olderbak First Name: Cheri MI: _____

Social Security Number: _____ Date of Birth: _____

Title: N/A Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

ON file
10-24-08

Spouse
not in corp.

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?

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: July Ending Date: June

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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NEBRASKA LIQUOR
CONTROL COMMISSION

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.

REC'D MAY 11 1966

Birth Number

133-66-1

NORTH DAKOTA
STATE DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

AGE OF BIRTH: State of North Dakota
 COUNTY: Grand Forks
 BIRTH PLACE: Grand Forks
 RESIDENCE: Grand Forks
 CITY OR VILLAGE: Grand Forks

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
 STATE: North Dakota
 COUNTY: Grand Forks
 CITY OR VILLAGE: Grand Forks

3. RESIDENCE OF CHILD
 Outside city limits and in Township:
 Inside city limits and in the city or village named in 2d.
 CITY OR VILLAGE: Grand Forks

4. CITY OR VILLAGE: Grand Forks

5. STREET ADDRESS: 612 Campbell Dr.

6. DATE OF BIRTH: 9:58 P.M.
 (Month) (Day) (Hour)

7. FATHER OF CHILD
 a. (First) Michael b. (Middle) David c. (Last) Olderbak
 8. COLOR OR RACE: Caucasian

9. MOTHER OF CHILD
 a. (First) James b. (Middle) Vernon c. (Last) Olderbak
 10. BIRTHPLACE (State or foreign country): North Dakota
 11. USUAL OCCUPATION: Manager
 12. KIND OF BUSINESS OR INDUSTRY: Restaurant

13. COLOR OR RACE: Caucasian

14. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
 a. How many OTHER children were born alive but are now dead? 0
 b. How many OTHER children were born alive but are now stillborn (born dead after 20 weeks pregnancy)? 0

15. BIRTHPLACE (State or foreign country): Missouri
 16. REGISTER'S SIGNATURE: William J. Powell
 17. ADDRESS: Grand Forks, North Dakota

18. ATTENDANT AT BIRTH
 M. D. Midwife OTHER (Specify)
 19. DATE SIGNED: 4-29-66

20. REGISTER'S SIGNATURE: [Signature]
 21. DATE REC'D BY LOCAL REG.: May 4, 1966

22. Give name and/or any other additional or corrective data added in accordance with Sec. 23-0220, 23-0215, 1943 R.C.

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NEBRASKA LIQUOR CONTROL COMMISSION

South Dakota
Department of Health
VITAL RECORDS PROGRAM
PIERRE, SOUTH DAKOTA 57501



CERTIFICATE OF BIRTH

FILE NUMBER: 140-1969-

NAME: MARK JAMES OLDERBAK

DATE OF BIRTH:

SEX: MALE

COUNTY OF BIRTH: MINNEHAHA

MOTHER: ROGENE VAL JACOBY
(MAIDEN NAME)

FILE DATE:

MARCH 10, 1969

FATHER: JAMES VERNON OLDERBAK

*This is a true certification of the official Vital Record
filed in the Department of Health as provided in
Chapter 34-23 of the SOUTH DAKOTA CODIFIED LAWS*

DATE ISSUED:

JUNE 19, 2002

Sharon J. ...
State Vital Registrar

Any Alteration or Erasure Voids This Record

STATE OF IOWA

WOODBURY COUNTY

Certification of Birth

This is to certify that according to records on file in this office that

Cheri Jo Rehal

(full name of child at birth)

sex Female was born

(mo., day, yr.)

at Sioux City Woodbury County, Iowa
(Town or City)

Name of father Robert Eugene Rehal

Maiden name
of mother Barbara Jo Ferris

Date of filing August 22, 1974
(mo., day, yr.)

Recorded in
Book/Roll Roll (9 Page/Frame Frame 1560

In Witness Whereof, the seal of the Clerk of District Court of said
County, Sioux City, Iowa, has been affixed hereto this 3
day of March, 19 97.



WOODBURY COUNTY CLERK OF DISTRICT COURT