



Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

Application for Liquor License  
Type or Print with Black Ink

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE**  
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

**SECTION 1** This application is for a:

- Interim Permit (Complete Section 5)
- New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
- Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
- Location Transfer (Bars and Liquor Stores Only)  
(Complete Section 2, 3, 4, 11, 13, 14, 16)
- Probate/ Will Assignment/ Divorce Decree  
(Complete Sections 2, 3, 4, 9, 13, 14, 16)  
(Fee not required)
- Government (Complete Sections 2, 3, 4, 10, 13, 16)
- Seasonal

**SECTION 2** Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
- Individual (Complete Section 6)
- Partnership (Complete Section 6)
- Corporation (Complete Section 7)
- Limited Liability Co (Complete Section 7)
- Club (Complete Section 8)
- Government (Complete Section 10)
- Trust (Complete Section 6)
- Tribe (Complete Section 6)
- Other (Explain) \_\_\_\_\_

**SECTION 3** Type of license

1. Type of License: NO 10 Beer & Wine LICENSE # 10113286

**SECTION 4** Applicants

1. Individual Owner/Agent's Name: Gill Raikamal  
Last First Middle

2. Owner Name: MK Petroleum IV LLC  
(Ownership name for type of ownership checked on section 2)

3. Business Name: Buck & Easy Shell III B1009112  
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 1571W Apache Trail Apache Junction AZ 85120 Pinal  
Street City State Zip Code County

5. Mailing Address: 1571W Apache Trail Apache Junction AZ 85120  
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: 480-982-0326 Daytime Contact Phone: 602-427-8980

7. Email Address: gillkim10@yahoo.com

8. Is the Business located within the incorporated limits of the above city or town?  Yes  No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  Yes  No  
If yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ \_\_\_\_\_

<b>Department Use Only</b>			
Fees: <u>200</u>	Application	Interim Permit	Site Inspection
			Finger Prints <input checked="" type="checkbox"/>
			\$ <u>200-</u> Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Accepted by: <u>MS</u>		Date: <u>10/27/2016</u>	License # <u>10113286</u>

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**SECTION 5 Interim Permit**

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: 10113111

2. Is the license currently in use?  Yes  No If no, how long has it been out of use? \_\_\_\_\_

**Attach a copy of the license currently issued at this location to this application.**

<p>1. <u>DE RAT BASNET</u> (Print Full Name)</p> <p><u>[Signature]</u> (Signature of CURRENT Individual Owner/Agent)</p> <p>My commission expires on: <u>AUG 12 2018</u> Notary Public - Arizona Pinal County My Comm Expires Aug 12 2018</p>	<p>declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.</p> <p>State of <u>AZ</u> County of <u>PINAL</u></p> <p>The foregoing instrument was acknowledged before me this <u>1</u> Day of <u>SEPT</u>, <u>2016</u> Year</p> <p><u>[Signature]</u> Signature of NOTARY PUBLIC</p>
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**SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

**Individual**

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business?  Yes  No  
If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

**Partnership**

Name of Partnership: \_\_\_\_\_

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

**J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)**

Name of J.T.W.R.O.S: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE  
License 10113111

Issue Date: 8/25/2005

Expiration Date: 8/31/2017

Issued To:  
DEV R BASNET, Owner  
Location:  
QUICK & EASY SHELL III  
1571 W APACHE TRL  
APACHE JUNCTION, AZ 85220

Mailing Address:  
DEV R BASNET  
QUICK & EASY SHELL III  
1571 W APACHE TRAIL  
APACHE JUNCTION, AZ 85220



POST THIS LICENSE IN A CONSPICUOUS PLACE

**SECTION 6 - continued**

**TRUST**

Name of Trust: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**TRIBE**

Name of Tribal Ownership: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**SECTION 7 Corporations/ Limited Liability Co**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

- Name of Corporation/ L.L.C.: NK Petroleum IV LLC
- Date Incorporated/Organized: 4.20.16 State where Incorporated/Organized: AZ
- AZ Corporation or AZ L.L.C File No: L20855952 Date authorized to do Business in AZ: 4.25.16
- Is Corp/L.L.C. Non Profit?  Yes  No
- List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Gill	Raj	Kamal	Member	10251 E. Lakeview Ave	Mesa	AZ	85209
Smgh	Tajinder		Mem L.L.C.	10251 E. Lakeview Ave	Mesa	AZ	85209
Khare	Mihavika		Mem L.L.C.	2046 E. Countydown	Chandler	AZ	85249
Khare	Anurag		Mem L.L.C.	2046 E. Countydown	Chandler	AZ	85249

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Gill	Raj	Kamal	25%	10251 E. Lakeview Ave	Mesa	AZ	85209
Smgh	Tajinder		25%	10251 E. Lakeview Ave	Mesa	AZ	85209
Khare	Mihavika		25%	2046 E. Countydown	Chandler	AZ	85249
Khare	Anurag		25%	2046 E. Countydown	Chandler	AZ	85249

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.





**SECTION 13 Proximity to Church or School**

Questions to be completed by all in-state applicants.

A.R.S. § 4-207. (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18
- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 1/2 mile 2640 Ft Name of School: Apache Trail High School  
 (If less than one (1) mile note footage) Address: 945 W. Apache Tr. Apache Junction AZ 85220

2. Distance to nearest Church: 1/4 mile 1320 Ft Name of Church: The Wesleyan Church  
 (If less than one (1) mile note footage) Address: 201 Ironwood Apache Junction AZ 85220

**SECTION 14 Business Financials**

1. I am the:  Lessee  Sub-lessee  Owner  Purchaser  Management Company

2. If the premise is leased give lessors: Lease Purchase Name: Attached

Address: \_\_\_\_\_  
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 4100

4. What is the remaining length of the lease? Yrs. 3 years Months \_\_\_\_\_

5. What is the penalty if the lease is not fulfilled? \$ 8800 or Other: \_\_\_\_\_  
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0.00  
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?  
Convenient Store

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year?  Yes  No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?  Yes  No

10. Is the premises currently license with a liquor license?  Yes  No

If yes, give license number and licensee's name:  
 License #: 10113111 Individual Owner /Agent Name: Dev Raj Basnet  
(Exactly as it appears on license)

## COMMERCIAL LEASE TO PURCHASE AGREEMENT

Lease is made between Shell 1621 LLC, a Arizona Liability Company, herein called Lessor, and NK Petroleum IV LLC, a Arizona Liability Company, herein called Lessee.

