

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

*12 JUN 20 Lic. Lic. AM11113

800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

AMENDMENT

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check
Appropriate
Box

Agent Change
Complete Sections 1,2,3,4,6
(See Note 1 on back)

Acquisition of Control
Complete Sections 1,2, (3,4 if changing Agent), 6

Restructure
Complete Sections 1,2,(3,4 if changing Agent) ,5,6
(See Note 2 on back)

SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)
Campagne John Henry 12021002
 Last First Middle Liquor License #

2. Corporation L.L.C. N/A: _____ Corp. File #: _____
 (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: _____
 (Exactly as it appears on license)

④ Business Address: 5 HWY 92 & CARA CANTON RD COCHISE 85635
 (Do not use P.O. Box Number) City COUNTY Zip

5. Is the business located within the incorporated limits of the above city or town? Yes No

6. Mailing Address: _____
 City State Zip

7. Business Phone: () _____ Residence Phone: () _____

8. Does this transaction involve the sale of any portion of the corporate stock? YES NO N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? YES NO N/A If yes, submit a certified copy of minutes.

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

LIC0102 4/2009

Disabled individuals requiring special accommodations please call the Department

Date Received 6/20/12
 CSR SS

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

12 JUN 20 11:13 Lic. #11113

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APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

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Agent Change
Complete Sections 1,2,3,4,6
(See Note 1 on back)

Acquisition of Control
Complete Sections 1,2, (3,4 if changing Agent), 6

Restructure
Complete Sections 1,2,(3,4 if changing Agent), 5,6
(See Note 2 on back)

SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

CAMPAGNE	JOHN	11067396	HENRY	12021002
Last	First	Middle	Liquor License #	
2. Corporation L.L.C. N/A: P & N ENTERPRISES, INC. B1009718 Corp. File #: -0517827-0
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: MESQUITE TREE B1009717
4. Business Address: 6398 SOUTH HWY 92 HEREFORD COCHISE 85615
(Do not use P.O. Box Number) City COUNTY Zip
5. Is the business located within the incorporated limits of the above city or town? Yes No
6. Mailing Address: PO BOX 820 HEREFORD AZ 85615
City State Zip
7. Business Phone: (520) 378-2758 Residence Phone: (520) ~~378-1218~~ 236-4848
8. Does this transaction involve the sale of any portion of the corporate stock? YES NO N/A If yes, submit a certified copy of minutes.
9. Has there been any change of officers? YES NO N/A If yes, submit a certified copy of minutes.

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City	State	Zip
CAMPAGNE	KALEE	NORRIS	PRES	1221 E RAMSEY CANYON RD	HEREFORD	AZ	85615
CAMPAGNE	JOHN	Henry	VP	1221 E RAMSEY CANYON RD	HEREFORD	AZ	85615
NORRIS	MARILYNN	Lee	SEC	1221 E RAMSEY CANYON RD	HEREFORD	AZ	85615

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City	State	Zip
PATRICK F HUGHES & NANCY HUGHES REV LIVING TRUST				100	1221 E RAMSEY CANYON RD	HEREFORD	AZ 85615
CAMPAGNE	KALEE	TRUSTEE	NORRIS	0	1221 E RAMSEY CANYON RD	HEREFORD	AZ 85615

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

Date Received 6/20/12
CSR SB

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? [X] YES [] NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4 (COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: 12021002 Date of last renewal: 06/30/2011
2. Current Licensee or Agent: HUGHES NANCY ANNE
(Exactly as it appears on license) Last First Middle

I, KALEE NORRIS CAMPAGNE, hereby consent to the agent appointment named herein and (Print full name)

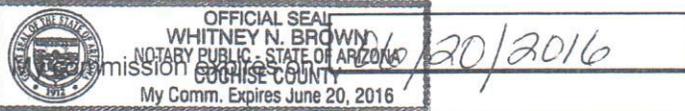
agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

State of Arizona County of Cochise

X Kaleb Norris Campagne (Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

The foregoing instrument was acknowledged before me this

18 day of June, 2012 Day Month Year



Whitney N Brown (Signature of NOTARY PUBLIC)

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? [] YES [] NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
[] CORPORATION
[] LIMITED LIABILITY CO.
[] TRUST
[] OTHER Explain

Type of new ownership:

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
[] CORPORATION
[] LIMITED LIABILITY CO.
[] TRUST
[] OTHER Explain

SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, JOHN HENRY CAMPAGNE, hereby declare that I am the APPLICANT filing this application. (Print full name)

have read the application and the contents and all statements are true, correct and complete.

