CITY OF LINCOLN
NEBRASKA

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

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

MAYOR CHRIS BEUTLER

lincoln.ne.gov

LINCOLN
The Community of Opportunity

March 23, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Leon's Food Mart, 2200 Winthrop Road. Leon's holder of a class D liquor license requests this liquor license be upgraded to a class C liquor license.

The owners and the manager of this license will remain the same. This business is current on the required training.

Stockholder information is included for your review.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

APPLICATION FOR LIQUOR LICENSE

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

45 day = 5/4/09

RECEIVED
2009
LIQUOR CONTROL COMMISSION

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

RETAIL LICENSE(S)

Upgrade

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

MISCELLANEOUS

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

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st
All other licenses expire April 30th
Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION (commission will call this person with any questions we may have on this application)

Name Christopher Vorhies Phone number: (402) 488-2307

Firm Name Leon's Food Mart

PREMISE INFORMATION

Trade Name (doing business as) Leon's Food Mart

Street Address #1 2200 Winthrop Rd

Street Address #2

City Lincoln County Lancaster Zip Code 68502

Premise Telephone number (402) 488-2307

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

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

Name Leon's Food Mart

Street Address #1 2200 Winthrop Rd

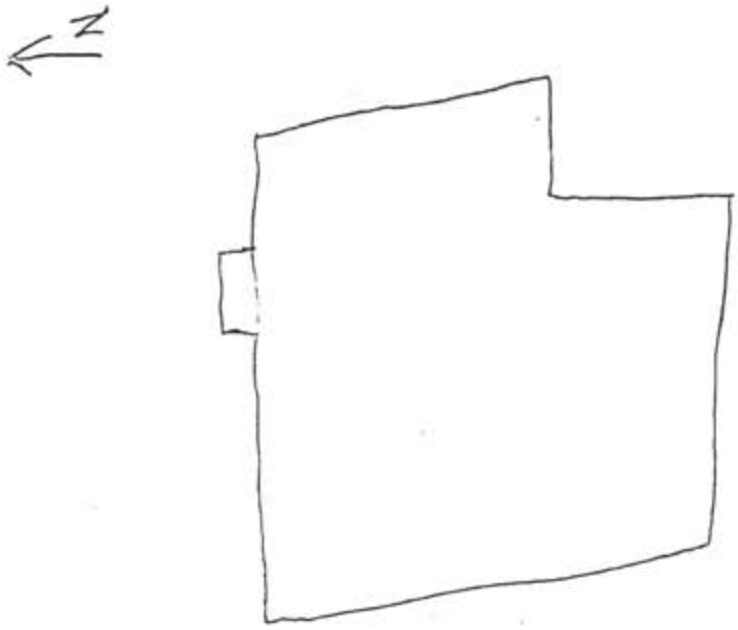
Street Address #2

City Lincoln State NE Zip Code 68502

DESCRIPTION

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



Single Level with basement 110' x 140'

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 Roger Toy, see Attached For Chad Winters

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

March or April 1995. Charged with Theft by Deception - Later DISMISSED
(~~I went for [illegible]~~) ~~[illegible]~~ one of my Friends Charged with it also Continued the Battle
~~[illegible]~~ a couple years later it was Dismissed.
(I was on Pre-TRIAL Diversion for a whole until it was DISMISSED)

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

☐ YES ☒ NO

If yes, give name of business and license number_____

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

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

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

☐ YES ☒ NO

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

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

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

☐ YES ☒ NO

If yes, list the lender_____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application._____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner._____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain._____

No silent partners

8. Are your 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.

Union Bank, Chad Winters, Roger Toy, Christopher Vorhies, Melissa Aksamit

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.

Metro Food Mart Inc, 2200 Winthrop Rd, Lincoln, NE 68502, #54539

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:
Chad Winters	Yearly Hospitality Training	Lincoln
Roger Toy	-none-	

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 December 31 of 2020
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? Currently Open
15. What will be the main nature of business? Grocery Store with tastings
16. What are the anticipated hours of operation? 8am - 9pm Mon - Sat 9am - 6:30pm Sun

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 TEN YEARS					
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Christopher Vorhies Lincoln, NE	1982	2009	N/A	N/A	N/A
Chad Winters, Lincoln, NE	1970	2009	Lincoln, NE, Sarah Winters	1997	2009
Roger L. Toy	1995	2009	Susan Hughes Toy	1995	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.