Lessee hereby offers to lease from Lessor the premises situated in the City of Apache Junction, County of Pinal, State of Arizona, described as Shell Station, 1571 W Apache Trail, Apache Junction, AZ, 85120 ("Property") upon the following TERMS and CONDITIONS:

1. **Term and Rent.** Lessor demises the above premises for a base term of one year or 12 months, commencing on / before Sep 01, 2016 ("Lease Commencement Date") and terminating on Aug 31, 2017 at the monthly rental of \$4064.00. The rental amount will be paid on 1st of every month starting September 01, 2016. Lease may be extended up to one year on mutually agreed terms by Lessor and Lessee.
2. **Security Deposit** – Lessee shall pay \$8128.00 as security deposit at the time of signing this lease agreement. ***Security deposit is refundable at the end of the lease period or shall be adjusted in the purchase price at Close of Escrow.***
3. **Purchase of Inventory** – Inventory audit will be conducted on the Lease Commencement Date by a third party in the presence of both Lessor and Lessee. Inside store inventory (except cigarettes) will be paid 35% less the retail value. The cigarettes and fuel inventory will be paid at current invoice price. The total agreed inventory amount will be paid by the Lessee to the Lessor on/or before November 01, 2016.
4. **Property Purchase Option** - The Lessee shall initiate the process to purchase the Property within the first thirty days of lease commencement. The purchase price of the Property shall be **\$515,000.00**. During the lease period Lessor cannot sell the Property to any other buyer or market the Property with the intention to sell.
5. **Transition** - During the first 15 days of lease commencement, Lessor shall provide all help and cooperate in smooth transition of the store operation to the Lessee. Lessor will also provide all maintenance contracts, warranties, etc. related to the premises and equipment. Copy of all the documents/test reports related to the state testing and compliance shall be provided to the Lessee including environmental phase I report, tests conducted for ADEQ, AZ Weights & Measure, etc. If surveillance camera system is installed, remote viewing privileges shall be given to the Lessee.
6. **License & Permits** – Lessee will make all reasonable efforts to transfer licenses and permits in its name within the first forty five (45) days of lease commencement.
7. **Utilities.** All applications and connections for necessary utility services on the demised premises shall be made in the name of Lessee only, and Lessee shall be solely liable for utility charges as they become due, including those for electricity and telephone services.

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8. **Use.** Lessee shall use and occupy the premises for gas station and convenience store. The premises shall be used for no other purpose. Lessor represents that the premises may lawfully be used for such purpose.

9. **Care and Maintenance of Premises.** Lessee acknowledges that the premises are in good order and repair, unless otherwise indicated herein. Lessee shall, at his own expense and at all times, maintain the premises in good and safe condition, including plate glass, electrical wiring, plumbing and heating installation and any other system or equipment upon the premises and shall surrender the same, at termination hereof, in as good condition as received, normal wear and tear excepted.

Lessee shall be responsible for all repairs required, excepting the roof, exterior walls, structural foundations, underground tank leaks, underground fuel/vapor system including line leaks, and in the event a repair becomes replacement of a capital item above \$10,000, Lessor and Lessee agree to equally share payment of the replacement for the amount. If a property improvement is planned and agreed to by both parties, then Lessor and Lessee shall equally share payment. Lessee shall also maintain in good condition such portions adjacent to the premises, such as sidewalks, driveways, lawns and shrubbery, which would otherwise be required to be maintained by Lessor.

10. **Ordinances and Statutes.** Lessee shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the premises, occasioned by or affecting the use thereof by Lessee.

11. **Assignment and Subletting.** Lessee shall not assign this lease or sublet any portion of the premises without prior written consent of the Lessor, which shall not be unreasonable withheld. Any such assignment or subletting without consent shall be void and, at the option of the Lessor, may terminate this lease. Lessor's consent shall not be unreasonably withheld.

12. **Possession.** If Lessor is unable to deliver possession of the premises at the commencement hereof, Lessor shall not be liable for any damage caused thereby, nor shall this lease be void or voidable, but Lessee shall not be liable for any rent until possession is delivered.

13. **Indemnification:** Lessor does hereby indemnify Lessee and hold Lessee harmless from and against all debts, claims, actions, causes of action, losses damage, now or existing or which may hereafter arise pertaining to Lessor's past operation and ownership of the Property and Business prior to lease commencement.

14. **Destruction of Premises.** In the event of a partial destruction of the premises during the term hereof, from any cause, Lessor shall forthwith repair the same, provided that such repairs can be made within sixty (60) days under existing governmental laws and regulations, but such partial destruction shall not terminate this lease, except that Lessee shall be entitled to a proportionate reduction of rent while such repairs are being made, base upon the extent to which the making of such repairs shall interfere with the business of Lessee on the premises. If such repairs cannot be

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made within said sixty (60) days, Lessor, at his option, may make the same within a reasonable time, this lease continuing in effect with the rent proportionately abated as aforesaid, and in the event that Lessor shall not elect to make such repairs which cannot be made within sixty (60) days, this lease may be terminated at the option of either party. In the event that the building in which the demised premises may be situated is destroyed to an extent of not less than one-third of the replacement costs thereof, Lessor may elect to terminate this lease whether the demised premises be injured or not. A total destruction of the building in which the premises may be situated shall terminate this lease.

15. **Lessor's Remedies on Default.** If the lessee remains on default in payment of rent or in default of any other terms and conditions of this agreement for more than 60 days, Lessor reserves the right to terminate this agreement at will and assume the possession of the property.

