

L

RESOLUTION _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS B LIQUOR LICENSE APPLICATION OF CASEY'S RETAIL COMPANY DBA CASEY'S GENERAL STORE 2454, LA VISTA, NEBRASKA.

WHEREAS, Casey's Retail Company dba Casey's General Store 2454, 9542 Giles Road, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class B Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class B Liquor License application submitted by Casey's Retail Company dba Casey's General Store 2454, 9542 Giles Road, La Vista, NE.

PASSED AND APPROVED THIS 18TH DAY OF MARCH 2008.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk

LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND- CORPORATE LIQUOR LICENSE-
CORPORATE MANAGER
CASEY'S 96TH/GILES
DATE: 2/28/2008
CC:

The police department conducted a check of computerized records on the applicant, Terry Handley, for criminal conduct in Nebraska in reference to the Corporate Manager application. The applicant has no entries in Nebraska.

A check was also conducted on the Corporate Liquor License applicants (CT Corporation) Michael Richardson, Eli Wirtz, and William Walljasper. All had no entries.

A check of the applicants current liquor license at 9542 Giles shows the business has had no action taken against the license.

License Information

Number: 67352

Expiration Date: 04/30/2008

Category: Retail

Type of Beverages:

Ownership: Corporation

Class: B

Exemptions:

Trade Information

Trade Name CASEY'S GENERAL STORE #2454

Trade Address 1 9542 GILES ROAD

City, State, Zip Code LA VISTA, NE 68128

County 59

Individual Applicant Information

Name: KRINGS, TINA M

Corporate Applicant Information

Corporation: CASEY'S RETAIL
COMPANY

Address 1: ONE CONVENIENCE
BLVD

Address 2: PO BOX 3001

City, State, Zip ANKENY, IA 50021
Code

Troop ID Troop A

Registered Agent CT CORPORATION

Bond Information

Company:

Start Date:

Number:

Cancel Date:

Restrictions: *SEE PREVIOUS HISTORY ON 2005 ROLL 9 PAGE 161*

Partner Information

Partner 1

Partner 2

HANDLEY,

Name: TERRY W
*SPOUSE

HEYER,

Name: BRADLEY G
*SPOUSE

Title: PRESIDENT

Title: VP

Shares:

Shares:

Partner 3

Partner 4

Name: BROWN, HAL D
*SPOUSE

MYERS,
Name: ROBERT J
*SPOUSE

Title: VP

Title: VP

Shares:

Shares:

Partner 5

Partner 6

Name: WIRTZ, ELI J
*SPOUSE

JACKOWSKI,
Name: JULIA L
*SPOUSE

Title: SEC/TRE

Title: ASST SEC

Shares:

Shares:

Description

ONE STORY BUILDING APPROX 40 X 68

History

Description: NEW
APPLICATION

Date Effective: 03/04/2005

Description: STATUTORY

Date Effective: 03/10/2005

TIME	
Description: STATUTORY TIME	Date Effective: 03/17/2005
Description: INV. REV. FINAL	Date Effective: 03/25/2005
Description: AG. APPROVE	Date Effective: 03/28/2005
Description: LOCAL APPROVE	Date Effective: 04/21/2005
Description: FIRE APPROVE	Date Effective: 04/28/2005
Description: CLK LTR LIC PKP	Date Effective: 04/28/2005
Description: ISSUE LICENSE	Date Effective: 05/01/2005
Description: FIRE APPROVE	Date Effective: 05/02/2005
Description: CORRECT LICENSE	Date Effective: 02/10/2006
Description: RENEW APP.	Date Effective: 03/01/2006
Description: RENEW APP.	Date Effective: 02/26/2007
Description: MANAGER CHG	Date Effective: 03/30/2007
Description: INV. REV.	Date Effective: 04/30/2007
Description: LOCAL APPROVE	Date Effective: 05/07/2007
Description: MGR. APPROVE	Date Effective: 05/08/2007

Annexed

**APPLICATION FOR LIQUOR LICENSE
CHECKLIST**

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

80181

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NEBRASKA LIQUOR
CONTROL COMMISSION

Applicant Name CASEY'S RETAIL COMPANY

Trade Name CASEY'S GENERAL STORE #2454 Previous Trade Name _____

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. **ON FILE**
2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate - Form 3a; Limited Liability Form (LCC) – Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application – Form 3c.
4. If building is being leased send a copy of the lease. Be sure it reads in the individual(s), corporate or LLC name being applied for. Also, the lease must extend through the license year being applied for. If building owned, send a copy of the deed or purchase agreement in appropriate name.
5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in appropriate applicant's name.
NA
6. If wishing to run on current liquor license enclose temporary agency agreement (**must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name on account**).

NA

*Bus 1793462
45-mm*



0800000984

7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

NA

8. Enclose a list of any inventory or property owned by other parties that are on the premise.

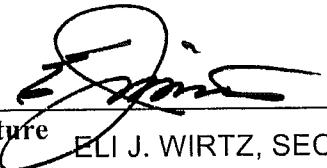
NA

9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses. NA

10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature


ELI J. WIRTZ, SECRETARY FOR
CASEY'S RETAIL COMPANY

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/

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NEBRASKA LIQUOR
CONTROL COMMISSION**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES****CHECK DESIRED CLASS(S)****RETAIL LICENSE(S)**

<input type="checkbox"/>	A	BEER, ON SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	B	BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	O	Boat	\$ 95.00	
<input type="checkbox"/>	V	Manufacturer	\$ 45.00(+license fee)	\$10,000 minimum bond
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum bond
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum bond
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum bond

All Class C licenses expire October 31stAll other licenses expire April 30th

Catering expire 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 DEBBIE DOLASHPhone number: 515-965-6517Firm Name CASEY'S RETAIL COMPANYEMAIL: ddolash@caseys.com

PREMISE INFORMATION

Trade Name (doing business as) CASEY'S GENERAL STORE #2454

Street Address #1 9542 GILES ROAD

Street Address #2 _____

City LAVISTA

County SARPY

59

Zip Code 68128

Premise Telephone number 402-331-9632

Is this location inside the city/village corporate limits:

YES

city

NO

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

Name CASEY'S RETAIL COMPANY ATTN: STORE OPERATIONS

Street Address

#1 PO BOX 3001

Street Address

#2 ONE CONVENIENCE BLVD

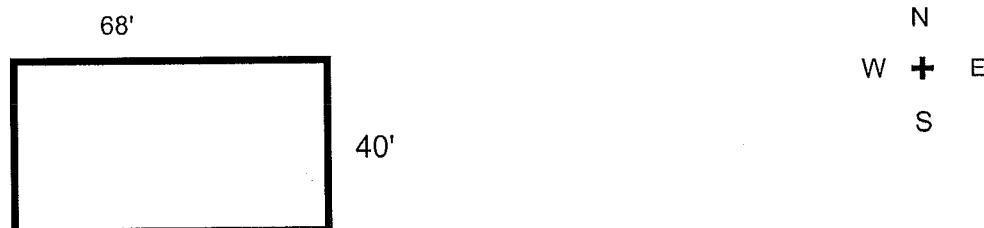
City ANKENY, IA

County POLK

Zip Code 50021

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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



ONE STORY BUILDING APPROXIMATELY 68' X 40'

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

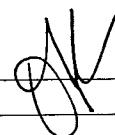
If yes, please explain below or attach a separate page.

ELI WIRTZ: TRAFFIC TICKETS - MOST RECENT 2003 PAID FINE

MARILYN WIRTZ: TRAFFIC TICKETS - MOST RECENT 2005 PAID FINE

TERRY HANDLEY: TRAFFIC TICKETS - MOST RECENT 2004 PAID FINE

NANCY HANDLEY: TRAFFIC TICKET - SOMETIME IN 2002-2004 PAID FINE



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 you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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

YES NO

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

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

UMB BANK - PO BOX 419226, KANSAS CITY, MO 64141 - CASEY'S CORPORATE ACCOUNTING DEPT

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.

PLEASE SEE ATTACHED SPREADSHEET

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. CARISSA STRIPE, MANAGER - 45 HOURS PER WEEK

13. List the training and/or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcoholic ALL STORE MANAGERS MUST REVIEW AND SIGN CORPORATE TRAINING PACKET WHEN THEY ARE HIRED AS STORE MANAGER. PLEASE SEE ATTACHED. CARISSA STRIPE - MNGR LESS THAN 1 YEAR, 4 YRS AS CLERK beverages.

14. 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 _____
 Deed
 Purchase Agreement

15. When do you intend to open for business? CURRENTLY OPEN- CHANGING JURISDICTION

16. What will be the main nature of business? CONVENIENCE STORE

17. What are the anticipated hours of operation? 6AM-11PM DAILY

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE			
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE
TERRY W. HANDLEY	1993	CURRENT	NANCY A. HANDLEY
ELI J. WIRTZ	1987	CURRENT	MARILYN C. WIRTZ

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.

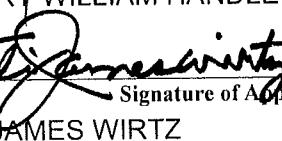
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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.



Signature of Applicant

TERRY WILLIAM HANDLEY



Signature of Applicant

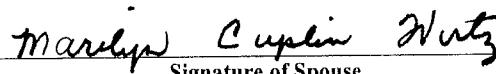
ELI JAMES WIRTZ

Signature of Applicant



Signature of Spouse

NANCY ANN HANDLEY



Signature of Spouse

MARILYN CUPLIN WIRTZ

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ IOWA

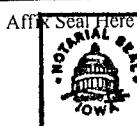
County of POLK

The foregoing instrument was acknowledged before
me this Feb 19, 2008 by

Terry Handley and Eli Wirtz


Notary Public signature

CHRIS MCCREADY

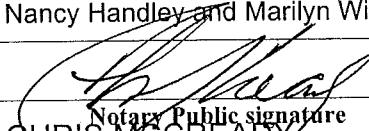


CHRIS MCCREADY
Commission Number 158693
MY COMM. EXP. 11-29-08

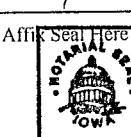
County of POLK

The foregoing instrument was acknowledged before
me this Feb 19, 2008 by

Nancy Handley and Marilyn Wirtz


Notary Public signature

CHRIS MCCREADY



CHRIS MCCREADY
Commission Number 158693
MY COMM. EXP. 11-29-08

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

**MANAGER APPLICATION
INSERT - FORM 3c**

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

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

↓ Name of Corporation/LLC: CASEY'S RETAIL COMPANY

Premise information

Premise License Number: CLASS B 67352

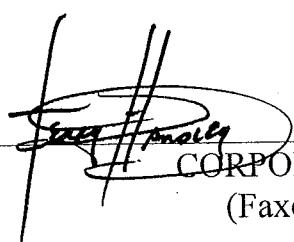
↓ Premise Trade Name/DBA: CASEY'S GENERAL STORE #2454

↓ Premise Street Address: 9542 GILES ROAD

City: LAVISTA State: NE Zip Code: 68128

Premise Phone Number: 402-331-9632

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.


Terry W. Handley

TERRY W. HANDLEY, PRESIDENT

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: KRINGS First Name: TINA MI: MARIE

Home Address (include PO Box if applicable): 1005 VILLAGE GREEN DRIVE #4

City: NORFOLK State: NE Zip Code: 68701

Home Phone Number: 402-371-7308 Business Phone Number: 515-965-6517

Social Security Number: 43-3463-0000 Drivers License Number & State: 1070145757

Date Of Birth: 12-21-67 Place Of Birth: ANAHEIM, CA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO

Spouse's information

Spouses Last Name: _____ First Name: _____
MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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

APPLICANT		SPOUSE					
CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
NORFOLK, NE		1967	CURRENT				

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
09/01 CURRENT	CASEY'S GENERAL STORES	JAN KONRAD	515-965-6517
01/98 08/01	ARNOLD ENGINEERING	PLANT CLOSED	NO PHONE

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.

