STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

443

XXXX

ISSUED 3/15/2021 **ABC BOARD**

LIQUOR LICENSE 2021 - 2022

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

5/1 - 10/31

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$1,250.00

1102

D/B/A: Glacier Bay Lodge

179 Bartlett Cove

Mail Address:

ARAMARK Sports and Entertainment Services. Flaherty & Ohara, P.C. 610 Smithfield St Ste

3/15/2021

ABC BOARD

Pittsburgh, PA 15222

CITY / BOROUGH:

Gustavus

Unorganized Borough

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

04-900 (REV 9/09)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

LIQUOR LICENSE **ISSUED**

2021 - 2022

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2022 (AS 04.11.270(b))

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Unorganized Borough

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ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 9/09)

D/B/A:

Glacier Bay Lodge 179 Bartlett Cove

Mailing Address:

ARAMARK Sports and Entertainment Services, Flaherty & Ohara, P.C. 610 Smithfield St Ste Pittsburgh, PA 15222



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

						*
Doing Business As:	Glac	ier Bay Lodg	e		License Number:	443
License Type:	Beve	erage Dispen	sary - Seasor	nal		
Examiner:	Kri	s 1 Ca	rie,		Transaction #:	100012410
Document		Received	Completed	Notes		
	ation			Hotes	Missing page 2	
AB-17: Renewal Applic	ation	12/15	3-12-21		Missing page 2	
App and License Fees		12/15	3-12-21			
Supplemental Docume	ent	Received	Completed	Notes		
Tourism/Rec Site State	ment	12/15		not nee	ded / not t	702518 m
AB-25: Supplier Cert (V	VS)					
AB-29: Waiver of Oper	ation					
AB-30: Minimum Oper	ation	-				
AB-33: Restaurant Affi	davit					
COI / COC / 5 Star						
FP Cards & Fees / AB-0	8a					
Late Fee				2		
Names on FP Cards:						
Names on Fr Carus.						
						Yes No
Selling alcohol in respo	nse to	written order (pa	ckage stores)?			
Mailing address and contact information different than in database (if yes, update database)?						
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?						
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?						
LGB 1 Response: City of Gustavus LGB 2 Response: N/A						
Waive	Protes	t Lapsed	l Wai	ve Pro	test Lapsed	7 -



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105

	Establishmer	it Syllast II					
Licensee (Owner):	Aramark Sports and Enterta	ainment Services, I	LC	License #:	443		
License Type:	Beverage Dispensary - Sea	Beverage Dispensary - Seasonal					
Doing Business As:	Glacier Bay Lodge						
Premises Address:	179 Bartlett Cove						
Local Governing Body:	City of Gustavus						
Community Council:	None						
your mailing address ha	s changed, write the NEW a	ddress below:		-			
Mailing Address:	Flaherty & O'Hara, P.C., 61	0 Smithfield Street	Suite 300				
City:	Pittsburgh	State:	PA	ZIP:	15222		
ust be listed on CBPL with th	Section 1 – Licen ividual listed below must be list the same name and title. at the point of contact regarding	ted in Section 2 or 3	as an Official/Ow	ner/Shareholder	of your entit		
ust be listed on CBPL with th	ividual listed below must be list	ted in Section 2 or 3	as an Official/Ow	ner/Shareholder	of your entit		
ust be listed on CBPL with the is person will be the design	ividual listed below must be list	ted in Section 2 or 3	as an Official/Owl	ner/Shareholder	of your entit		
ust be listed on CBPL with the is person will be the design Contact Licensee: Contact Email:	ividual listed below must be list	ted in Section 2 or 3	the Optional conta	ner/Shareholder act is completed.			
ust be listed on CBPL with the is person will be the design Contact Licensee: Contact Email:	ividual listed below must be list ne same name and title. ated point of contact regarding	ted in Section 2 or 3	the Optional conta	ner/Shareholder oct is completed. oe: our license, list the			
ust be listed on CBPL with the is person will be the design. Contact Licensee: Contact Email: otional: If you wish for AMCO	ividual listed below must be list ne same name and title. ated point of contact regarding staff to communicate with anyone	ted in Section 2 or 3	the Optional conta Contact Phon act Licensee about y	ner/Shareholder oct is completed. oe: our license, list the	em below:		
ust be listed on CBPL with the is person will be the design. Contact Licensee: Contact Email: ptional: If you wish for AMCO Name of Contact:	ividual listed below must be list ne same name and title. ated point of contact regarding staff to communicate with anyone	ted in Section 2 or 3	the Optional conta Contact Phon act Licensee about y	ner/Shareholder act is completed. ae: your license, list the	em below:		
ust be listed on CBPL with the is person will be the design. Contact Licensee: Contact Email: Ditional: If you wish for AMCO Name of Contact: Contact Email:	ividual listed below must be list ne same name and title. ated point of contact regarding staff to communicate with anyone	ted in Section 2 or 3	contact Phon Contact Phon act Licensee about y	ner/Shareholder act is completed. ae: your license, list the	em below:		
ust be listed on CBPL with the is person will be the design. Contact Licensee: Contact Email: Ditional: If you wish for AMCO Name of Contact: Contact Email:	ividual listed below must be list ne same name and title. ated point of contact regarding staff to communicate with anyone	ted in Section 2 or 3	contact Phon Contact Phon act Licensee about y	ner/Shareholder act is completed. ae: your license, list the ae: 412	em below:		



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

		The same of the sa	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	
Alaska CBPL Entity #:	40869F			