16. **Tax Increase.** In the event there is any increase during any year of the term of this lease in the City, County or State real estate taxes over and above the amount of such taxes assessed for the tax year during which the term of this lease commences, whether because of increased rate or valuation, Lessee shall pay to Lessor upon presentation of paid tax bills an amount equal to the increase in taxes upon the land and building in which the leased premises are situated. In the even that such taxes are assessed for a tax year extending beyond the term of the lease, the obligation of Lessee shall be proportionate to the portion of the lease term included in such year.

17. **Attorney's Fees.** In case suit should be brought for recovery of the premises, or for any sum due hereunder, or because of any act which may arise out of the possession of the premises, by either party, the prevailing party shall be entitled to all costs incurred in connection with such action, including a reasonable attorney's fee.

18. **Notices.** Any notice which either party may or is required to give, shall be given by mailing the same, postage pre-paid, to Lessee at the premises, or Lessor at the address specified above, or at such other places as may be designated by the parties from time to time.

19. **Heirs, Assigns, Successors.** This lease is binding upon and inures to the benefit of the heirs, assigns and successors in interest to the parties.

20. **Subordination.** This lease is and shall be subordinated to all existing and future liens and encumbrances against the property.

Signed this 3<sup>rd</sup> day of August, 2016.

Lessor

DE RAI BASNET  
By: Smita R. Basnet

*[Handwritten signature]*

Lessee

*[Handwritten signature]*  
Mikhaela K. K. K.  
By: *[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten initials]*

**INDIVIDUAL ACKNOWLEDGMENT**

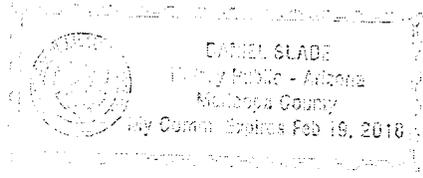
State/Commonwealth of Arizona  
County of Pinal } ss.

On this the 13 day of Aug, 2016, before me,  
Daniel Slade, the undersigned Notary Public,  
Name of Notary Public

personally appeared Rajendra Gill, Deep Raj Basnet, Rajinder Singh, Alpana Kaur, Anurag Kaur and Smita Basnet  
Name(s) of Signer(s)

- personally known to me - OR -
  - proved to me on the basis of satisfactory evidence
- to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



D. Slade  
Signature of Notary Public

Daniel Slade

FEB 19, 2018  
Any Other Required Information  
(Printed Name of Notary, Expiration Date, etc.)

Place Notary Seal/Stamp Above

**OPTIONAL**

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Commercial lease to purchase Agreement  
Document Date: 8-13-16 Number of Pages: 3  
Signer(s) Other Than Named Above: \_\_\_\_\_

**SECTION 15 Restaurant or hotel/motel license applicants**

- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location?  Yes  No
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this  Restaurant  Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

\_\_\_\_\_  
(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

\_\_\_\_\_  
(Applicant's Initials)

**SECTION 16 Diagram of Premises**

Check ALL boxes that apply to your business:

Entrances/Exits

Liquor storage areas

Patio:  Contiguous

~~Walk-up windows~~

Drive-through windows

Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign?  Yes  No  
If yes, what is your estimated completion date? \_\_\_\_\_

Month/Day/Year

- 2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
- 3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
- 4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.
- 5. **As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.**

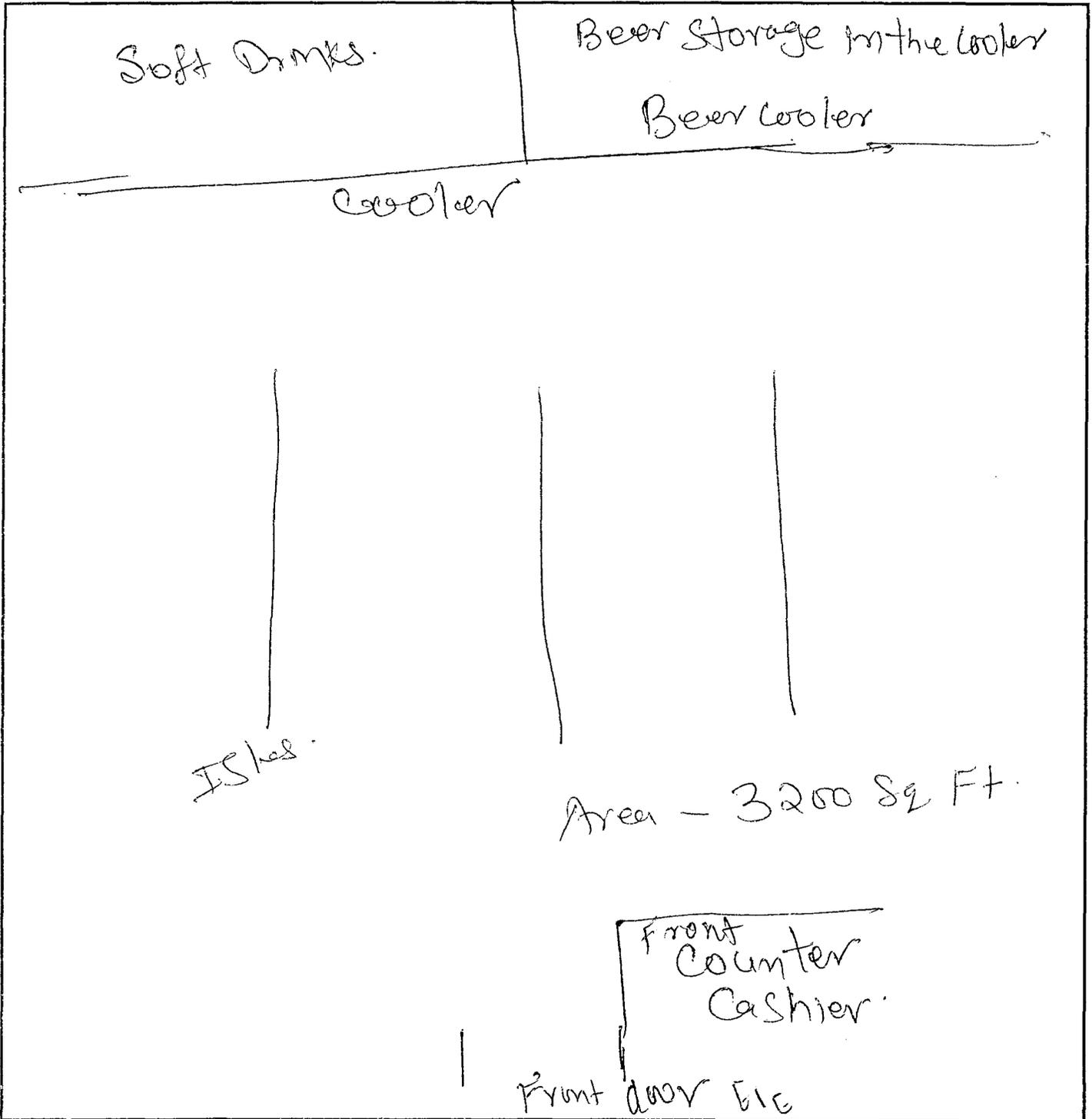
\_\_\_\_\_  
(Applicant's Initials)