State of Arizona County of Cochise

X (Signature of INDIVIDUAL OR AGENT)

The foregoing instrument was acknowledged before me this

18 day of June, 2012 Day Month Year



Whitney N Brown (Signature of NOTARY PUBLIC)

NOTE 1: The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure MUST be submitted with this application (A.R.S. 4-209.A)

12 JUN 20 Lic. Lic. #11113

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
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QUESTIONNAIRE

AMENDMENT

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #
12021002
(If the location is currently licensed)

1. Check appropriate box → Controlling Person Agent Manager (Only)
(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Campagne John Henry Date of Birth: ___/___/___
Last First Middle (NOT a Public Record)

3. Social Security Number: _____ Drivers License #: _____ State: _____
(NOT a public record) (NOT a public record)

4. Place of Birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ Date of Birth: ___/___/___
(List all for last 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? _____ If Arizona, date of residency: _____

8. Telephone number to contact you during business hours for any questions regarding this document. _____

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: _____ Premises Phone: _____

11. Physical Location of Licensed Premises Address: 5401 92 & Green Canyon Dr Sierra Vista Cochise 85635
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

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
	CURRENT					

12 JUN 20 11:47 AM ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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P1067396 SG

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Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12021002

(If the location is currently licensed)

1. Check appropriate box → Controlling Person (Complete Questions 1-19) Agent (Complete Questions 1-19) Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager. Controlling Person or Agent must complete # 21

2. Name: CAMPAGNE JOHN HENRY Date of Birth: 08 / 01 / 1963
Last First Middle (NOT a Public Record)

3. Social Security Number: 526878381 Drivers License #: D02270936 State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: HARTFORD CONN USA Height: 6'2 Weight: 170 Eyes: BRO Hair: RD
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: CAMPAGNE KALEE L NORRIS Date of Birth: 01 / 08 / 1963
(List all for last 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? ARIZONA If Arizona, date of residency: 08/1963

8. Telephone number to contact you during business hours for any questions regarding this document. 520-236-4848

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: THE MESQUITE TREE RESTAURANT Premises Phone: 520-378-2758

11. Physical Location of Licensed Premises Address: 6398 S HWY 92 HEREFORD COCHISE 85615
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
02/2012	CURRENT	RESTAURANT	THE MESQUITE TREE RESTAURANT 6398 S HWY 92 HEREFORD AZ 85615
10/2009	02/2012	INSURANCE AGENT	FARMERS INSURANCE 1048 E FRY BLVD F SIERRA VISTA AZ 85635
04/2008	10/2009	FINANCIAL ADVISOR	WADELL&REED 500 E FRY BLVD L13 SIERRA VISTA AZ 85635

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

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
03/1999	CURRENT	OWN	1221 E RAMSEY CANYON RD HEREFORD	HEREFORD	AZ	85615

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? <u>10</u> , 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 5 years? (Must provide proof) If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing 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 ten (10) years?
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol 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 EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? 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 any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, JOHN HENRY CAMPAGNE, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x *John Campagne* State of Arizona County of Cochise
(Signature of Applicant)

OFFICIAL SEAL
WHITNEY N. BROWN
NOTARY PUBLIC - STATE OF ARIZONA
COCHISE COUNTY
My Comm. Expires June 20, 2012

The foregoing instrument was acknowledged before me this 15 day of June, 2012
Month Year

My commission expires on: 20 06 2012
Day Month Year

Whitney N Brown
(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.