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.

3/10/2009 Kelly C Robare

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

Signature of Applicant

Signature of Spouse

GENERAL NOTARY - State of Nebraska
JACQUELINE K. HAAKE
My Comm. Exp. May 26, 2010

3/10/2009

3/10/2009

GENERAL NOTARY - State of Nebraska
JACQUELINE K. HAAKE
My Comm. Exp. May 26, 2010

Signature of Applicant

Signature of Spouse

Signature of Applicant

3/12/09

GENERAL NOTARY - State of Nebraska
ANNE JENSEN
My Comm. Exp. Feb. 2, 2010

Signature of Spouse

3/12/09

GENERAL NOTARY - State of Nebraska
ANNE JENSEN
My Comm. Exp. Feb. 2, 2010

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of _____

The foregoing instrument was acknowledged before me this _____ by

_____

Notary Public signature

Affix Seal Here

County of _____

The foregoing instrument was acknowledged before me this _____ by

_____

Notary Public signature

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.

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 State's Office)

Name of Registered Agent: Chad Winters

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

Metro Foods Mart Inc

Corporation Address: 2200 Winthrop Rd

City: Lincoln State: NE Zip Code: 68502

Corporation Phone Number (402) 488-2307 Fax Number: (402) 488-2309

Total Number of Corporation Shares Issued: 29,800

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

Last Name: Winters First Name: Chad MI: J

Home Address: 7827 S 59th st City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: (402) 420-0082

Signature of president

County of Lancaster

The foregoing instrument was acknowledged before me this March 12, 2009 by

Chad Winters

Notary Public signature

Anne Jensen

Affix Seal Here

GENERAL NOTARY - State of Nebraska
ANNE JENSEN
My Comm. Exp. Feb. 2, 2010

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

Last Name: Winters First Name: Chad MI: J

Social Security Number: Date of Birth:

Title: President Number of Shares: 14,900

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

Spouse Social Security Number: Date of Birth:

Last Name: Toy First Name: Roger MI: L

Social Security Number: Date of Birth:

Title: Secretary Number of Shares: 14,900

Spouse Full Name (indicate N/A if single): Susan Elaine Hughes Toy

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Title: Number of Shares:

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

Spouse Social Security Number: Date of Birth:

RECEIVED
2009
DOR
COMMISSION

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: January Ending Date: December

Is this a Non-Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID #.

_____

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

Manager's information must be completed below - PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Vorhies First Name: Christopher MI: I

Home Address (include PO Box if applicable): 3320 Smith St

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: (402) 580-6974 Business Phone Number: (402) 488-2307

Social Security Number: Drivers License Number & State:

Date Of Birth Place Of Birth: Houston, TX

Are you married? If yes, complete the

☐ 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	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1982	2009			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
		Held Part time jobs prior to leaving		

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

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**

Name of Corporation/LLC: Metro Foods Mart Inc

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

Premise Trade Name/DBA: Leon's Food Mart

Premise Street Address: 2200 Winthrop Rd

City: Lincoln Zip Code: 68502

Premise Phone Number: (402) 488-2307

President.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

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.

MIP, Lincoln, NE, September of 2001, I took pretrial diversion

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

☐YES ☒NO

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

☒YES ☐NO

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

☒YES ☐NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where) Hospitality

Date:	Where:
5-8-2008	Lincoln, NE

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

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

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

Signature of Manager Applicant	**Signature of Spouse**
State of Nebraska	
County of Lancaster	County of _____
The foregoing instrument was acknowledged before me this 10th day of March by Christopher Vaches	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.

Revised 9/2008

BOOK 274 PAGE 514

Oct 4 9 48 AM '83

SEP 30 1983

ARTICLES OF INCORPORATION

OF

METRO FOOD MARTS, INC.

ARTICLE I.

NAME

The name of this corporation is: METRO FOOD MARTS, INC.

ARTICLE II.

DURATION

The period of the corporation's duration is perpetual.

ARTICLE III.

PURPOSES

The purposes for which this corporation is organized are any and all lawful business for which corporations may be incorporated under the Nebraska Business Corporation Act.