~~ELI & MARILYN WIRTZ HAVE TRAFFIC VIOLATIONS - PAID FINES~~

~~TERRY & NANCY HANDLEY HAVE TRAFFIC VIOLATIONS - PAID FINES~~

~~TINA KRINGS - HAS HAD SPEEDING TICKET OVER 10 YEARS AGO - PAID FINES~~

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

PLEASE SEE THE ATTACHED LIST

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

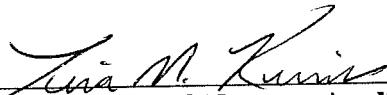
ON FILE

PERSONAL OATH AND CONSENT OF INVESTIGATION

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

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

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

TINA MARIE KRINGS

State of Nebraska

County of Madison

The foregoing instrument was acknowledged before
me this February 14, 2008 by

TERRI GRAVERHOLT

Terri J. Graverholt

Notary Public signature

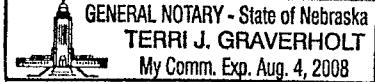

Signature of Spouse

County of _____

The foregoing instrument was acknowledged before
me this _____ by

Notary Public signature

Affix Seal Here



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.

RECEIVED

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA
DEPARTMENT OF HEALTH SERVICES
HEALTH DATA AND STATISTICS BRANCH

DATA DATE: 10/18

EVENT: BIRTH

AMOUNT: \$13.00

RECEIPT NO: 599951

AMOUNT: \$13.00

TINA M PAULSEA
1311 IMPALA DR., #A
NORFOLK, NE 68701

DATE: 10/18/08

THIS IS YOUR RECEIPT.

HIS COMPUTER GENERATED ABSTRACT OF BIRTH IS AN OFFICIAL DOCUMENT.

463339

STATE OF NEBRASKA
DEPARTMENT OF HEALTH SERVICES
CERTIFIED ABSTRACT OF BIRTH

NAME: TINA M PAULSEA

This is to certify that this
document is a true abstract
of the official record filed with
the Office of Vital Records and Statistics.

DATE OF BIRTH: DECEMBER 21, 1967

SEX: FEMALE

S. Kimberly Belshe, Director
Department of Health Services

and State Registrar of Vital Records and Statistics

NAME OF MOTHER: STREETER

by:

Peter Abbott M.D., M.P.H.

George B. (Peter) Abbott, Jr., M.D., M.P.H., Chief

Office of Vital Records and Statistics

DATE FILED: 02/68 DATE ISSUED: 10/18/95

REGISTRATION NUMBER - STATE: 67-334858

463339

599951

LOCAL: 019545

VS-1(4-94)



Manager

STORE LOCATION	LICENSE NUMBER	MANAGING OFFICER
2736 ASHLAND	B71284	TINA KRINGS
1752 AUBURN	B28763	TINA KRINGS
2377 AURORA	B49302	TINA KRINGS
65 BEATRICE #2	B10710	TINA KRINGS
1744 BEATRICE #3	B29127	TINA KRINGS
1784 BEATRICE #4	B29126	TINA KRINGS
2702 BEATRICE #5	B71285	TINA KRINGS
2709 CAMBRIDGE	B71399	TINA KRINGS
1804 CENTRAL CITY	B31470	TINA KRINGS
1575 CRETE	B76412	TINA KRINGS
2725 EAGLE	B71405	TINA KRINGS
1603 EXETER	B26283	TINA KRINGS
1193 FAIRBURY	B67355	TINA KRINGS
1790 FALLS CITY	B67356	TINA KRINGS
1595 FRANKLIN	B22070	TINA KRINGS
1717 GENEVA	D54883	TINA KRINGS
1768 GRAND ISLAND	B29484	TINA KRINGS
2707 GRAND ISLAND #2	B76264	TINA KRINGS
2727 GRAND ISLAND #3	B71406	TINA KRINGS
2732 GRAND ISLAND #4	B71404	TINA KRINGS
2737 GRAND ISLAND #5	B76265	TINA KRINGS
2742 GRAND ISLAND #6	B71396	TINA KRINGS
1780 HASTINGS	B30540	TINA KRINGS
2719 HASTINGS	D71290	TINA KRINGS
2752 HASTINGS	B77726	TINA KRINGS
1576 HEBRON	B20969	TINA KRINGS
1606 HOLDREGE #1	B26282	TINA KRINGS
1800 HOLDREGE #2	B31240	TINA KRINGS
2711 KEARNEY 3	B76263	TINA KRINGS
2454 LA VISTA	B67352	TINA KRINGS

STORE	LOCATION	LICENSE NUMBER	MANAGING OFFICER
1934	LINCOLN	B36334	TINA KRINGS
2720	LINCOLN	B71213	TINA KRINGS
2721	LINCOLN	B76261	TINA KRINGS
2729	LINCOLN #11	B71288	TINA KRINGS
2745	LINCOLN #13	B71289	TINA KRINGS
2723	LINCOLN #8	B71352	TINA KRINGS
2724	LINCOLN #9	B71351	TINA KRINGS
1954	MCCOOK 1	B36976	TINA KRINGS
2291	MCCOOK 2	B50367	TINA KRINGS
1622	MILFORD	B26284	TINA KRINGS
1801	MINDEN	B67357	TINA KRINGS
1817	NEBRASKA CITY	B31425	TINA KRINGS
2675	NORTH BEND	B78600	TINA KRINGS
2740	OSCEOLA	B71378	TINA KRINGS
2743	PALMYRA	B76262	TINA KRINGS
2441	PAPILLION	B55223	TINA KRINGS
1579	PAWNEE CITY	B20974	TINA KRINGS
1600	PERU	B21008	TINA KRINGS
1583	RED CLOUD	B24068	TINA KRINGS
2733	STROMSBURG	B76266	TINA KRINGS
2712	SUPERIOR	B71287	TINA KRINGS
2735	SYRACUSE	B71380	TINA KRINGS
2750	TECUMSEH	B28747	TINA KRINGS
2700	WAHOO	B71375	TINA KRINGS
2718	WILBER	B71354	TINA KRINGS
1565	WYMORE	B20970	TINA KRINGS
1690	YORK 1	B67354	TINA KRINGS
2015	YORK 2	B38063	TINA KRINGS