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Month Year

X _____
Signature of Controlling Person or Agent (circle one)

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS Professional License and Commercial License Department of Liquor Licenses and Control

Liquor License #: 12021002

Ownership Name: P & N ENTERPRISES, INC MESQUITE TREE (as listed on the current liquor license application or renewal application)

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), nonimmigrants, 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 § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

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 copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) JOHN HENRY CAMPAGNE DATE 06/04/2012

TYPE OF APPLICATION (check one) INITIAL APPLICATION X RENEWAL

TYPE OF LICENSE RESTAURANT SERVICES 12

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: USA PASSPORT

- A. Are you a citizen or national of the United States? (check one) X Yes No
B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country. City HARTFORD State (or equivalent) CONNETICUT Country or Territory USA

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: 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 the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. 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 and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected 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.] Nonimmigrants 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))

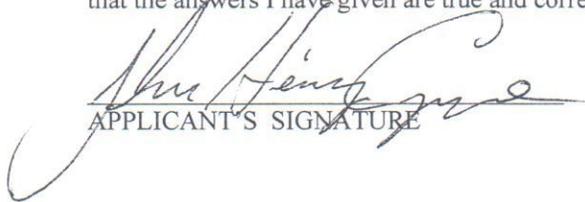
- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States 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 (A.R.S. § 1-501)

- 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 I have given are true and correct to the best of my knowledge.


APPLICANT'S SIGNATURE

JUNE 4TH 2012

TODAY'S DATE

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

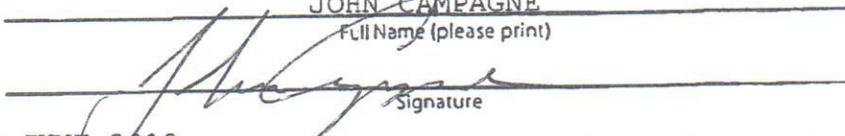
CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

JOHN CAMPAGNE

Full Name (please print)


Signature

02 JUNE 2012

Training Completion Date

02 JUNE 2017

Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BASIC	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	ON SALE
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	MANAGEMENT	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	OFF SALE
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BOTH	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	OTHER

If Trainee Is Employed By A Licensee

JOHN CAMPAGNE

Name of Licensee

THE MESQUITE TREE

Business Name

12021002

Liquor License #

Alcohol Training Program Provider Information

EDDIE RODRIGUEZ

Company or Individual Name (please print)

3120 S PHILAMENA PL

Address

TUCSON

City

ARIZONA 85730

State Zip

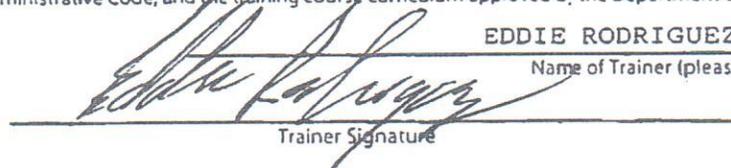
(520) 349-8374

Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

EDDIE RODRIGUEZ

Name of Trainer (please print)


Trainer Signature

02 JUNE 2012

Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

- Owner(s)
- Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

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Liquor License #
12021002

(If the location is currently licensed)

1. Check appropriate box →
- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Controlling Person
(Complete Questions 1-19)
Controlling Person or Agent must complete #21 for a Manager | <input type="checkbox"/> Agent | <input type="checkbox"/> Manager (Only)
(Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete # 21 |
|---|--------------------------------|---|

2. Name: Campagne Kalee Norris Date of Birth: ___/___/___
Last First Middle (NOT a Public Record)

3. Social Security Number: _____ Drivers License #: _____ State: _____
(NOT a public record) (NOT a public record)

4. Place of Birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ Date of Birth: ___/___/___
(List all for last 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? _____ If Arizona, date of residency: _____

8. Telephone number to contact you during business hours for any questions regarding this document. _____

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: _____ Premises Phone: _____

11. Physical Location of Licensed Premises Address: 5 Hwy 92 & Carr Canyon Rd Sierra Vista Cochise
Street Address (Do not use PO Box #) City County Zip 8563

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

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
	CURRENT					

12 JUN 20 11:47. Lic. #11143

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

P1067398 SF

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12021002

(If the location is currently licensed)

1. Check appropriate box →
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Controlling Person
(Complete Questions 1-19)
Controlling Person or Agent must complete #21 for a Manager | <input type="checkbox"/> Agent
(Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete # 21 | <input type="checkbox"/> Manager (Only)
(Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete # 21 |
|--|--|---|

2. Name: Campagne Kelso Norris Date of Birth: ~~XXXXXXXXXX~~
Last First Middle (NOT a Public Record)

3. Social Security Number: ~~XXXXXXXXXX~~ Drivers License #: ~~XXXXXXXXXX~~ State: AZ
(NOT a public record) (NOT a public record)

