



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 19, 2012

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 Zipline Brewing Company, 2100 Magnum Circle requesting a class L liquor license.

Marcus Powers, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Marcus Powers was born in Plainview, Nebraska. He attended the University of Nebraska graduating in 2008.

Marcus Powers employment history is as follows:

Present	Owner, Zipline Brewing	Lincoln, NE.
2007 - 2012	Attorney, Nebraska Attorney General Office	Lincoln, NE.

The required training will be completed.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Zipline Brewing Co.

JUL 3 2012

Street Address #1 2100 Magnum Cir Ste 1

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #2 _____

City Lincoln

County ~~NE~~ Lancaster - (02) Zip Code 68510

Premise Telephone number 402-450-9804

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

Mailing address (where you want to receive mail from the Commission)

Name Zipline Brewing Co.

Street Address #1 c/o Marcus Powers

Street Address #2 5820 Randolph St

City Lincoln

State NE

Zip Code 68510

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, 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. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

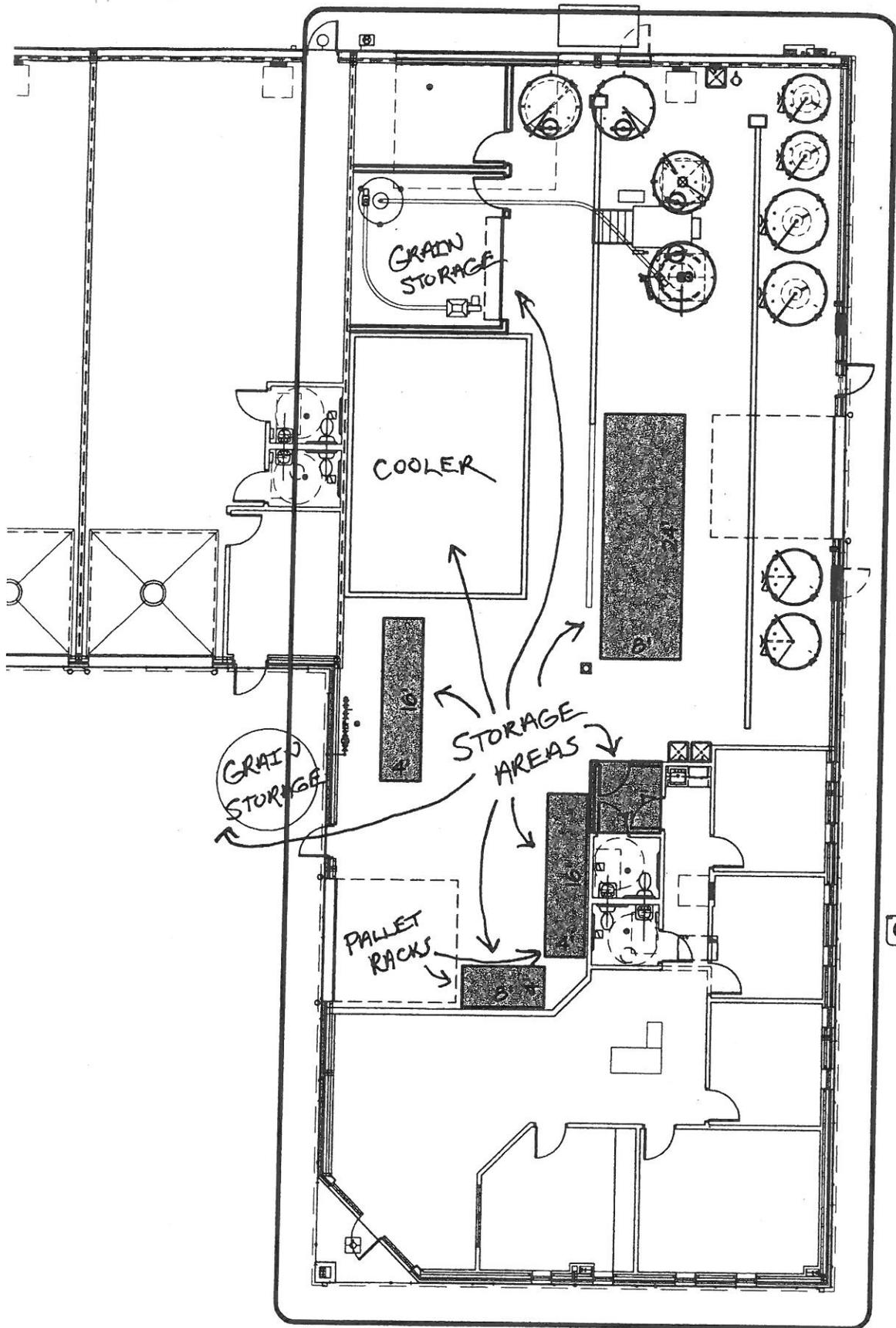
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length ~120 feet
Width ~50 feet