**SECTION 16 Diagram of Premises - continued**

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. **DO NOT** include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

**DIAGRAM OF PREMISES**



**Fronwood**

**SECTION 17 SIGNATURE BLOCK**

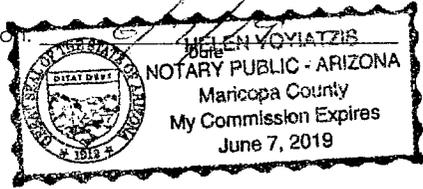
**NOTARY**

I, (Print Full Name) RAJKAMAL CUL, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]  
(Signature of CURRENT Individual Owner/Agent)

State of Arizona County of Maricopa  
The foregoing Instrument was acknowledged before me this

My commission expires on



11 of January, 2016  
Day Month Year  
[Signature]  
Signature of NOTARY PUBLIC

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

FILED: 4/20/2016 8:14:54 AM

DOCUMENT # 05495908

FILE #: L20855952

DO NOT WRITE ABOVE THIS LINE: RESERVED FOR AGC LLC ONLY.

**ARTICLES OF ORGANIZATION**

1. ENTITY TYPE: LIMITED LIABILITY COMPANY

2. ENTITY NAME: NK PETROLEUM IV LLC

3. FILE NUMBER: L20855952

4. STATUTORY AGENT NAME AND ADDRESS:

Street Address:

TAJINDER SINGH  
10251 E LAKEVIEW AVE  
MESA, AZ 85209

Mailing Address:

5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

805 N MCQUEEN ROAD  
GILBERT, AZ 85233

6. DURATION: Perpetual

7. MANAGEMENT STRUCTURE: Member-Managed

The names and addresses of all Members are:

1 ANURAG KHARE  
2046 E COUNTY DOWN DRIVE  
CHANDLER, AZ 85249

2 TAJINDER SINGH  
10251 E LAKEVIEW AVE  
MESA, AZ 85209

3 RAJKANAL GILL  
10251 E LAKEVIEW AVE  
MESA, AZ 85209

4 NIHARIKA KHARE  
2046 E COUNTY DOWN DRIVE  
CHANDLER, AZ 85249

ORGANIZER: Anurag Khare

4/20/2016

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR A.C.C. USE.

### STATUTORY AGENT ACCEPTANCE

Please read Instructions MQ02i

- 1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

NK Petroleum IV L.L.C.

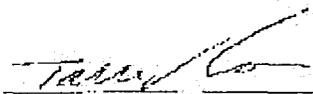
- 2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). **NOTE** - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Tajinder Singh

### 3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

  
 Signature: \_\_\_\_\_ Printed Name: Tajinder Singh Date: 04/29/2016

### REQUIRED – check only one:

<input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
---	---

Filing Fee: none (regular processing). Expedited processing - not applicable. All fees are nonrefundable - see instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are public records and are open for public inspection. If you have questions after reading the instructions, please call our 24-hour toll-free number at 1-800-345-6000.

REG-2008  
Rev 2007-6

Arizona Corporation Commission - Corporate Filings Division  
Page 2 of 2

**OPERATING AGREEMENT**  
**FOR NK Petroleum IV LLC**

THIS OPERATING AGREEMENT is made as of this 5th day of September 2016. Hereinafter all parties shall be referred to collectively as "Members" and individually as "Member" and , hereafter referred to as ("LLC") which is organized in the State of Arizona, upon the following specific terms and conditions set forth below.

**RECITALS:**

A. The Members desire to enter into an LLC owning and leasing rental real estate and any other business operated thereon situated in the State of Arizona.

NOW, THEREFORE, in consideration of the mutual covenants hereinafter set forth, the parties agree as follows:

**AGREEMENTS:**

1. **NAME:** NK Petroleum IV LLC
2. **PRINCIPAL PLACE OF BUSINESS:** The principal office and place of business for the LLC shall be 1571 E Apache Trail, Apache Junction, AZ 85120 until changed by mutual agreement of the Members.
3. **PURPOSE:** The LLC is formed for the purpose of owning and leasing rental real estate along with all other lawful purposes associated therewith.
4. **TERM:** The LLC shall commence on the date set forth above and shall continue until dissolved by mutual agreement of the Members, unless terminated earlier in accordance with the dissolution and termination provisions of this Agreement.
5. **CAPITAL CONTRIBUTIONS**
  - 5.1 Each Member shall contribute the sum of cash or equivalent assets set forth on the signature page hereto to the capital of this LLC. Each of the Members owns an interest in the capital and in the profits and losses of the LLC proportionate to the percentage of ownership set forth opposite his or her name on the signature page hereof.