**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

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: CT CORPORATION

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

CASEY'S RETAIL COMPANY

Corporation Address: PO BOX 3001, ONE CONVENIENCE BLVD

City: ANKENY State: IA Zip Code: 50021

Corporation Phone Number: 515-965-6517 Fax Number 515-965-6205

Total Number of Corporation Shares Issued: 0

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

Last Name: HANDLEY First Name: TERRY MI: W

Home Address: 8661 NE 108TH AVENUE City: BONDURANT

State: IOWA Zip Code: 50035 Home Phone Number: 515-965-6218

TERRY W. HANDLEY

Signature of president

State of Nebraska IOWA
County of POLK

The foregoing instrument was acknowledged before me this

Feb. 19, 2008

by TERRY W. HANDLEY

name of person acknowledged

Notary Public signature

Affix Seal Here	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP/11-29-08
-----------------	---

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

Last Name: HANDLEY First Name: TERRY MI: W

Social Security Number: _____ Date of Birth: _____

Title: PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): NANCY HANDLEY (NON PARTICIPATING)

Spouse Social Security Number: _____ Date of Birth: 2-17-63

Last Name: RICHARDSON First Name: MICHAEL MI: R

Social Security Number: 182 Date of Birth: 1-28-58

Title: VICE-PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): PATRICIA RICHARDSON (NON PARTICIPATING)

Spouse Social Security Number: 72895 Date of Birth: 7-28-59

Last Name: WIRTZ First Name: ELI MI: J

Social Security Number: 40-5 Date of Birth: 4-28-43

Title: SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): MARILYN WIRTZ (NON PARTICIPATING)

Spouse Social Security Number: 147 Date of Birth: 10-30-43

Last Name: WALLJASPER First Name: WILLIAM MI: J

Social Security Number: 700-7022 Date of Birth: 8-6-64

Title: TREASURER Number of Shares 0

Spouse Full Name (indicate N/A if single): LAURA WALLJASPER (NON PARTICIPATING)

Spouse Social Security Number: 884-9273 Date of Birth: 6-19-64

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

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: _____

Last Name: FORD First Name: ROBERT MI: C

Social Security Number: 50108-9090 Date of Birth: 11-13-61

Title: VICE-PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): CINDY FORD (NON PARTICIPATING)

Spouse Social Security Number: 432-68-8072 Date of Birth: 11-3-61

Last Name: JACKOWSKI First Name: JULIA MI: L

Social Security Number: 479-98-0788 Date of Birth: 2-24-66

Title: AST. SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): THOMAS JACKOWSKI (NON PARTICIPATING)

Spouse Social Security Number: 376-82-5154 Date of Birth: 12-22-62

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

CASEY'S GENERAL STORES, INC.

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: MAY 1

Ending Date: APRIL 30

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.

**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

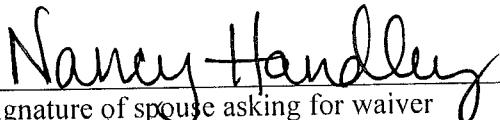
Office Use

RECEIVED

FEB 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

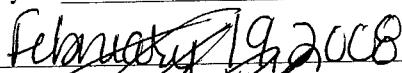
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, 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.



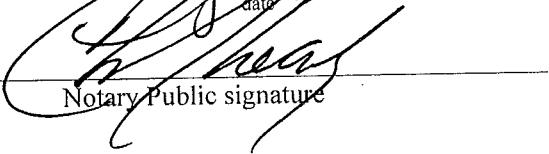
Signature of spouse asking for waiver
(Spouse of individual listed below)

State of IOWA

County of POLK



date

February 19, 2008


Notary Public signature

NANCY A. HANDLEY

Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this
NANCY HANDLEY

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <u>11-29-08</u>	
------------	---	--

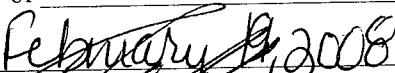
I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



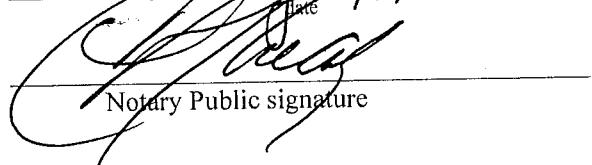
Signature of individual involved with application
(Spouse of individual listed above)

State of IOWA

County of POLK



date

February 19, 2008


Notary Public signature

TERRY W. HANDLEY

Printed name of applying individual

The foregoing instrument was acknowledged before me this

TERRY HANDLEY

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <u>11-29-08</u>	
------------	---	--

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.

**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

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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.



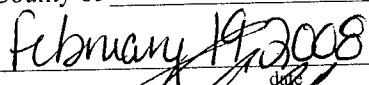
PATRICIA M. RICHARDSON

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

Printed name of spouse asking for waiver

IOWA
State of _____

POLK
County of _____

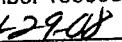


date

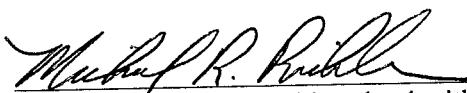
Notary Public signature

The foregoing instrument was acknowledged before me this
PATRICIA RICHARDSON

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. 	
------------	---	--

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.



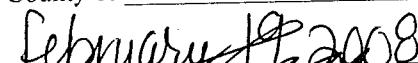
MICHAEL R. RICHARDSON

Signature of individual involved with application
(Spouse of individual listed above)

Printed name of applying individual

IOWA
State of _____

POLK
County of _____



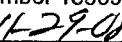
date

Notary Public signature

The foregoing instrument was acknowledged before me this

MICHAEL RICHARDSON

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. 	
------------	---	--

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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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

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.

Marilyn C. Wirtz

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

IOWA
State of _____

POLK
County of _____

February 19, 2008
date

Chris Mccready
Notary Public signature

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Feb 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

MARILYN C. WIRTZ

Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this
MARILYN C. WIRTZ

name of person acknowledged

Affix Seal or Stamp	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <i>1/29/08</i>
---------------------	--

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.