-Single story - No basement

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

SEE ATTACHED DIAGRAMS



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NEBRASKA LIQUOR
CONTROL COMMISSION

Design Associates
of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS

ERSHING SQUARE 1609 "N" STREET LINCOLN NEBRASKA 68508
voice:402.474.3000 office@DAofLincoln.com fax:402.474.4045

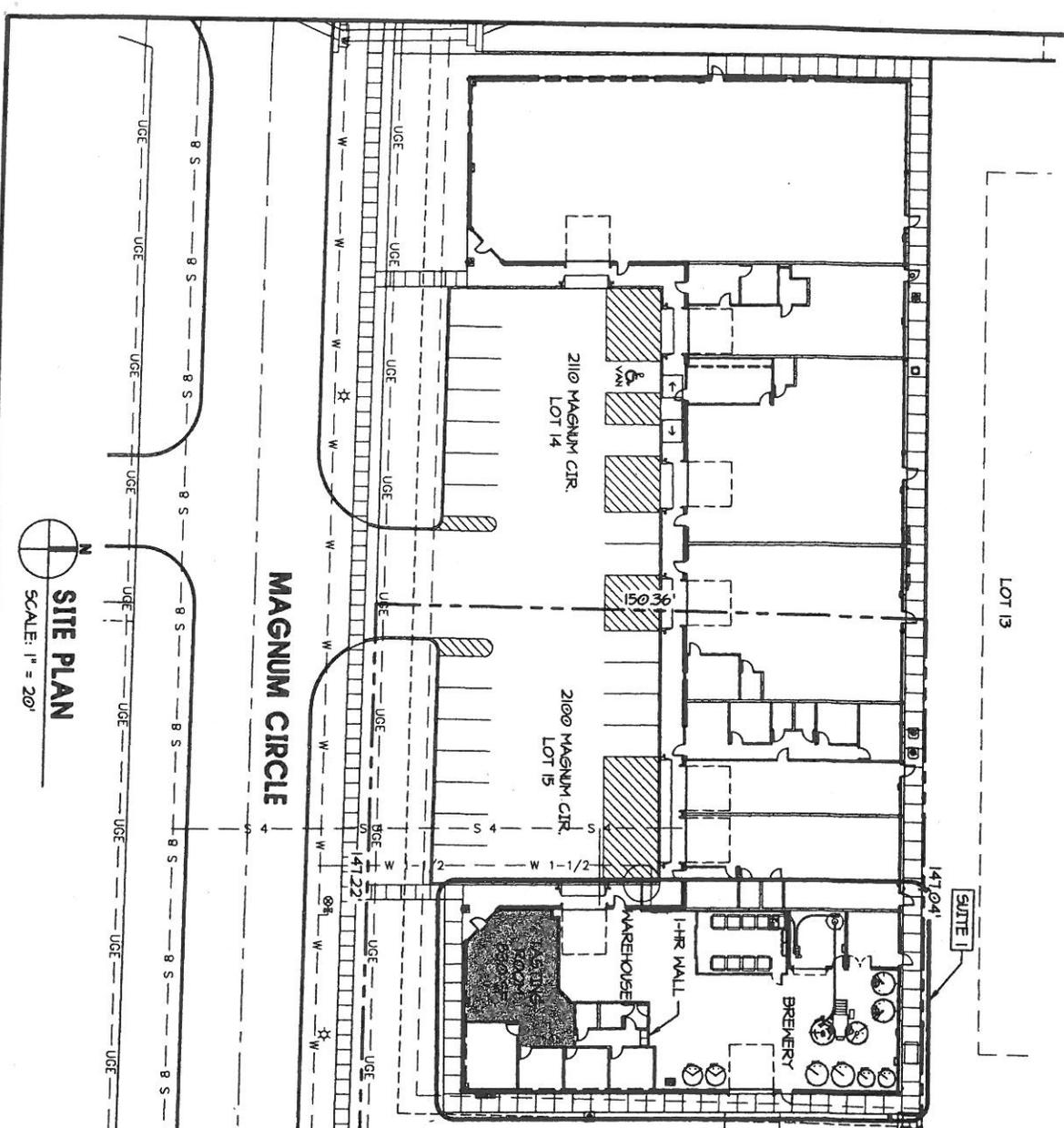


**ZIPLINE BREWING
FLOOR PLAN**

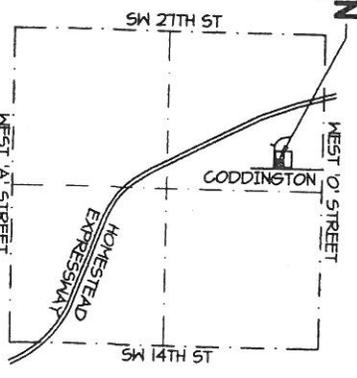
SCALE: NTS

01 MAY 2012

SITE PLAN
SCALE: 1" = 20'



SITE LOCATION
NORTHWEST 1/4 OF
SEC 20-T10N-R6E



VICINITY MAP
NOT TO SCALE

ADDRESS:

2100 MAGNUM CIRCLE, SUITE 1
LINCOLN, LANCASTER COUNTY, NEBRASKA

LEGAL DESCRIPTION:

LOT 15, 64C ADDITION
NM 1/4 SEC. 20 T10N R6E

ZONING : I-1

FRONT YARD SETBACK: 15'
SIDE YARD SETBACK: 0'
REAR YARD SETBACK: 0'

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NEBRASKA LIQUOR
CONTROL COMMISSION