'16 OCT 27 Ligr. Lic. #M349

*[Handwritten signature]* N.K.  
08-

5.2 Each Member agrees to contribute to the LLC as needed as a capital contribution a share of the expenses and obligations of the LLC proportionate to such Member's interest in capital. In the event there is an inequity in the amounts of contribution after the formation of the LLC, the percentage of distribution or profits or losses shall change accordingly.

6. **LLC DISTRIBUTIONS:** Any and all distributions shall be made to the Members on a pro rata basis in proportion to their respective interest in the capital of the LLC at the end of each calendar year. Distributions shall be made only at such times as the Members mutually determine that the LLC has adequate reserves or sources to satisfy all debts, obligations and capital needs as they arise.

7. **DEFAULT:** In the event a Member should default under Paragraph 5.2 of this Agreement by failing or refusing to contribute additional capital required by the LLC, then the non-defaulting Members may, but shall not be obligated to, cure the default of the defaulting Member, and treat the same as a loan payable on demand, with interest at the rate of five percent (5%) per annum. Until such indebtedness is repaid, the defaulting Member shall not be entitled to participate in any decisions relating to the LLC's business, and the non-defaulting Members may make all such decisions without the consent or approval of the defaulting Member.

8. **MANAGEMENT AND OPERATION OF BUSINESS:**

8.1 All routine management decisions of the operation of the investments owned, purchased or managed by the LLC, and the furnishing of sufficient information to the LLC's accountants so as to allow the preparation of the LLC's tax returns, shall be the responsibility of the Members

8.2 The Members shall meet from time to time to review the performance of the LLC business and the Manager and to estimate and jointly agree to the operating expenses and working capital of the LLC business, which will include but not be limited to, the making of deposits into agreed upon accounts for the payment of the obligations of the LLC.

9. **PAYMENT OF LLC DEBTS AND PURCHASE, SALE  
PLEDGE OR TRANSFER OF LLC PROPERTY:**

9.1 All members are the exclusive agents for, and are authorized to sign checks on behalf of the LLC for the payment of LLC debts and normal operating expenses.

9.2 Notwithstanding the foregoing, the signatures of all of the undersigned shall be required for the LLC to purchase, sell, pledge or otherwise transfer the property of the LLC.

 W.K



10. **ALLOCATION OF TAX ATTRIBUTES TO MEMBERS:**

10.1 Taxable income, gain, loss, deductions, and credits or other tax benefits and burdens of the LLC shall be allocated between the Members in proportion to the percentage of ownership set forth opposite their names on the signature page hereof or by agreement to whatever percentage they agree upon.

10.2 All taxable income, gain, loss, deductions and tax credits shall be deemed to be the amounts set forth on the LLC information tax return for federal income tax purposes or state income tax purposes as determined by the tax attorney or accounts employed by the LLC. Each Member's share of LLC income, gain, expense or tax credits, and loss shall be determined as of the end of business on the last day of each fiscal year.

11. **ACCOUNTING:**

11.1 The LLC's fiscal year shall be the calendar year.

11.2 The Members shall open and maintain bank accounts in the name of the LLC and all disbursements shall be made from such bank account in the name of the LLC on the signatures of members, the agents agreed upon by the Members.

11.3 Books of account shall be maintained at the principal place of business of the LLC and shall be open and available to any Member desiring to inspect the same.

12. **CONFLICTS OF INTEREST AND INVESTMENT RESTRICTIONS:**

12.1 No loan shall be made by the LLC to any Member or any of his affiliates, without the prior consent of all Members.

12.2 No Member nor any affiliate of a Member may, except as otherwise expressly permitted by this Agreement, enter into contractual or business dealings with the LLC which would result in additional compensation, profits or earnings inuring to the benefit of such Member or affiliate without the prior written consent of all Members.

13. **ADDITIONAL MEMBERS:** No additional Members shall be admitted to the LLC without the prior written consent of all Members, unless otherwise expressly provided for herein.

14. **TRANSFER OF LLC INTERESTS:**

14.1 A Member may not sell, transfer, assign, or subject to a lien or security interest such Member's LLC interest in the LLC or any part thereof except with the written consent of all other Members. Should a Member desire to sell his or her interest in the LLC, then he or she must first offer for sale such interest to all other Members, and all other Members are to be accorded a thirty (30) day right of first refusal, said thirty (30) day period commencing to run only following all Members having received a true and correct copy of a written purchase offer executed by any interested third-party purchaser. Any sale, assignment or other transfer contrary to the provisions of this Paragraph shall be void.

*AK* 14.12  
*DS*

14.2 No assignee of any Member's LLC interest shall be entitled to become a substituted Member of the LLC unless all Members shall consent thereto and the assignee shall consent in writing, in form satisfactory to the Members, to be bound by the terms of this Agreement in the place and stead of the assigning Member.

15. **LOANS TO LLC:** Subject to limitations elsewhere provided in this Agreement, the LLC may from time to time borrow such amounts from such persons, including the Members, on such security and payable on such terms as the Members may by unanimous consent approve.

16. **DISSOLUTION & TERMINATION OF THE LLC:**

16.1 Except as provided below, no Member shall have the right to cause dissolution of the LLC before expiration of the term.

16.2 The LLC shall be dissolved upon the first to occur of the following events:

- a. Unanimous agreement of the Members;
- b. Sale of all or substantially all of the assets of the LLC;
- c. In the event any Member shall be affected by bankruptcy, as defined in Paragraph 16.6.
- d. Death, retirement or incapacity of any member

16.3 Within sixty (60) days following the occurrence of an event of dissolution for a cause referred to in Paragraphs 16.2(a) through 16.2(d), inclusive, the remaining Members shall elect to either (i) continue the LLC or (ii) to wind up the affairs of the LLC and liquidate its assets in accordance with Paragraph 16.4, and distribute the proceeds therefrom in accordance with Paragraph 6. Said election shall be given in writing to all Members.

16.4 If the election is to continue the LLC, the LLC interest of the Member affected by such event shall be held by said Member's successor in interest, i.e., Receiver, Trustee, Conservator, Guardian, etc., as the case may be, as an assignee of such interest upon distribution of the estate by any such successor in interest, the distributees of such interest shall hold the individual portions so distributed as assignees thereof, unless and until admitted as a successor or substituted Member in accordance with Paragraph 14.2.