ARTICLE IV.

AUTHORIZED SHARES

The aggregate number of shares which the corporation shall have authority to issue is 25,000 shares of common stock and the par value of each of said shares shall be $1.00.

ARTICLE V.

INITIAL REGISTERED OFFICE AND

INITIAL REGISTERED AGENT

The street address of the initial registered office of the corporation is: 32 Spyglass Point, in the City of Valley, County of Douglas, State of Nebraska 68064; and the name of its initial registered agent at such address is: Con Muilenburg.

ARTICLE VI.

NAME AND ADDRESS OF INCORPORATORS

The names and addresses of the incorporators are:

Ken Bourne	1630 Susan Circle Lincoln, Nebraska 68505
Con Muilenburg	32 Spyglass Point Valley, Nebraska 68064

The undersigned, being the sole incorporators hereinbefore named, for the purpose of forming a corporation under the Nebraska Business Corporation Act do hereby adopt and sign these Articles of Incorporation this 30th day of September, 1983.

Ken Bourne

Ken Bourne, Incorporator

Con Muilenburg

Con Muilenburg, Incorporator

RECEIVED

[illegible]

NEBRASKA LIQUOR
CONTROL COMMISSION

RECORDED IN COUNTY CLERK'S OFFICE, DOUGLAS COUNTY, NEBRASKA ON
Oct. 4 1983 M. WALTER D. OPELLMAN, COUNTY CLERK
9:48 AM

Page 1

SECRETARY OF STATE

BERM & BARTLING
Attorneys
Suite 210
2201 Pioneers Boulevard
Lincoln, Nebraska 68502

NOTICE OF INCORPORATION OF METRO FOOD MARTS, INC.

NOTICE IS HEREBY GIVEN that the undersigned have formed a corporation under the laws of the State of Nebraska as follows:

1. The Name of the corporation is METRO FOOD MARTS, INC.

2. The address of the initial registered office is 22 Spyglass Point, Valley, Nebraska 68064, and the initial registered agent at that address is Con Muilenburg.

3. The general nature of the business to be transacted is any and all lawful business for which corporations may be incorporated under the Nebraska Business Corporation Act.

4. The authorized capital stock of the corporation is Twenty-Five Thousand (25,000) shares of common stock with a par value of One Dollar ($1.00), each of which may be issued for any medium permissible under the laws of the State of Nebraska, and as is determined from time to time by the Board of Directors.

5. The corporation commenced existence on the filing and recording of its Articles of Incorporation with the Secretary of State and it shall have perpetual existence.

6. The affairs of the corporation shall be conducted by a Board of Directors, President, Vice-President, Secretary, Treasurer, and such subordinate officers and agents as may be prescribed by the by-laws, or appointed by the Board of Directors.

KEN BOURNE,
CON MUILENBURG,
Incorporators

[illegible]

RECEIVED
DEC 12 1983

SECRETARY OF STATE
CORPORATION DIVISION

THE DAILY RECORD
OF OMAHA
A. H. HENNINGSEN, Publisher

PROOF OF PUBLICATION

UNITED STATES OF AMERICA,
THE STATE OF NEBRASKA,
DISTRICT OF NEBRASKA,
COUNTY OF DOUGLAS,
CITY OF OMAHA, } ss.

JOHN P. EGLSAER

being duly sworn, deposes and says that he is

ADVERTISING MANAGER

of THE DAILY RECORD, of Omaha, a legal newspaper, printed and published daily in the English language, having a bona fide paid circulation in Douglas County in excess of 300 copies, printed in Omaha, in said County of Douglas, for more than fifty-two weeks last past: that the printed notice hereto attached was published in THE DAILY RECORD, of Omaha, for 3 *consecutive weeks, on the same day of each week, beginning on* November 18, 1983

and ending on December 9, 1983

That said Newspaper during that time was regularly published and in general circulation in the County of Douglas, and State of Nebraska.