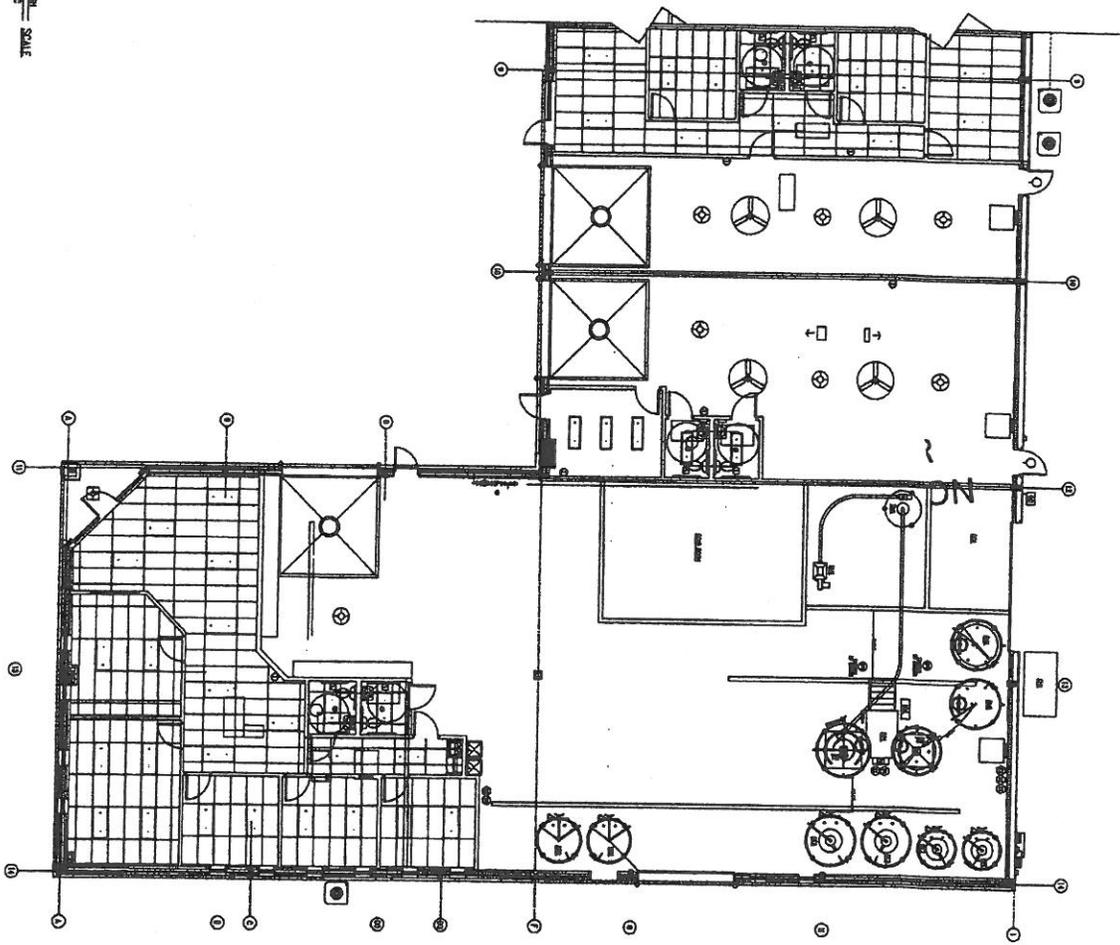
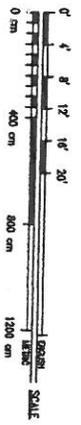
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PERSHING SQUARE 1808 "M" STREET LINCOLN NEBRASKA 68508
voice:402.474.3000 office:402.474.4015 fax:402.474.4045

PROJECT: 100212
DATE: 06/20/12
SHEET: 1 OF 1
SITE PLAN

ZIPLINE BREWING CO.
SPECIAL PERMIT
LINCOLN, NEBRASKA

DATE: JUN 2012

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 NEBRASKA LIQUOR
 CONTROL COMMISSION



UTILITIES / EQUIPMENT KEY

#	ITEM DESCRIPTION
W1	1/2" COLD WATER MAIN STOP SHORT W/ VALVE
W2	1/2" COLD WATER MAIN STOP SHORT W/ VALVE
E1	J-BOX FOR BREWHOUSE CONTROL PANEL CP1
E2	J-BOX FOR PORTABLE PUMP P14
E3	OUTLET FOR COLD WATER CONTROL PANEL CP2
E4	J-BOX FOR COLD WATER CONTROL PANEL CP4
CP1	BREWHOUSE CONTROL PANEL
CP2	CELLARS CONTROL PANEL
CP3	MILL STOP / STOP PANEL - BY OTHERS
CP4	BREWHOUSE E-STOP
CP5	GRAIN OUT SWEEP E-STOP
CP6	BREWHOUSE AUGER
CP7	MASH / LAUTER TUN
CP8	GRAIN OUT SWEEP
CP9	WENT RECIPIENT
CP10	WENT RECIPIENT LIGHT
CP11	HOT LIQUOR TANK
CP12	HOT LIQUOR TANK
CP13	HOT LIQUOR TANK
CP14	HOT LIQUOR TANK
CP15	HOT LIQUOR TANK
CP16	HOT LIQUOR TANK
CP17	HOT LIQUOR TANK
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CP95	HOT LIQUOR TANK
CP96	HOT LIQUOR TANK
CP97	HOT LIQUOR TANK
CP98	HOT LIQUOR TANK
CP99	HOT LIQUOR TANK
CP100	HOT LIQUOR TANK