16.5 In the event that the remaining Members do not elect to continue the business as permitted hereby, then the remaining Members shall promptly arrange for the sale of the LLC Assets, liquidating and winding up of the LLC in an orderly fashion and distributing the net proceeds of liquidation on dissolution and termination pursuant to Paragraph 6 hereof. A Member may be the Liquidator by agreement of all Members. Nothing herein shall prevent any Member from, directly or indirectly, purchasing the LLC from the Liquidator, provided that the offer of such Member is equal to or higher than the highest attainable price from an unaffiliated person. The expenses of the Liquidator shall be deemed expenses of the LLC.



16.6 "Bankruptcy" with respect to any Member shall be deemed to occur when such Member makes an assignment for the benefit of creditors or otherwise pledges his or her interest in the LLC, files a petition in bankruptcy, voluntarily takes advantage of any bankruptcy or insolvency laws or is adjudicated a bankrupt or judicially insolvent or, of a petition or an answer is filed proposing the adjudication of such Member as a bankrupt, when such Member shall consent to the filing thereof or sixty (60) days after the filing thereof unless the same shall have been discharged, opposed, or denied prior thereto, or a charging order against the LLC interest of a Member is not removed within thirty (30) days from the date of attachment of said order to such Member's interest.

17. **DEATH OF A MEMBER:** This LLC shall not be dissolved upon the death of one or more Members so long as all of the remaining, surviving Members elect to continue this LLC. In the event of the death of a Member, such Member's personal representative, heirs and legatees shall be entitled to succeed to the interest of such Member, and shall become a substituted Member herein upon executing a written undertaking to be bound by all the terms and provisions of this Agreement.

18. **NOTICES:** All notices hereunder shall be in writing, effective upon hand delivery wherever effectuated, or by United States registered or certified mail, postage prepaid, addressed as follows:

19. **GENERAL PROVISIONS:**

19.1 This Agreement shall be binding upon and inure to the benefit of the Members and their respective legal representatives, successors and assigns.

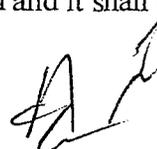
19.2 This Agreement contains the entire agreement between the parties at the date hereof and may not be modified or rescinded except with the written consent of all parties hereto.

19.3 The headings used herein are for the purposes of convenience only and shall not be utilized in the construction or interpretation of the provisions hereof.

19.4 In the event that any of the provisions, or portions thereof, of this Agreement is held to be unenforceable or invalid by any court having jurisdiction, the validity and enforceability of the remaining provisions, or portions thereof, shall not be affected thereby.

19.5 If any Member commences legal proceedings to enforce any of the terms of this Agreement, the prevailing party in such action shall then be entitled to receive from the defaulting party a reasonable sum as attorney's fees and costs, to be fixed by the Court in the same action.

19.6 This Agreement was made and executed in and it shall be construed according to the laws of the State of Arizona.

 N.K.  


IN WITNESS WHEREOF, this Agreement has been executed as of the date first above written.

<u>Members Names</u>	<u>Cash Contributed</u>	<u>Percentage of LLC Interest</u>
Anurag Khare	\$25000.00	25%
Niharika Khare	\$25000.00	25%
Tajinder Singh	\$25000.00	25%
Rajkamal Gill	\$25000.00	25%

Anurag Khare 9/5/16

Niharika Khare

Tajinder Singh 10/17/16

Rajkamal Gill 1/4



State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5th Floor  
Phoenix, AZ 85007  
(602) 542-5141  
QUESTIONNAIRE

16 OCT 15 03:49 PM 3:49  
fp current  
Rec'd 9/14/15

P1056413

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

**Attention applicant:** This is a sworn document. Type or print in **black ink**. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD. **The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.**

Liquor License#: 10113286  
(If the location is currently licensed)

1. Check the appropriate box

<input checked="" type="checkbox"/> Controlling Person (complete questions 1-19)	<input checked="" type="checkbox"/> Agent (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
---	---	--

2. Name: Gill Rajkermal Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: AZ 1D01793692 State: AZ  
(NOT a public record)

4. Place of birth: Ludhiana Punjab India Height: 5'7" Weight: 190 Eyes: BLK Hair: BLK  
City State COUNTRY (not county)

5. Marital status:  Single  Married  Divorced  Widowed

6. Name of current/most recent spouse: Singh Tajinder Kaur Birth Date: [REDACTED]  
(List all for past 5-years, use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: July 1999

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 602-427-8980

9. E-mail address: gillkim10@yahoo.com

10. Business Name: AK Petroleum & Hardware Truck & Equip Shell III Business Phone: 480-982-0326

11. Business Location Address: 1571W Apache Trail Apache Junction AZ Pinal 85220  
Street (do not use P O box #) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
NOV 2007	CURRENT	Chertron/Manager	CG Pet - 2025 E. Chandler Blvd Chandler AZ 85225

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
March 2005	CURRENT	own	10201 E Lakeriew Ave	Mesa	AZ	85209

(ATTACH ADDITIONAL SHEET IF NECESSARY)

If you checked the Manager box on the front of this form skip to # 15.