Publisher's Fee $ 67.66
Additional Copies
Total $ 67.66

John P. Eglsaer

Subscribed in my presence and sworn to before me this 9 day of December 19 83

Pamela A. Scott

Notary Public in and for Douglas County, State of Nebraska

PAMELA A. SCOTT
GENERAL
NOTARY COMMISSION EXPIRES
JULY 7, 1984
STATE OF NEBRASKA

83-50 677

Rev. 1-88

CERTIFICATE OF REVIVAL OR RENEWAL

OF A DOMESTIC OR NONPROFIT CORPORATION

To be submitted, in duplicate, to:
Secretary of State, Suite 2300 State Capitol, Lincoln, Nebraska 68509

KNOW ALL MEN BY THESE PRESENTS:

1. Now comes Con Meilenburg, President, and Larry Baur Secretary and/or Treasurer, who on 1-1, 19 94, were duly elected as officers of Metro Food Marts Inc
Correct Corporate Name as stated in Articles of Incorporation or most recent Amendment
located at 2200 Winthrop Rd Lincoln NE 68501
Full Address of Principal Place of Business
a Nebraska corporation duly organized under and by virtue of the laws of the state of Nebraska, for the purposes of revising or renewing said corporation.

2. The existence of this corporation became (or will become) inoperative on 4-16, 19 94, because of dissolution by the office of the Secretary of State by expiration of existence, or for nonpayment of occupational taxes or annual fees. The revival of this corporation shall be perpetual unless sooner dissolved by proper action of its stockholders, or by due process of law.

3. The registered office of this corporation in Nebraska shall be 32 Douglas Pt
Street Address*
Valley (City) Douglas (County) Nebraska 68504 (Zip Code) and the registered agent at such address shall be Conrad Meilenburg**
Name of Registered Agent

*Address shall be complete, using full street address. A box number is acceptable only in those cases where street addresses are not available.

**If the above-named registered agent or registered office constitutes a change from the previous designation, this information will be entered onto the corporation's records in this office. No further notification or filing of a separate form is necessary.

FILING FEES:

Domestic Revival.....$28.00

Nonprofit Revival.....$18.00

SIGNATURE OF AT LEAST TWO OFFICERS REQUIRED:

President [signature]

Secretary [signature]

Treasurer

CERTIFICATE OF GOOD STANDING IN THE STATE OF NEBRASKA

I, ALLEN J. BEERMANN, Secretary of State, do hereby certify the above-named corporation to be in good standing. AUG 2 2 1994

IN TESTIMONY WHEREOF, the Secretary of State of Nebraska has hereby affixed his signature or facsimile thereof and seal on the date set out in the recording data.

(State Seal)

STATE OF NEBRASKA
SECRETARY'S OFFICE
Received and filed for record and recorded on file roll 9412 at page 1146
Allen J. Beermann
Secretary of State
Jan 1 79pl 1146

10859

NE Sec of State - CORP
1000253897 Pgs: 1
METRO FOOD MARTS, INC.
Filed: 02/01/2002 04:38 PM

ARTICLES OF AMENDMENT
OF
METRO FOOD MARTS, INC.

Pursuant to the provisions of Section 21-20,121 of the Business Corporation Act of Nebraska, these Articles of Amendment of the Articles of Incorporation of Metro FoodMarts, Inc. are hereby submitted as follows:

1. The name of the corporation is Metro Food Marts, Inc.

2. The amendment so adopted revokes the original Article IV and Article V of the Articles of Incorporation, in their entirety, and substitutes therefor the following:

"ARTICLE IV.

AUTHORIZED SHARES

The aggregate number of shares which the corporation shall have the authority to issue is fifty thousand (50,000) shares of common stock of One Dollar ($1.00) par value per share."

"ARTICLE V.

REGISTERED OFFICE AND REGISTERED AGENT

The address of the registered office of the Corporation is [redacted] 2200 Winthrop Road [redacted], Lincoln, Nebraska 68502. The name of the registered agent at such address is Chad Winters."

3. This amendment does not provide for an exchange, reclassification, or cancellation of issued shares.

4. The foregoing Amendment was unanimously adopted by written consent of the shareholders and directors on 11-9-01, 2001.

5. The total number of outstanding shares is 29,800. All of these shares are represented on the written consent and voted as a single voting group to approve the amendment.

These Articles of Amendment are to be effective April 16, 1998.

Dated 11-9-01, 2001.

METRO FOOD MARTS, INC.

By: Chad Winters
Chad Winters, President

md\corp\metro-amd

METRO FOOD MARTS, INC.