REVISION SCHEDULE

NO.	DATE	DESCRIPTION
1	12/15/11	ISSUE FOR PERMIT
2	1/10/12	ISSUE FOR PERMIT
3	1/10/12	ISSUE FOR PERMIT
4	1/10/12	ISSUE FOR PERMIT
5	1/10/12	ISSUE FOR PERMIT
6	1/10/12	ISSUE FOR PERMIT
7	1/10/12	ISSUE FOR PERMIT
8	1/10/12	ISSUE FOR PERMIT
9	1/10/12	ISSUE FOR PERMIT
10	1/10/12	ISSUE FOR PERMIT

APPROVED BY: [Signature]

DATE: 1/10/12

PROJECT: BREWERY LAYOUT

CLIENT: ZIPLINE BREWING CO.

DESIGNER: JMW, INC.

SCALE: AS SHOWN

PROJECT NO: 12-11-11-01

DATE: 1/10/12

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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Marcus Powers	06/2001	Lincoln, NE	Urinating in Public	Misdemeanor disposed of by \$73.00 fine
Ann Powers	10/2001	Minden, NE	Violation of School Permit	Def. driving course & 6 mo unsupervised probation

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number n/a

a) Submit a copy of the sales agreement

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

c) Submit a list of the furniture, fixtures and equipment

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number n/a

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

If yes:

a) Attach temporary operating permit (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

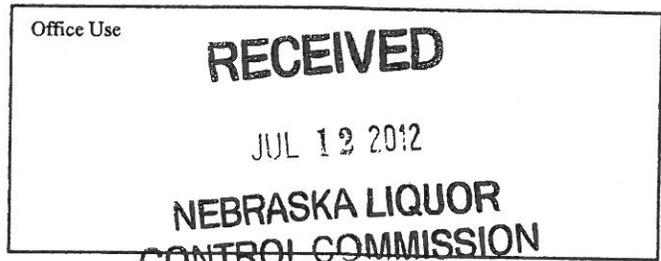
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender Nebraska Bank of Commerce

**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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a 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: Tom Wilmoth

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Zipline Brewing Co.

LLC Address: 2100 Magnum Cir Ste 1

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: 402-450-9804 LLC Fax Number: N/A

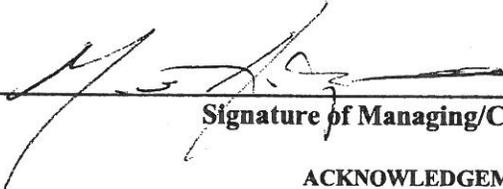
Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Powers First Name: Marcus MI: A

Home Address: 5820 Randolph St City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-450-9804



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

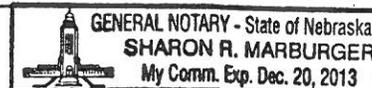
July 12, 2012

Date

by Marcus A. Powers
name of person acknowledge

Sharon R. Marburger

Affix Seal



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

Last Name: Powers First Name: Marcus MI: A

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Ann M. Powers

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 15%

Last Name: Gallentine First Name: James MI: W

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Sandra W. Gallentine

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 42.5%

Last Name: Wilmoth First Name: Tom Thomas MI: R

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 42.5%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

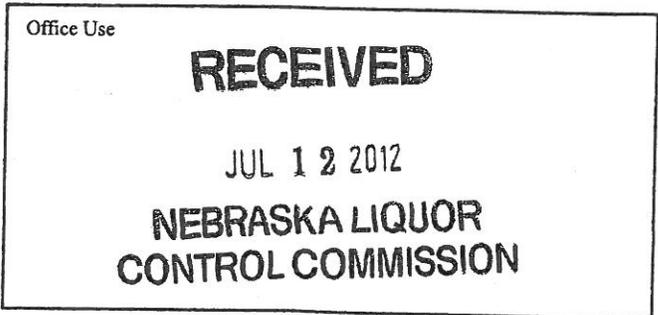
Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

**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



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Zipline Brewing Co.