4. Place of Birth: St. Helena CA USA Height: 5'7" Weight: 160 Eyes: HAZ Hair: BR
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: Campagne John Henry Date of Birth: ~~XXXXXXXXXX~~
(List all for last 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? Arizona If Arizona, date of residency: July 1966

8. Telephone number to contact you during business hours for any questions regarding this document. 520-378-1218

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: THE MESQUITE TREE RESTAURANT Premises Phone: 520-378-2758

11. Physical Location of Licensed Premises Address: 6398 S HWY 92 HEREFORD COCHISE 85615
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/85	CURRENT	Flight Attendant	US Airways 4000 E. Sky Harbor Blvd. Phoenix, AZ 85281

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑ ↓

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
6/89	CURRENT	Own	1221 E. Ramsey Canyon Rd.	Hereford	AZ	85615

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 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing 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 ten (10) years?
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol 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 EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? 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 any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Kaleo Norris Campaigne, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Kaleo Norris Campaigne State of Arizona County of Cochise
(Signature of Applicant)

OFFICIAL SEAL
WHITNEY N. BROWN
NOTARY PUBLIC - STATE OF ARIZONA
COCHISE COUNTY
My Comm. Expires June 20, 2012

The foregoing instrument was acknowledged before me this 14th day of June, 2012
Month Year

My commission expires on: 14/06 2012
Day Month Year

Whitney N. Brown
(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.

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Month Year

x _____
Signature of Controlling Person or Agent (circle one)

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

AMENDMENT

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #
12021002

(If the location is currently licensed)

1. Check appropriate box → Controlling Person Agent Manager (Only)

(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)

Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Norris Marilynn Lee Date of Birth: ___/___/___

Last First Middle (NOT a Public Record)

3. Social Security Number: _____ Drivers License #: _____ State: _____

(NOT a public record) (NOT a public record)

4. Place of Birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ Date of Birth: ___/___/___

(List all for last 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? _____ If Arizona, date of residency: _____

8. Telephone number to contact you during business hours for any questions regarding this document. _____

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: _____ Premises Phone: _____

11. Physical Location of Licensed Premises Address: 5 Hwy 92 & Camel Canyon Rd Sierra Vista Cochise 85635

Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

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
	CURRENT					

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

P1067397 SG

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #
12021002
(If the location is currently licensed)

1. Check appropriate box → Controlling Person (Complete Questions 1-19) Agent (Complete Questions 1-19) Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: NORRIS MARILYN LEE Date of Birth: ~~XXXXXXXXXX~~
Last First Middle (NOT a Public Record)

3. Social Security Number: ~~XXXXXXXXXX~~ Drivers License #: ~~XXXXXXXXXX~~ State: ARIZONA
(NOT a public record) (NOT a public record)

4. Place of Birth: PORTLAND OREGON USA Height: 5'6" Weight: 110 Eyes: Blue Hair: Blond
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ Date of Birth: 1/1/
(List all for last 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? ARIZONA If Arizona, date of residency: 1965

8. Telephone number to contact you during business hours for any questions regarding this document. 520-378-9345

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: THE MESQUITE TREE RESTAURANT Premises Phone: 520-378-2758

11. Physical Location of Licensed Premises Address: 6398 S HWY 92 HEREFORD COCHISE 85615
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
<u>9/1931</u> <u>6-7-3</u>	CURRENT	<u>HOME MAKER</u>	<u>1221 E RAMSEY CANYON RD</u> <u>HEREFORD AZ 85615</u>

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

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
<u>6-2004</u>	CURRENT	<u>OWN</u>	<u>1221 E RAMSEY CANYON ROAD</u>	<u>HEREFORD</u>	<u>AZ</u>	<u>85615</u>

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 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing 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 ten (10) years?
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol 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 EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? 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 any answer to Questions 15 through 19 is "YES" **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, MARILYN LEE NORRIS, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Marilyn Lee Norris
(Signature of Applicant)

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this
14th day of June, 2012
Month Year

Sarah Lee Fenyak
(Signature of NOTARY PUBLIC)



Feb 15 2016
Day Month Year

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.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

x _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____, _____
Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

*12 JUN 20 Liq. Lic. AM11:13

**THE PATRICK F. HUGHES & NANCY HUGHES
REVOCABLE LIVING TRUST**

The PATRICK F. HUGHES & NANCY HUGHES Revocable Living Trust is hereby created and established between PATRICK F. HUGHES and NANCY HUGHES, of COCHISE County, ARIZONA, hereafter referred to as the grantor or grantors, and PATRICK F. HUGHES and NANCY HUGHES, trustees, hereafter referred to as the trustee or trustees. Any reference to the term trustee or the term trustees shall also refer to any successor trustee or trustees.