STOCK LEDGER

NAME OF CERTIFICATE HOLDER	PLACE OF RESIDENCE	TO-DE OWNER	NOM.	SHARES	FROM WHOM TRANSFERRED	
Con Mulherling	CANCELLED	10/01/83	1	10,000	Original Issue	
Kevlbrown	CANCELLED	10/01/83	2	10,000	Original Issue	
	CANCELLED					
Lawrence A. Bean/Kenneth M. Bouse, Hedges	CANCELLED	04/08/92	3	6,500	Kenneth M. Bouse #2	LOST - Replaced with #5
Con Mulherling	CANCELLED	04/05/93	4	3,500	Kenneth M. Bouse #2	
	CANCELLED					
	CANCELLED					
Lawrence A. Bean	CANCELLED	05/01/93	5	6,500	Replaces Certificate #3	
Bernie L. Mulherling	CANCELLED	05/01/93	6	900	Con Mulherling #4	
Larry A. Bean	CANCELLED	05/01/93	7	1,300	Con Mulherling #4	LOST - Replaced with #8
Chad Bean	CANCELLED	05/01/93	8	1,300	Con Mulherling #4	LOST - Replaced with #10
Larry A. Bean	CANCELLED	11/1/94	9	1,300	Replaces Certificate #7	
Chad Bean	CANCELLED	11/1/94	10	1,300	Replaces Certificate #8	
Con Mulherling	CANCELLED	11/1/94	11	7,800	Larry Bean #9 Chad Bean #10	CANCELLED IN ERROR
Con Mulherling	CANCELLED	11/1/94	12	3,100	Con Mulherling	ISSUED IN ERROR
Con Mulherling	CANCELLED	11/1/94	13	900	Bernie Mulherling #6	
Con Mulherling	CANCELLED	11/1/94	14	6,500	Lawrence A. Bean #5	
Con Mulherling	CANCELLED	11/1/94	15	3,900	#11	
	CANCELLED					
Chad Winters	CANCELLED	06/01/98	16	5,500	Original Issue	
Auto Polish	CANCELLED	10/1/99	17	800	Original Issue	
Roger Toy	CANCELLED	10/1/98	18	4,000	Original Issue	
Roger Toy	CANCELLED	06/05/99	19	4,100	Auto Polish #14; Roger Toy #15	
Chad Winters		01/1/00	20	14,100	Con Mulherling #13, #14, #15 Chad Winters #16	
Roger Toy		01/01/01	21	14,900	Con Mulherling #1, #15 Roger Toy #19	

AMOUNT PAID	DATE OF TRANSFER	TO WHOM TRANSFERRED	CERTIFICATES SURRENDERED CERTIF. NOS.		NUMBER OF SHARES SOLD (BALANCE)	VALUE OF TRANSFER TAX STAMP AFFIXED
	01/1/01	Roger Toy #21	1	10,000	-0-	
	03/2/01	Lawrence A. Bean #3	2	6,500	3,500	
	04/2/01	Con Mulherling #4	3	3,500	-0-	
	08/06/02	Lawrence A. Bean #5	5	6,500	-0-	
	05/05/02	Bernie L. Mulherling #6	6	900	3,800	
	05/05/02	Larry A. Bean #7	7	1,300	1,300	
	05/05/04	Chad Bean #8	8	1,300	-0-	
	11/1/04	Con Mulherling #14	14	6,500	-0-	
	11/1/04	Con Mulherling, #13	13	900	-0-	
	11/1/04	Con Mulherling #11	9	1,300	-0-	
	11/1/04	Con Mulherling #12	10	1,300	-0-	
	01/1/01	Chad Winters #20	20	900	-0-	
	01/1/01	Chad Winters #20	16	4,500	-0-	
	01/1/01	Chad Winters #20	17	2,500	-0-	
	03/2/01	Roger Toy #21	21	800	-0-	
	03/2/01	Chad Winters #20	18			
	01/02/09	Roger Toy #19	19	400	-0-	
	01/02/09	Roger Toy #19	18	4,100	-0-	
	01/1/01	Roger Toy #21	20	4,100	-0-	

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

RECEIVED
NEBRASKA LIQUOR
CONTROL COMMISSION

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

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

Chad J. Winters
Printed name of spouse asking for waiver

GENERAL NOTARY-State of Nebraska
JANI M. BERAN
My Comm. Exp. Feb. 11, 2012

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

3/13/09 by
date name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
JACQUELINE K. HAARE
My Comm. Exp. May 25, 2010

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.