Elis J. Wirtz

Signature of individual involved with application
(Spouse of individual listed above)

IOWA
State of _____

POLK
County of _____

February 19, 2008
date

Chris Mccready
Notary Public signature

ELI J. WIRTZ

Printed name of applying individual

The foregoing instrument was acknowledged before me this

ELI J. WIRTZ

name of person acknowledged

Affix Seal or Stamp	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <i>1/29/08</i>
---------------------	--

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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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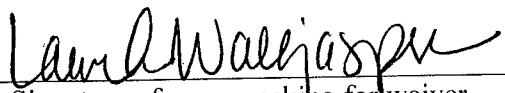
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FEB 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

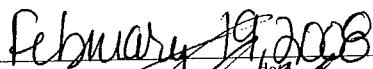
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, 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)

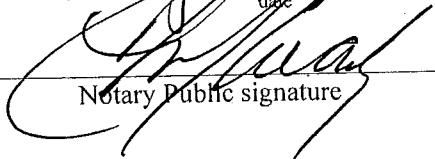
IOWA
State of _____

POLK
County of _____



February 19, 2008
date

Notary Public signature



LAURA A. WALLJASPER

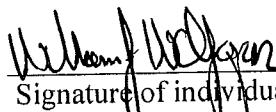
Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this
LAURA WALLJASPER
by _____

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. 11-29-08
------------	--

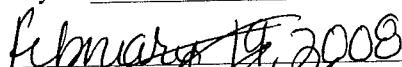
I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application
(Spouse of individual listed above)

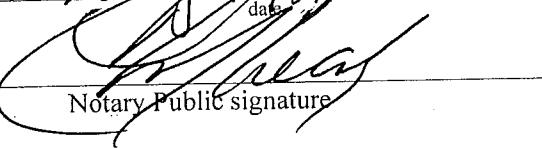
IOWA
State of _____

POLK
County of _____



February 19, 2008
date

Notary Public signature



WILLIAM J. WALLJASPER

Printed name of applying individual

The foregoing instrument was acknowledged before me this
WILLIAM WALLJASPER
by _____

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. 11-29-08
------------	--

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A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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PHONE: (402) 471-2571
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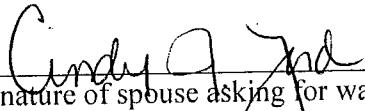
Office Use

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FEB 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

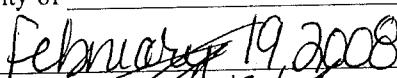
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, 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)

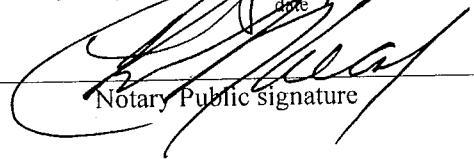
IOWA
State of _____

POLK
County of _____



date

Notary Public signature



CINDY J. FORD

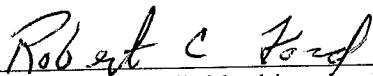
Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this
CINDY FORD

name of person acknowledged

	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <u>11-29-08</u>
---	---

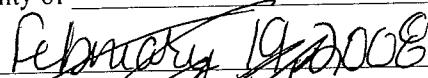
I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application
(Spouse of individual listed above)

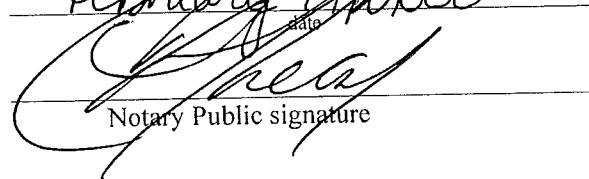
IOWA
State of _____

POLK
County of _____



date

Notary Public signature



ROBERT C. FORD

Printed name of applying individual

The foregoing instrument was acknowledged before me this

ROBERT FORD

name of person acknowledged

	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <u>11-29-08</u>
---	---

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.

**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

FEB 20 2008

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.

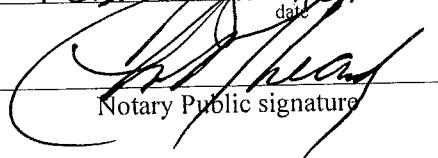


Signature of spouse asking for waiver
(Spouse of individual listed below)

IOWA
State of _____

POLK
County of _____

February 19, 2008
date


Notary Public signature

THOMAS J. JACKOWSKI

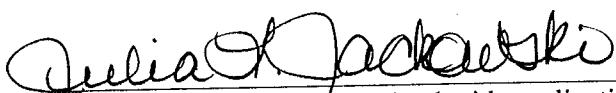
Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this
THOMAS J. JACKOWSKI

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <u>11-29-08</u>
------------	---

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.

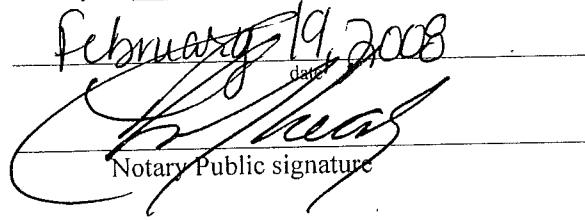


Signature of individual involved with application
(Spouse of individual listed above)