**ARTICLE I.
ORIGINAL TRUST ESTATE**

Any property individually owned by PATRICK F. HUGHES, which PATRICK F. HUGHES transfers and delivers to the trustee, shall be listed in the attached Schedule A (The Separate Share Of PATRICK F. HUGHES).

Any property individually owned by NANCY HUGHES, which NANCY HUGHES transfers and delivers to the trustee, shall be listed in the attached Schedule B (The Separate Share Of NANCY HUGHES).

Any property owned by PATRICK F. HUGHES and NANCY HUGHES, as joint tenants with right of survivorship, as tenants by the entirety, and as tenants in common, which PATRICK F. HUGHES and NANCY HUGHES transfer to the trustee, shall be listed in the attached Schedule C (collectively referred to as The Joint Property Of PATRICK F. HUGHES & NANCY HUGHES).

*12 JUN 20 Ltr. Lic. AM1113

Either or both grantors may resign as a trustee, at any time, by giving thirty days written notice to the remaining trustee or, if both resign, to the next successor trustee.

If either grantor's personal powers of amendment, revocation, or withdrawal are suspended as provided in the above article titled Rights Reserved By The Grantor, then that grantor's rights and duties as a trustee also will be suspended until those powers are restored.

If either grantor ceases to serve as a trustee, for any reason, the remaining grantor shall serve as sole trustee. If that grantor is also unable or ceases to serve, he or she may name a successor trustee to serve in his or her place, by specific reference to this power in his or her valid last will admitted to probate in any jurisdiction.

If no successor is appointed, or if the appointed successor fails to serve, or if the personal powers of alteration, amendment, and revocation of a grantor who is serving as the sole trustee are suspended under the provisions of the article titled Rights Reserved By The Grantor, KALEE CAMPAGNE, or in her stead, BOB HUGHES shall serve as the successor trustee. Any successor trustee may resign at any time by giving thirty days written notice to the grantors, or their legal representatives, or, if both grantors are deceased, to the income beneficiaries who are then sui juris (the "beneficiaries").

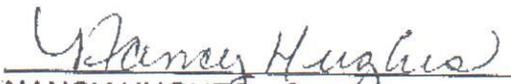
After the death of the surviving grantor, a majority in interest of the beneficiaries may remove any successor trustee by giving thirty days written notice to that trustee, and shall thereafter appoint a successor trustee. If a successor is not appointed within thirty days of the death or notice of removal or resignation of a successor trustee, the terminating trustee shall, or any beneficiary may, petition a court of competent jurisdiction

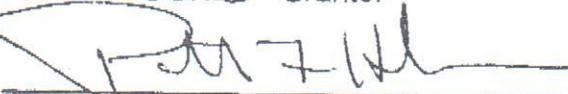
'12 JUN 20 Ltr. Lic. #M1114

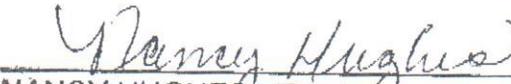
DECLARATION BY THE GRANTORS & ACCEPTANCE BY THE TRUSTEES

On 12/30/99, in the presence of the undersigned witnesses, we sign this document and declare it to be The PATRICK F. HUGHES & NANCY HUGHES Revocable Living Trust.