A. Winters
Signature of individual involved with application
(Spouse of individual listed above)

Sarah A. Winters
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

March 12, 2009 by Sarah Winters
date name of person acknowledged

Anne Jensen
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
ANNE JENSEN
My Comm. Exp. Feb. 2, 2010

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.

FORM 35-4178
Revised 1/2008

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

RECEIVED
MAR 12 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

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

Susan E. Hughes Toy
Signature of spouse asking for waiver
(Spouse of individual listed below)

SUSAN E. Hughes Toy
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

March 10, 2009
date

Jacqueline K. Haake
Notary Public signature

The foregoing instrument was acknowledged before me this

by Susan E Hughes Toy
name of person acknowledged

Affix Seal

GENERAL NOTARY - State of Nebraska
JACQUELINE K. HAAKE
My Comm. Exp. May 26, 2010

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.

Roger L Toy
Signature of individual involved with application
(Spouse of individual listed above)

ROGER L. TOY
Printed name of applying individual

State of Nebraska

County of Lancaster

March 12, 2009
date

Anne Jensen
Notary Public signature

The foregoing instrument was acknowledged before me this

by Roger L Toy
name of person acknowledged

Affix Seal

GENERAL NOTARY - State of Nebraska
ANNE JENSEN
My Comm. Exp. Feb. 2, 2010

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.

FORM 35-4178
Revised 1/2008

RECEIVED
MAR 13 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO

CHILD

1. NAME (Type or print) — [a] First: CHRISTOPHER — [b] Middle: IRA — [c] Last: VORHIES
2. DATE OF BIRTH:
3. SEX: MALE
4a. PLACE OF BIRTH — COUNTY: HARRIS
4b. CITY OR TOWN [If outside city limits, give precinct no.]: HOUSTON
4c. NAME OF HOSPITAL [If not in hospital, give street address]: MEMORIAL HOSPITAL
4d. INSIDE CITY LIMITS?: YES
5a. THIS BIRTH-SINGLE, TWIN, TRIPLET, ETC. [Specify]: SINGLE
5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st, 2nd, 3rd [Specify]:

FATHER

6. NAME — [a] First: THEODORE — [b] Middle: RAYMOND — [c] Last: VORHIES
7. RACE: CAUCASIAN
8a. IS FATHER OF SPANISH ORIGIN?: NO
8b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.:
9. AGE [At time of this birth]: 25
10. BIRTHPLACE [State or foreign country]: NEBRASKA
11a. USUAL OCCUPATION: STUDENT
11b. KIND OF BUSINESS OR INDUSTRY: UNIVERSITY

MOTHER

12. MAIDEN NAME — [a] First: JULIA — [b] Middle: KAY — [c] Last: HOFFMAN
13. RACE: CAUCASIAN
14a. IS MOTHER OF SPANISH ORIGIN?: NO
14b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.:
15. AGE [At time of this birth]: 25
16. BIRTHPLACE [State or foreign country]: NEBRASKA
17a. USUAL OCCUPATION: CLERICAL
17b. KIND OF BUSINESS OR INDUSTRY: INSURANCE
18a. RESIDENCE — STATE: TEXAS
18b. COUNTY: HARRIS
18c. CITY OR TOWN [If outside city limits, show rural] ZIP CODE: HOUSTON 77074
18d. STREET ADDRESS [If rural, give location]: 8800 FONDREN #298
18e. INSIDE CITY LIMITS?: YES
19. Children previously born to this mother [Do NOT include this birth]: 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 born dead after 20 weeks pregnancy? 0
20. INFORMANT: Julia K. Vorhies

21. I hereby certify that this child was born alive on the date stated above at 11:28 P M.
22a. ATTENDANT'S SIGNATURE: Charles Pehr MD
22b. ATTENDANT AT BIRTH: M.D., D.O., C.N.M., MIDWIFE, OTHER [Specify]: M.D.
22c. ATTENDANT'S ADDRESS: CHARLES PEHR 7500 BEECHNUT HOUSTON TEXAS 77074
22d. DATE SIGNED: DECEMBER 24, 1982
23a. REGISTRAR'S FILE NO.: 53635
23b. DATE REC'D BY LOCAL REGISTRAR: DEC. 28, 1982
23c. SIGNATURE OF LOCAL REGISTRAR: R.S. Ward

STATE OF TEXAS
COUNTY OF HARRIS

CITY OF HOUSTON
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS, AND THAT I AM THE LEGAL CUSTODIAN OF SUCH RECORDS.