IOWA
State of _____

POLK
County of _____

February 19, 2008
date


Notary Public signature

JULIA L. JACKOWSKI

Printed name of applying individual

The foregoing instrument was acknowledged before me this

JULIA JACKOWSKI

name of person acknowledged

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. <u>11-29-08</u>
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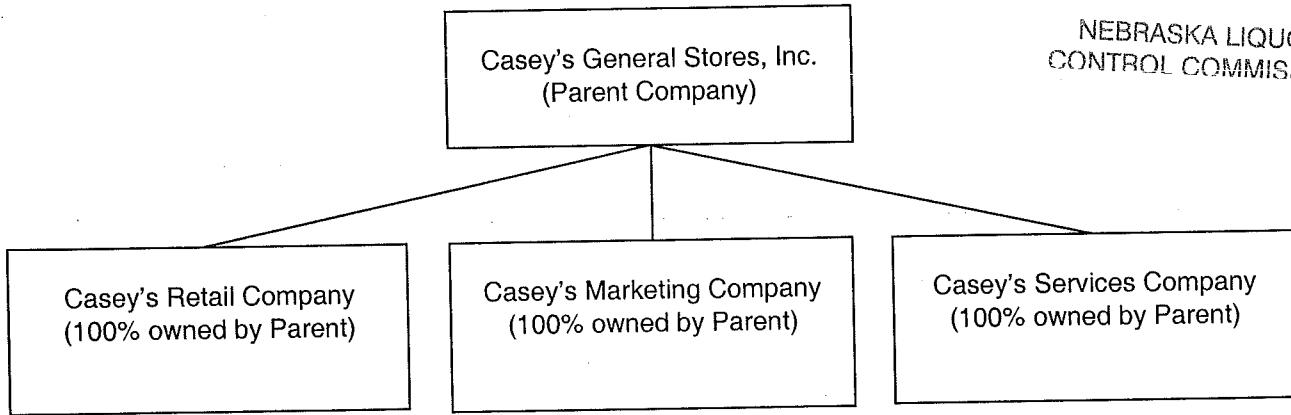
In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

RECEIVED

Casey's Corporate Structure as of May 1, 2004

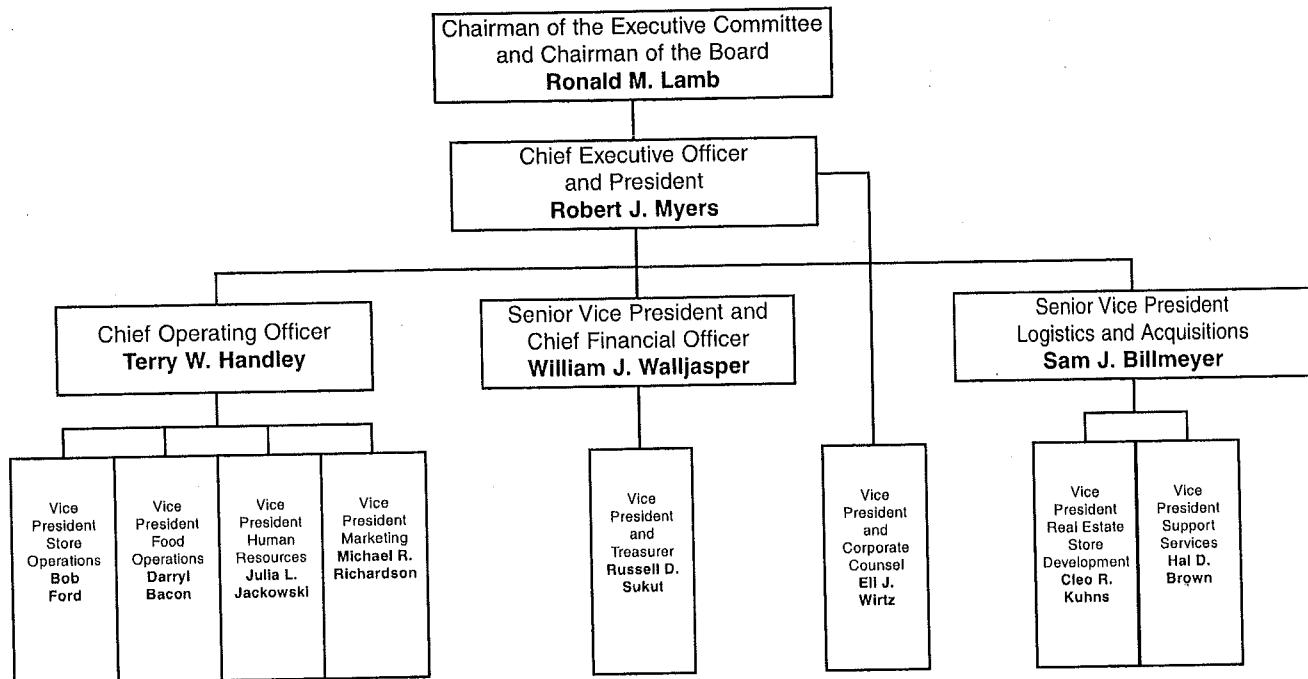
FEB 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