14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day? 3-4 and **answer #14a below.** If NO, skip to #15.  Yes  No

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide proof) **If the answer to # 14a is "NO" course must be completed before issuance of a new license.**  Yes  No

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, only include those that were alcohol and/or drug related.)  Yes  No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints.  Yes  No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years?  Yes  No

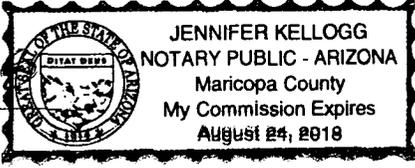
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  Yes  No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?  Yes  No

If you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
**SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) Rajkamal Gill, hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature] State of Arizona County of Maricopa  
Controlling Person / Agent the foregoing instrument was acknowledged before me this

My commission expires on: 8-24-2018  15 of Sept 2016  
Day Month Year  
[Signature]  
Signature of NOTARY PUBLIC

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

\_\_\_\_\_  
(Print Name)

X (Signature) \_\_\_\_\_  
Controlling Person / Agent

State of \_\_\_\_\_ County of \_\_\_\_\_  
the foregoing instrument was acknowledged before me this

\_\_\_\_\_  
Day of \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of NOTARY PUBLIC

Attachment for # 19

I have license under my name for following Locations -

- 1) C & G Petroleum LLC # 10075537  
NK Retail LLC.
- 2) Quick & Easy Retail # 10076388  
NK Petroleum LLC
- 3) Quick & Easy Shell # 10076489  
NK Petroleum II LLC
- 4) Quick & Easy Mobil # 10076183
- 5) Quick & Easy Shell II # 10076773  
NK Petroleum III LLC # ~~10076773~~

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State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> Floor  
Phoenix, AZ 85007  
(602) 542-5141

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

**SECTION I - APPLICANT INFORMATION**

INDIVIDUAL OWNER/AGENT NAME (Print or type)

RAJKAMAL GILL

**SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?

Yes

No

If **Yes**, indicate place of birth:

City Ludhiana State (or equivalent) Punjab Country or Territory India

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

2) Name of document: Passport  
Go to Section IV.

If you answered **No**, you must complete Section III and IV.

15 OCT 27 11:41 AM '13

### SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

\_\_\_\_\_  
**Name of document provided**

**Qualified Alien Status** (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

**Alien Paroled into the United States for Less Than One Year** (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons** (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present**

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

RAJKAMAL CUL  
Individual Owner/Agent Printed Name

9.29.16  
Today's Date

[Signature]  
Individual Owner/Agent Signature

**EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS**

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.





State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5th Floor  
Phoenix, AZ 85007  
(602) 542-5141  
QUESTIONNAIRE

16 OCT 3 11:47. Dept #1250

Fp Current  
Rec'd 5/14/15  
71024806

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

**Attention applicant:** This is a sworn document. Type or print in **black ink**. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD. **The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.**

Liquor License#: 10113286  
(If the location is currently licensed)

1. Check the appropriate box

<input checked="" type="checkbox"/> Controlling Person (complete questions 1-19)	<input type="checkbox"/> Agent (complete questions 1-19)	<input checked="" type="checkbox"/> Manager (complete all questions except #14, 14a & 21. Controlling Person or Agent must complete #21)

2. Name: Singh Tginder Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security # [REDACTED] Driver License #: DO 339 8878 State: AZ  
(NOT a public record)

4. Place of birth: Jalandhar Punjab India Height: 5'10" Weight: 185 Eyes: BLK Hair: BLK  
City State COUNTRY (not county)

5. Marital status:  Single  Married  Divorced  Widowed

6. Name of current/most recent spouse: Gill Rajkamal Kaur Birth Date: [REDACTED]  
(List all for past 5-years, use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 1991

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 602-427-8982

9. E-mail address: Shergill1963@yahoo-com

10. Business Name: CK Pet LLC dba Buck & Easy Shell TX Business Phone: 480-982-6326

11. Business Location Address: 1571 W. Apache Trail Apache AZ Prchal 85220  
Street (do not use P O box#) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
NOV 2007	CURRENT	Manager / Member	CK Pet, 2025 E. Chandler Blvd, Chandler AZ 85225

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
March 2005	CURRENT	own	10251 E. Lakeriew Ave	Mesa	AZ	85209

(ATTACH ADDITIONAL SHEET IF NECESSARY)

If you checked the Manager box on the front of this form skip to # 15.

14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day? 3, and **answer #14a below**. If NO, skip to #15.  Yes  No

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide proof) **If the answer to # 14a is "NO" course must be completed before issuance of a new license.**  Yes  No

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, only include those that were alcohol and/or drug related.)  Yes  No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints.  Yes  No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years?  Yes  No

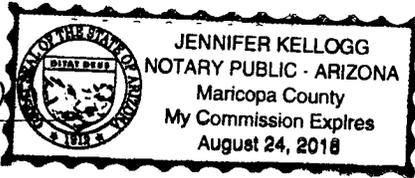
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  Yes  No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?  Yes  No

If you answered "YES" to any Question 15 through 19 **YOU MUST** attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
**SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) Tajinder Singh, hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) Tajinder Singh State of Arizona County of Maricopa  
Controlling Person / Agent the foregoing instrument was acknowledged before me this

My commission expires on: 8-24-2016  15 of Sept 2014  
Day Month Year  
Jennifer Kellogg  
Signature of NOTARY PUBLIC

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

\_\_\_\_\_  
(Print Name)  
X (Signature) \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
Controlling Person / Agent the foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_  
\_\_\_\_\_  
Day of Month Year  
Signature of NOTARY PUBLIC

Attached for no #19

I Tajinder Singh have following License  
Under my name -

1) C & G Petroleum LLC #10075537

2) Quick & Easy Foodmart #10076388  
NK Retail LLC

3) Quick & Easy Shell  
NK Petroleum LLC #10076489

4) Quick & Easy Mobil #10076183  
NK Petroleum II LLC

5) Quick & Easy Shell II  
NK Petroleum III LLC #10076773

6) G & G Petroleum LLC #10076661

X

Tajinder Singh

16 OCT 27 Lic. Dept #1250



State of Arizona
Department of Liquor Licenses and Control
800 W. Washington 5th Floor
Phoenix, AZ 85007
(602) 542-5141
QUESTIONNAIRE

FP Current
Recd 9/4/15
P106845 7

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD. The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.

Liquor License#: 10113286 (If the location is currently licensed)

1. Check the appropriate box

Form with checkboxes for Controlling Person, Agent, and Manager. Controlling Person is checked.