(WARNING: NOT VALID UNLESS MACHINE SIGNED IN RED AND BLACK INK, AND THE RAISED SEAL OF THIS OFFICE AFFIXED HERETO)

DATE ISSUED FEB. 23, 1983

R. S. WARD, REGISTRAR
BUREAU OF VITAL STATISTICS

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
MAY 12 1999
LINCOLN, NEBRASKA

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

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

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126 55-014934

1. PLACE OF BIRTH
a. COUNTY Lancaster
b. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln
c. FULL NAME OF (IF NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bryan Mem. Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Nebraska b. COUNTY Lancaster
c. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln
d. STREET ADDRESS (If rural, give location) 4040 No. 68th

3. CHILD'S NAME (Type or print) a. (First) Susan b. (Middle) Elaine c. (Last) Hughes

4. SEX Female
5a. THIS BIRTH Single ☒ Twin ☐ Triplet ☐
5b. If TWIN OR TRIPLET (This child born) 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH (Month) (Day) (Year) 4.220

FATHER OF CHILD

7. FULL NAME a. (First) Maurice b. (Middle) Dale c. (Last) Hughes
8. COLOR OR RACE W
9. AGE (At time of this birth) 33 Yrs.
10. BIRTHPLACE (City, town, or county) (State or foreign country) Ravannah, Nebr.
11a. USUAL OCCUPATION Painter
11b. KIND OF BUSINESS OR INDUSTRY Don Prowant

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Helen b. (Middle) Elaine c. (Last) Grice
13. COLOR OR RACE W
14. AGE (At time of this birth) 29 Yrs.
15. BIRTHPLACE (City, town or county) (State or foreign country) Lincoln, Nebr.
16. Children Previously Born to This Mother (Do NOT include this child)
a. How many OTHER children are now living? 2
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 Mrs M. D. Hughes - mother

I hereby certify that this child was born alive on the date stated above at 11:39a m.

18a. SIGNATURE F B Spiele
18b. ATTENDANT AT BIRTH M. D. ☒ Midwife ☐ Other (Specify)
18c. ADDRESS 1036 Stuart Bldg.
19. MOTHER'S MAILING ADDRESS 4040 No. 68th Lincoln, Nebr.
20. DATE REC'D BY LOCAL REG. JUL 12 1955
21. REGISTRAR'S SIGNATURE James Kenny MD

RECEIVED
NEBRASKA COLOR CONTROL COMMISSION

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
JUN 7 2001
LINCOLN, NEBRASKA

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

PHS-796(VS)
REV. 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126 52 32967

1. PLACE OF BIRTH
a. COUNTY: Platte
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Columbus, Nebraska
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Nebraska
b. COUNTY: Platte
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Box 270 Columbus, Nebraska
d. STREET ADDRESS (If rural, give location): Wagners Lake

3. CHILD'S NAME (Type or print): a. (First) Roger; b. (Middle) Leroy; c. (Last) Toy

4. SEX: Male
5a. THIS BIRTH: Single [X] Twin [ ] Triplet [ ]
5b. If TWIN OR TRIPLET (This child born): 1st [ ] 2nd [ ] 3rd [ ]
6. DATE OF BIRTH (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME: a. (First) Robert; b. (Middle) Melvin; c. (Last) Toy
8. COLOR OR RACE: White
9. AGE (At time of this birth): 21 Yrs.
10. BIRTHPLACE (City, town, or county) (State or foreign country): Valley, Nebraska
11a. USUAL OCCUPATION: Labor
11b. KIND OF BUSINESS OR INDUSTRY: Valley Manufacturing Co.