Premise information

Premise License Number: N/A
(if new application leave blank)

Premise Trade Name/DBA: Zipline

Premise Street Address: 2100 Magnum Cir Ste 1

City: Lincoln State: NE Zip Code: 68522

Premise Phone Number: 402-450-9804

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi

N/A

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Powers First Name: Marcus MI: A

Home Address (include PO Box if applicable): 5820 Randolph St

City: Lincoln County: NE Zip Code: 68510

Home Phone Number: 402-450-9804 Business Phone Number: same

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

Date Of Birth: _____ Place Of Birth: Plainview, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit is not submitted)

YES NO

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Spouse's information

Spouses Last Name: Powers First Name: Ann MI: M

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

Date Of Birth: _____ Place Of Birth: Minden, NE

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

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
See attached Address form					

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
5/2007	2/2012	NEB. ATTY GENERAL	JUSTIN LAVENE	471-2064
-	5/2007	CADA LAW FIRM	EDWARD HOFFMAN	477-2233

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

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, or 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.

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YES NO

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

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Marcus Powers	06/2001	Lincoln, NE	Urinating in Public	Misdemeanor disposed of by \$73.00 fine
Ann Powers	10/2001	Minden, NE	Violation of School Permit	Def. drive course/6 mo unsup. probation

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? YES NO
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? YES NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
 YES NO

5. List any alcohol related training and/or experience (when and where).

Will take Responsible Beverage Server Training once Liquor License number is obtained

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
08/23/2007
LINCOLN, NEBRASKA

RECEIVED

JUL 3 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

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-

CHILD - NAME 1. Ann McKenzie Alderman			SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a.	HOUR 3b. 9:43 P.M.
HOSPITAL - NAME (If not in hospital, give street and number) 4a. Kearney County Community Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Minden		COUNTY OF BIRTH 4d. Kearney
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>J. R. Finkner</i>			DATE SIGNED (Month, Day, Year) 5b. 11-30-85	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER - NAME AND TITLE (Type or print) 6a. J. R. Finkner, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 244 N. Minden Ave. Minden, NE 68959		
REGISTRAR - SIGNATURE 7a. <i>Stanley S. Cooper</i>			RECEIVED MONTH DAY YEAR 7b. DEC 6 1985		
MOTHER - MAIDEN NAME 8a. Gail Ann Bischoff			AGE (At time of this birth) 8b. 28	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Youngstown, Ohio 36	
RESIDENCE - STATE 9a. Nebraska	COUNTY 9b. Kearney	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Minden 68959	INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 771 East Holland	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME 11a. Edgar Harry Alderman			AGE (At time of this birth) 11b. 33	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Bassett, Nebraska	
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. <i>Gail A. Alderman</i>			RELATION TO CHILD 12b. mother		

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

08/21/2007

LINCOLN, NEBRASKA

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

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NEBRASKA LIQUOR CONTROL COMMISSION
 STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF LIVE BIRTH 126-

CHILD - NAME FIRST MIDDLE LAST			SEX	DATE OF BIRTH (Month, Day, Year)	HOUR
1. Marcus Allen Powers			2. Male		3b. 7:07 A M
HOSPITAL - NAME (If not in hospital, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
4a. Plainview Public Hospital		4b. Yes	4c. Plainview		4d. Pierce
I certify that the stated information concerning this child is true to the best of my knowledge and belief.			DATE SIGNED (Month, Day, Year)	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
5a. (Signature) <i>R. P. Massie, M.D.</i>			5b. 3/26/88	5c.	
CERTIFIER - NAME AND TITLE (Type or print)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
6a. R. P. Massie, M.D.			6b. Plainview, Nebraska 68769		
REGISTRAR - SIGNATURE			DATE RECEIVED BY REGISTRAR		
7a. <i>Anna Rae Riedel</i>			7b. 4 1 82		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)	
8a. Nancy Lee Romberg			8b. 28	8c. Newman Grove, Nebraska	
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER	
9a. Nebraska	9b. Pierce	9c. Plainview 68769	9d. Yes	9e.	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
10. Same					
FATHER - NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)	
11a. Dale Clifford Powers II			11b. 31	11c. Wayne, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.				RELATION TO CHILD	
12a. (Signature of Parent or other informant) <i>Nancy Powers</i>				12b. Mother	