2. Name: KHARE NIHARIKA Birth Date: [REDACTED]

3. Social Security #: [REDACTED] Driver License #: D03117408 State: AZ

4. Place of birth: LUKNOW UP INDIA Height: 5'4" Weight: 120 Eyes: BLU Hair: BRN

5. Marital status: [X] Married [ ] Single [ ] Divorced [ ] Widowed

6. Name of current/most recent spouse: KHARE ANURAG Birth Date: [REDACTED]

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: AUG 2001

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 480 395 4360

9. E-mail address: Rkhare2005@hotmail.com 480 982 6326

10. Business Name: QUICK & EASY SUPPLIES Business Phone: [REDACTED]

11. Business Location Address: 1571 W. APACHE TRAIL APACHE JUNCTION AZ PINAL 85220

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS. Includes entries for NK RETAIL and TJ PETABLEUM.

13. Indicate your residence address for the last five (5) years:

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENTIAL Street Address, City, State, Zip. Includes entries for Chandler AZ and San Vicente CT.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

If you checked the Manager box on the front of this form skip to # 15.

14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day? \_\_\_\_\_, and answer #14a below. If NO, skip to #15.  Yes  No

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license.  Yes  No

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, only include those that were alcohol and/or drug related.)  Yes  No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints.  Yes  No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years?  Yes  No

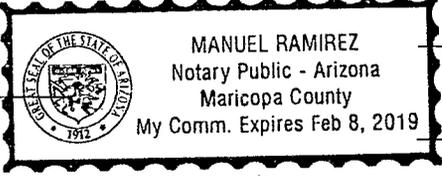
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  Yes  No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?  Yes  No

If you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.  
**SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) NIHARIL KHADE, hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) Niharil Khade State of Arizona County of Maricopa  
Controlling Person / Agent the foregoing instrument was acknowledged before me this

My commission expires on: 2/8/2019  22 of September 2016  
Day Month Year  
Signature of NOTARY PUBLIC

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

\_\_\_\_\_  
(Print Name)

X (Signature) \_\_\_\_\_  
Controlling Person / Agent

State of \_\_\_\_\_ County of \_\_\_\_\_  
the foregoing instrument was acknowledged before me this

\_\_\_\_\_  
Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of NOTARY PUBLIC

I Michaila Klaw have following license  
under my name

- 1) Quick & Easy # 10076388  
N.K Retail LLC
- 2) Quick & Easy Shell # 10076489  
NK Petrolian LLC
- 3) Quick & Easy Mobil # 10076183  
NK Petrolian II LLC
- 4) Quick & Easy Shell II # 10076773  
NK Petrolian III LLC

x Michaila Klaw

Attached for # 19



State of Arizona
Department of Liquor Licenses and Control
800 W. Washington 5th Floor
Phoenix, AZ 85007
(602) 542-5141
QUESTIONNAIRE

P1068958
FP Current 09/09/2015

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD. The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.

Liquor License #: 10113281 (If the location is currently licensed)

1. Check the appropriate box

Form with checkboxes for Controlling Person, Agent, and Manager. Controlling Person is selected.

2. Name: KHARE ANURAZ Birth Date: [Redacted]

3. Social Security #: [Redacted] Driver License #: D01221496 State: AZ

4. Place of birth: ALLAHABAD UP INDIA Height: 5'6" Weight: 140 Eyes: Blue Hair: Blue

5. Marital status: [ ] Single [X] Married [ ] Divorced [ ] Widowed

6. Name of current/most recent spouse: KHARE NIHARIKA Birth Date: [Redacted]

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: AUG 2000

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 619 2047417

9. E-mail address: akhare2005@hotmail.com

10. Business Name: QUICK & EASY SHELLTII Business Phone: 484 8216326

11. Business Location Address: 1571 W. APACHE TRAIL APACHE JCT AZ PINAL 85220

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS. Includes entries for UNEMPLOYED and CARPENTRY.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

Table with 6 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENTIAL Street Address, City, State, Zip. Includes entries for Chandler AZ and Vincente Ct.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

If you checked the Manager box on the front of this form skip to # 15.

14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day? 1, and **answer #14a below**. If NO, skip to #15.  Yes  No

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license.  Yes  No

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, only include those that were alcohol and/or drug related.)  Yes  No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints.  Yes  No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years?  Yes  No

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  Yes  No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?  Yes  No

If you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
**SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) ANURAG KHARE, hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER  
Controlling Person / Agent / Manager  
filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) Anurag Khare  
Controlling Person / Agent

My commission expires on: \_\_\_\_\_

*See Attached Acknowledgment*

State of \_\_\_\_\_ County of \_\_\_\_\_  
the foregoing instrument was acknowledged before me this \_\_\_\_\_  
Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_  
Signature of NOTARY PUBLIC

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

\_\_\_\_\_  
(Print Name)

X (Signature) \_\_\_\_\_  
Controlling Person / Agent

State of \_\_\_\_\_ County of \_\_\_\_\_  
the foregoing instrument was acknowledged before me this \_\_\_\_\_  
Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_  
Signature of NOTARY PUBLIC

My commission expires on: \_\_\_\_\_

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

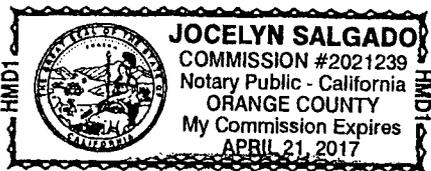
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Orange )  
On September 26, 2016 before me, Joelyn Salgado, Notary  
Date Here Insert Name and Title of the Officer  
personally appeared Anurag Khare  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: State of Arizona Department of Liquor Licenses and Control  
Document Date: \_\_\_\_\_ Number of Pages: 2  
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

I, ANURAG KHARE HAVE following  
License UNDER my NAME

1. QUICK & EASY # 10076388.  
NK RETAIL LLC
2. QUICK & EASY SHELL # 10076<sup>489</sup>~~183~~  
NK PETROLEUM LLC
3. QUICK & EASY MOBIL # 10076183  
NK PETROLEUM II LLC
4. QUICK & EASY SHELL # 10076773  
NK PETROLEUM III LLC

Anurag  
10/3/16