TUBE OF LINE OUT VIN	**************************************			
LEGAL NAME OF ENTITY	ACK INK TO COMPLETE	THIS APPLICATION	LICENSE NUMBER	
ELGAL NAME OF ENTITY			EIGENGE NGIIIDEN	
	2007	2.100-0.000		101177
DOING BUSINESS AS				4.0
PHYSICAL LOCATION OF BUSINESS (STREET AD	DDRESS)	West TANKS	- 11 14 10 10 10 10 10 10 10 10 10 10 10 10 10	
CITY, STATE, ZIP CODE		724 mg - 224 mg - 224 mg	BUSINESS TELEPHONE NUMBE	R
Constitution of the Consti				
2				
I/We,				
	OFFICER OF CORPORATION OR LLC, OR ALL MEM	IBERS OF PARTNERSHIP, OR SOLE OV	MER)	
do hereby request the following	address to be used by the Division	on of Alcohol and Tobacc	o Control as a mailing	
address to send all corresponde				
-	1			
STREET ADDRESS OR P.O. BOX NUMBER		According to the second	2183, 1	_
	- Comment of the Comm			
СПУ		STATE	ZIP CODE	
		CATALOGUE COLO CATALOGUE		
	SUBMIT COMPI	LETED FORM	TO:	
1) <u>BY FAX:</u>	573-526-4369			
1) <u>B1 1 AX.</u>	070 020 4000			
	OR			
2) <u>BY MAIL:</u>	DIVISION OF ALCOHO	OL AND TOBACCO COM	NTROL	
1738 E. ELM STREET, LOWER LEVEL JEFFERSON CITY, MO 65101				
SIGNATURE OF MANAGING OFFICER	R, SOLE OWNER OR PARTNER	***************************************	IDATE	
SIGNATURE OF PARTNER			DATE	-
SIGNATURE OF PARTNER			DATE	
SIGNATURE OF PARTNER			DATE	