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Stella; b. (Middle) Mae; c. (Last) Lewis
13. COLOR OR RACE: White
14. AGE (At time of this birth): 21 Yrs.
15. BIRTHPLACE (City, town or county) (State or foreign country): Bellwood, 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: Stella Mae Toy Mother

I hereby certify that this child was born alive on the date stated above at 1:24 p.m.

18a. SIGNATURE: Everett G. Brillhart
18b. ATTENDANT AT BIRTH: M. D. [X] Midwife [ ] Other (Specify)
18c. ADDRESS: Columbus, Nebraska
19. MOTHER'S MAILING ADDRESS: Stella Mae Toy, Box 270, Columbus, Nebraska
20. DATE REC'D BY LOCAL REG.: December 23, 1952
21. REGISTRAR'S SIGNATURE: Albert J. Galley by G. M. Galley

COMMISSION

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
AUG 13 1997
LINCOLN, NEBRASKA

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

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH 126-H-536 70 05512 (BIRTH NUMBER)

CHILD—NAME (FIRST, MIDDLE, LAST) 1. Chad Jason Winters		DATE OF BIRTH (MONTH, DAY, YEAR) 2.	HOUR 3. 6:14 Am
SEX 3. Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.	COUNTY OF BIRTH 5a. Lancaster
CITY, TOWN, OR LOCATION OF BIRTH 5b. Lincoln	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Bryan Memorial Hospital	
MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) 6a. Nancy Lee Behne		AGE (AT TIME OF THIS BIRTH) 6b. 20	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Nebr
RESIDENCE—STATE 7a. Nebr	COUNTY 7b. Lancaster	CITY, TOWN, OR LOCATION 7c. Lincoln	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Yes
			STREET AND NUMBER 7e. 3727 N. 56th 68504
FATHER—NAME (FIRST, MIDDLE, LAST) 8a. Gordon Gene Winters		AGE (AT TIME OF THIS BIRTH) 8b. 20	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Minn.
INFORMANT—NAME OR SIGNATURE 9a. Nancy Lee Winters			RELATION TO CHILD 9b. Mother
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 10a. SIGNATURE Don Uncere MD		DATE SIGNED (MONTH, DAY, YEAR) 10b. 3-14-70	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. M.D.
CERTIFIER—NAME (TYPE OR PRINT) 10d. Y.S. Moore M.D.		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. 135 S. 14th Lincoln Nebr	
REGISTRAR—SIGNATURE 11a. [illegible]			DATE RECEIVED BY LOCAL REGISTRAR MONTH MAR DAY 19 YEAR 1970 11b.

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

DATE OF ISSUANCE

OCT 21 1993

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH 126— 77 13874

CHILD—NAME (FIRST, MIDDLE, LAST) 1. Sarah Ann Hinkle		DATE OF BIRTH (MONTH, DAY, YEAR) 2.	HOUR 5:43 A.M.
SEX 3. Female	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.	COUNTY OF BIRTH 5a. Lancaster
CITY, TOWN, OR LOCATION OF BIRTH 5b. Lincoln	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Bryan Memorial Hospital	
MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) 6a. Eugenia Lynn Ann Anderson		AGE (AT TIME OF THIS BIRTH) 6b. 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Nebraska
RESIDENCE—STATE 7a. Nebr.	COUNTY 7b. Lancaster	CITY, TOWN, OR LOCATION, zip code 7c. Lincoln 68520	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. yes / STREET AND NUMBER 7e. 7300 South Street
FATHER—NAME (FIRST, MIDDLE, LAST) 8a. Theodore Allen Hinkle		AGE (AT TIME OF THIS BIRTH) 8b. 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Nebraska
INFORMANT—NAME OR SIGNATURE 9a. Eugenia Lynn Ann Hinkle			RELATION TO CHILD 9b. Mother
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME GIVEN ON THE DATE STATED ABOVE. 10a. SIGNATURE Samuel T. Thierstein		DATE SIGNED (MONTH, DAY, YEAR) 10b. 7-25-77	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. M.D.
CERTIFIER—NAME (TYPE OR PRINT) 10d. Samuel T. Thierstein M.D.		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. 600 North Cotner	
REGISTRAR—SIGNATURE 11a. [illegible] M.D.			DATE RECEIVED BY LOCAL REGISTRAR 11b. MONTH AUG DAY 2 YEAR 1977