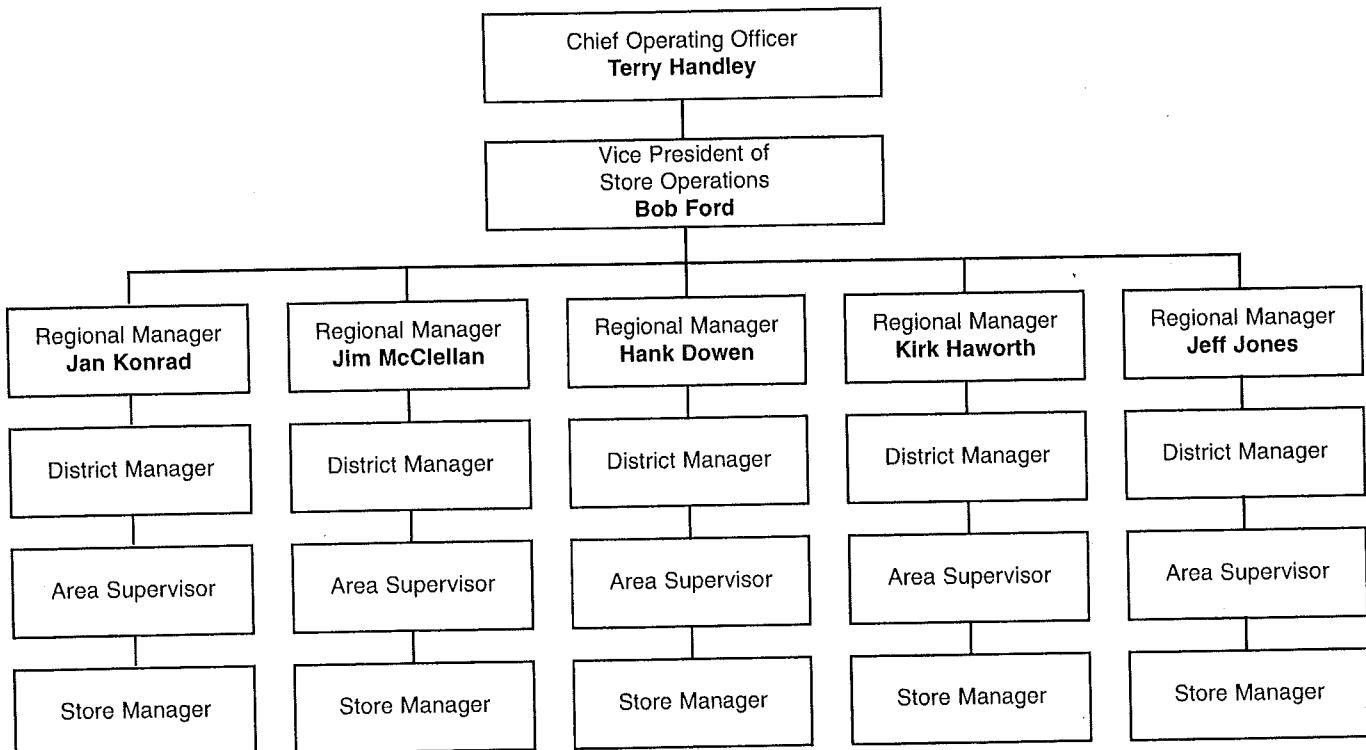


10.400. ORGANIZATIONAL CHARTS

CORPORATE ORGANIZATION CHART



STORE OPERATIONS ORGANIZATION CHART



STATE OF



United States of America, } ss.
State of Nebraska

NEBRASKA

RECEIVED

FEB 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

CASEY'S GENERAL STORES, INC.

a Iowa corporation, was duly authorized to transact business in this state on September 5, 1978.

I further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; and said corporation is in existence as of the date of this certificate.

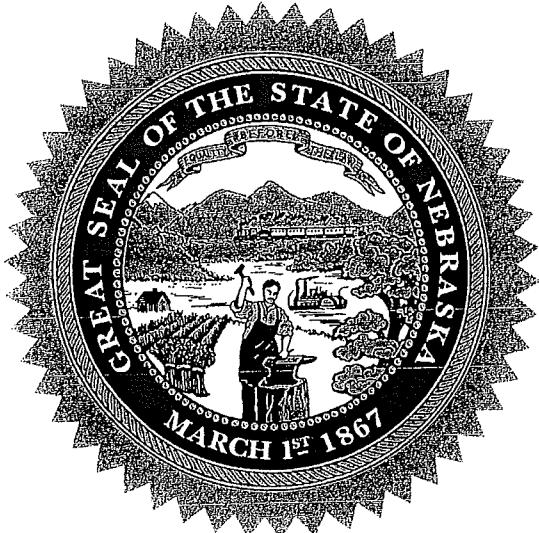
In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on June 26, 2006.

A handwritten signature of John A. Gale in cursive script, followed by a horizontal line.

John A. Gale

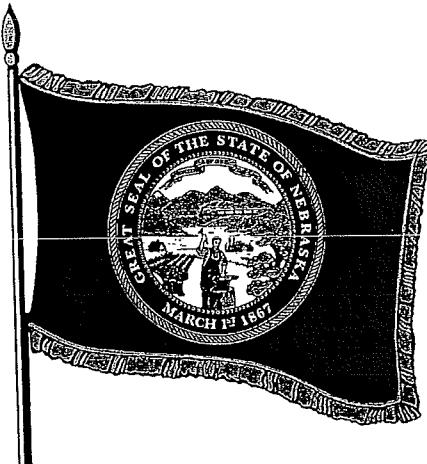
SECRETARY OF STATE



STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

CASEY'S RETAIL COMPANY

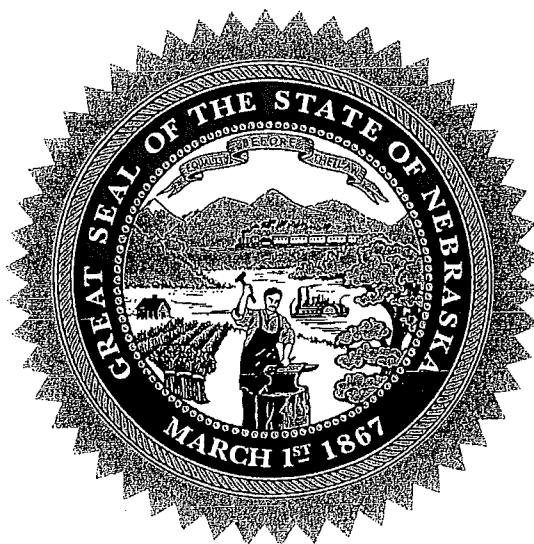
a Iowa corporation, was duly authorized to transact business in this state on April 29, 2004.

I further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on June 26, 2006.

A handwritten signature of John A. Gale in black ink, followed by a horizontal line and the title "SECRETARY OF STATE" in capital letters.



STATE OF IOWA

04 APR 14 FILED: 17

ARTICLES OF INCORPORATION

OF
CASEY'S RETAIL COMPANY,
an Iowa corporation

RECEIVED

FEB 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to Section 202 of the Iowa Business Corporation Act, the undersigned, acting as incorporator of a corporation, adopts the following Articles of Incorporation for the corporation.

ARTICLE I

The name of the corporation is Casey's Retail Company (the "Corporation").

ARTICLE II

The number of shares the Corporation is authorized to issue is: Ten Thousand (10,000) shares of no par value common voting stock.