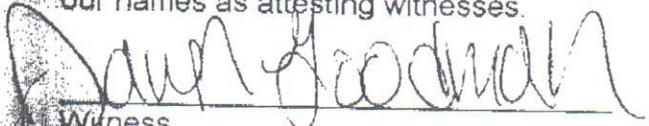

PATRICK F. HUGHES - Grantor

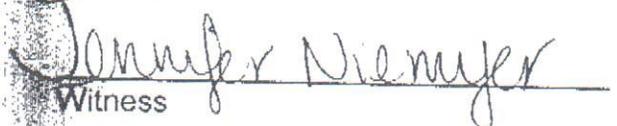

NANCY HUGHES - Grantor


PATRICK F. HUGHES - Trustee


NANCY HUGHES - Trustee

On _____, in our presence, PATRICK F. HUGHES and NANCY HUGHES signed this document and declared it to be The PATRICK F. HUGHES & NANCY HUGHES Revocable Living Trust. In the presence of PATRICK F. HUGHES and NANCY HUGHES, and in the presence of each other, we hereunto sign our names as attesting witnesses.


Witness


Witness

'12 JUN 20 Liq. Lic. AM11:14

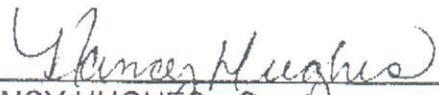
SELF PROOF AFFIDAVIT

State Of Arizona
County Of Cochise

We, PATRICK F. HUGHES and NANCY HUGHES, and each of the witnesses, who signed the foregoing document, affirm that PATRICK F. HUGHES and NANCY HUGHES, in the presence of each of the witnesses, signed the said document and declared it to be The PATRICK F. HUGHES & NANCY HUGHES Revocable Living Trust. We affirm that each of the witnesses, in the presence of PATRICK F. HUGHES and NANCY HUGHES, and in the presence of each other, signed the said document as witnesses.



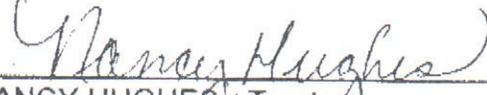
PATRICK F. HUGHES - Grantor



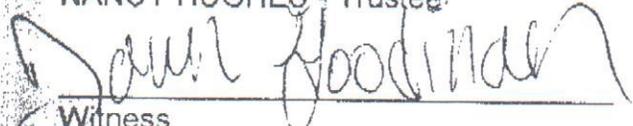
NANCY HUGHES - Grantor



PATRICK F. HUGHES - Trustee



NANCY HUGHES - Trustee



Witness



Witness

Affirmed and signed before me, on 12-30-99, by each of the following individuals:

PATRICK F. HUGHES:
 who is personally known to me, or
 who produced the following identification: _____

NANCY HUGHES:

12 JUN 20 Lir. Lic. AM11:14

who is personally known to me, or
 who produced the following identification: _____

Dawn Goodman

(Witness - Printed Or Typed Name)

who is personally known to me, or
 who produced the following identification: _____

Jennifer Niemyer

(Witness - Printed Or Typed Name)

who is personally known to me, or
 who produced the following identification: _____

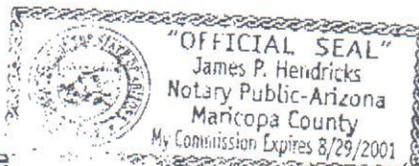
PATRICK F. HUGHES and NANCY HUGHES, and each of the witnesses, personally appeared before me at the time of notarization, and, after being given the oath, acknowledged signing the foregoing document in the presence of each other.

J. Hendricks

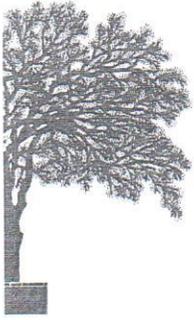
Notary Public

(Notary Public - Printed Or Typed Name)

Commission Number & Commission Expiration Date: _____



(SEAL)



The
MESQUITE TREE
RESTAURANT

MINUTES : P & N ENTERPRISES, INC.

February 16, 2012

With the passing away of President Nancy Hughes it is necessary to appoint new officers and directors for P&N Enterprises, Inc. .

The new officers will be as follows :

President - Kalee Campagne
1221 E Ramsey Canyon Rd. Hereford, AZ 85615

Vice President - John Campagne
1221 E Ramsey Canyon Rd. Hereford, AZ 85615

Secretary - Marilyn Norris
1221 E Ramsey Canyon Rd. Hereford, AZ 85615

The new directors will be as follows :

Kalee Campagne
John Campagne
Marilynn Norris

All changes will be effective as of February 16, 2012 as duly noted in this minutes entry.

Submitted by,

Marilynn Norris

Marilynn Norris
Secretary

*12 JUN 20 11P. LIC. RM1114