ARTICLE III

The street address of the Corporation's initial registered office in Iowa and the name of its initial registered agent at that office is:

Eli J. Wirtz
One Convenience Boulevard
Ankeny, Iowa 50021

ARTICLE IV

The name and address of each incorporator is:

John H. Bunz
100 Court Avenue, Suite 600
Des Moines, Iowa 50309



ARTICLE V

A. A director of the Corporation shall not be personally liable to the Corporation or its shareholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) the amount of a financial benefit received by a director to which the director is not entitled, (ii) an intentional infliction of harm on the corporation or the shareholders, (iii) a violation of Section 490.833 and (iv) an intentional violation of criminal law.

If the Iowa Business Corporation Act is amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the Iowa Business Corporation Act, as so amended.

Any repeal or modification of this Article by the shareholders of the Corporation shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

B. (1) Each person who was or is made a party or is threatened to be made a party to or is involved in any action, suit or proceeding, whether civil, criminal, administrative or investigative (hereinafter a "proceeding"), by reason of the fact that he or she, or a person of whom he or she is the legal representative, (a) is or was a director or officer of the Corporation, or (b) is or was serving (at such time as he or she is or was a director or officer of the Corporation) at the request of the Corporation as a director, officer, partner, trustee, administrator, employee or agent of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, whether the basis of such proceeding is alleged action in an official capacity as a director, officer, partner, trustee, administrator, employee or agent or in any other capacity while serving as a director, officer, partner, trustee, administrator, employee or agent, shall be indemnified and held harmless by the Corporation to the fullest extent authorized by the Iowa Business Corporation Act, as the same exists or may hereafter be amended (but, in the case of any such amendment, only to the extent that such amendment permits the Corporation to provide broader indemnification rights than said law permitted the Corporation to provide prior to such amendment), against all expense, liability and loss (including attorneys' fees, judgments, fines, ERISA excise taxes or penalties and amounts paid or to be paid in settlement) reasonably incurred or suffered by such person in connection therewith, and such indemnification shall continue as to a person who has ceased to be such a director or officer and shall inure to the benefit of his or her heirs, executors and administrators; provided, however, that, (a) with respect to proceedings seeking to enforce rights to indemnification as provided in paragraph (2) of this Section

B. the Corporation shall indemnify any such person seeking indemnification in connection with a proceeding (or part thereof) initiated by such person only if such proceeding (or part thereof) was authorized by the Board of Directors of the Corporation, (b) in the case of a proceeding brought by or in the right of the Corporation, any such indemnification shall be limited as provided in the Iowa Business Corporation Act and (c) no such indemnification shall be provided to any director or officer, as applicable, for any proceeding wherein it shall ultimately be determined by final judicial decision that such director or officer is liable (i) for receipt of a financial benefit to which the person is not entitled, (ii) an intentional infliction of harm on the corporation or its shareholders, (iii) a violation of Section 490.833 and (iv) an intentional violation of criminal law. The right to indemnification conferred in this Section B shall be a contract right and shall include the right to be paid by the Corporation the expenses incurred in defending any such proceeding in advance of its final disposition; provided, however, that if the Iowa Business Corporation Act requires, the payment of such expense incurred by a director or officer (and not in any other capacity in which service was or is rendered by such person while a director or officer, including, without limitation, service to an employee benefit plan) in advance of the final disposition of a proceeding shall be made only upon delivery to the Corporation of the written affirmation of the good faith belief of such director or officer that he or she has met the standard of conduct necessary for indemnification, and an undertaking, by or on behalf of such director or officer, to repay all amounts so advanced if it shall ultimately be determined by final judicial decision that such director or officer is not entitled to be indemnified under this Section B or otherwise. The Corporation may, by action of its Board of Directors, provide indemnification to other employees and agents of the Corporation with the same scope and effect as the foregoing indemnification of directors and officers.

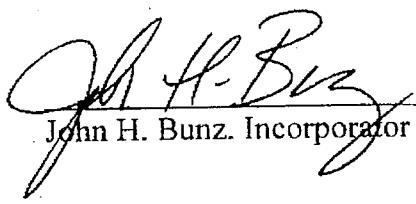
(2) If a claim under paragraph 1 of this Section B is not paid in full by the Corporation within thirty days after a written claim has been received by the Corporation, the claimant may at any time thereafter bring suit against the Corporation to recover the unpaid amount of the claim and, if successful in whole or in part, the claimant shall be entitled to be paid also the expense of prosecuting such claim. It shall be a defense to any such action (other than an action brought to enforce a claim for expenses incurred in defending any proceeding in advance of its final disposition where the required affirmation and undertaking, if any is required, has been tendered to the Corporation) that the claimant has not met the standards of conduct which make it permissible under the Iowa Business Corporation Act for the Corporation to indemnify the claimant for the amount claimed, but the burden of proving such defense shall be on the Corporation. Neither the failure of the Corporation (including its Board of Directors, independent legal counsel, or its stockholders) to have made a determination prior to the commencement of such action that indemnification of the claimant is proper in the circumstances because he

or she has met the applicable standard of conduct set forth in the Iowa Business Corporation Act, nor an actual determination by the Corporation (including its Board of Directors, independent legal counsel or its stockholders) that the claimant has not met such applicable standard of conduct, shall be a defense to the action or create a presumption that the claimant has not met the applicable standard of conduct.

(3) The right to indemnification and the payment of expenses incurred in defending a proceeding in advance of its final disposition conferred in this Article shall not be exclusive of any other rights which any person may have or hereafter acquire under a provision of the Articles of Incorporation, Bylaws, agreements, vote of stockholders or disinterested directors or otherwise, both as to action in a person's official capacity and as to action in another capacity while holding the office. The Corporation may enter into separate written agreements with directors, officers, employees and agents of the Corporation and of other enterprises, which agreements expressly provide for indemnification and reimbursement of such persons to the fullest extent now or hereafter permitted by this Article or applicable law.

(4) The Corporation may maintain insurance, at its expense, to protect itself and any director, officer, employee or agent of the Corporation or another corporation, partnership, joint venture, trust or other enterprise against any expense, liability or loss, whether or not the Corporation would have the power to indemnify such person against such expense, liability or loss under the Iowa Business Corporation Act.

Dated this 14th day of April, 2004.



John H. Bunz, Incorporator



FILED
IOWA
SECRETARY OF STATE

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