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of <u>any</u> type including non-profit must list ONLY the following:
 - o All shareholders who own 10% or more stock in the corporation
 - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - o All Members with an ownership interest of 10% or more
 - o All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - o All General Partners regardless of percentage owned

Important Note; All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	Bruce Fears	•			
Title(s):	Manager	Phone:	800-999-8989	% Owi	ned: 0%
Mailing Address:	439 245th Avenue, S.E.				
City:	Sammamish	State:	WA	ZIP:	98074

Name of Official:	Patricia Rapone				
Title(s):	Manager	Phone:	800-999-8989	% Own	ed: 0%
Mailing Address:	2341A Wallace Street				
City:	Philadelphia	State:	PA	ZIP:	19130

Name of Official:	Aramark/HMS, LLC					
Title(s):	Member	Phone:	800-999-8989	% Owr	red:	100%
Mailing Address:	2400 Market Street			4.000		
City:	Philadelphia	State:	PA	ZIP:	1	9103

AMCO

[Form AB-17] (rev09/23/2020)

Page 2 of 4



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 3 - Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require. If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected. This individual is an: Applicant **Affiliate** Name: **Contact Phone: Mailing Address:** City: State: ZIP: Email: This individual is an: Applicant Affiliate Name: **Contact Phone: Mailing Address:** ZIP: State: City: Email: Section 4 - License Operation Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: 1. The license was regularly operated continuously throughout each year. (Year-round) 2. The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: 05/01/2019 10/31/2019 to 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.

If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.

 The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendaryears. <u>A complete Form AB-29: Waiver of Operation Application</u>

and corresponding fees must be submitted with this application for each calendar year during which the license was not operated.

Section 5 - Violations and Convictions

Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 6 - Certifications

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of
 this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this
 application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in
 accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed
 business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity
 officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of
 Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of
 the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
 have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their
 course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth
 in AS 04.21.025 and 3 AAC 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control Board.

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form

provided by AMCO is	grounds for rejection or denial of this application	on or revocation	of any license issu	ied.
By: Signature of licensee	ym	Signature of N	otary Public	
Patricia Rapone, Vice President	Notary Public in ar	nd for the State	of: Pennslyva	nia.
Printed name of licensee			n expires: 1-/21	£
	Subscribed and sworn to before me this 10	day of	December	, 20_ 20

Restaurant/Eating Place applications must include a completed AB-33: Restaurant

Recreational Site applications must include a completed Recreational Site

Tourism applications must include a completed Tourism Statement

Tourism applications must include a completed Tourism Statement

Commonwealth of Pennsylvania - Notary Seal Receipts: Affide vitrett, Notary Public

Statement Allegheny County

My commission expires October 21, 2022

Commission number 1194054

Wholesale applications must include a completed AB-25: Supplier Certification, Pennsylvania Association of Notaries

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$ 1,250.00	Application Fee:	\$ 300.00	Misc. Fee:	\$
	-	Total Fees Due:			\$ 1,550.00

[Form AB-17] (rev09/23/2020)

AMCO

Page 4 of 4

Details

ENTITY DETAILS

Name(s)

Туре	Name
Legal Name	ARAMARK SPORTS AND ENTERTAINMENT SERVICES, LLC
Previous Legal Name	ARAMARK LEISURE SERVICES, INC.
Previous Legal Name	ARAMARK SPORTS AND ENTERTAINMENT SERVICES, INC.

Entity Type: Limited Liability Company

Entity #: 40869F

Status: Good Standing

AK Formed Date: 9/18/1987

Duration/Expiration: Perpetual

Home State: DELAWARE

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 5880 NOLENSVILLE PIKE, NASHVILLE, TN 37211

Entity Physical Address: 5880 NOLENSVILLE PIKE, NASHVILLE, TN 37211

Registered Agent

Agent Name: C T Corporation System

Registered Mailing Address: 9360 Glacier Hwy Ste 202, JUNEAU, AK 99801

Registered Physical Address: 9360 Glacier Hwy Ste 202, JUNEAU, AK 99801

Officials

			☐Show Former
AK Entity #	Name	Titles	Owned
4771F	Aramark Services, Inc.	Member	100.00

Filed Documents

Date Filed	Туре	Filing	Certificate
9/18/1987	Creation Filing	Click to View	
1/30/1989	Biennial Report		
1/22/1991	Biennial Report		
2/29/1992	Biennial Report		
1/04/1993	Biennial Report	Click to View	
2/08/1994	Agent Change	Click to View	
10/28/1994	Amendment	Click to View	
1/03/1995	Biennial Report	Click to View	
12/16/1996	Amendment	Click to View	
1/06/1997	Biennial Report	Click to View	
4/24/2007	Biennial Report	Click to View	
4/24/2007	Biennial Report	Click to View	

Date Filed	Туре	Filing	Certificate
4/24/2007	Biennial Report	Click to View	
4/24/2007	Biennial Report	Click to View	
4/24/2007	Biennial Report	Click to View	
4/24/2007	Conversion	Click to View	Click to View
1/12/2009	Biennial Report	Click to View	
1/02/2011	Biennial Report	Click to View	
12/31/2012	Biennial Report	Click to View	
10/28/2014	Biennial Report	Click to View	
11/16/2016	Biennial Report	Click to View	
11/15/2017	Change of Officials	Click to View	
6/03/2019	Biennial Report	Click to View	
1/05/2021	Biennial Report	Click to View	

Close Details

Print Friendly Version

EXHIBIT A

Aramark Sports and Entertainment Services, LLC FEIN No. 23-1664232 Principal Officers

President

Bruce Fears 439 245th Avenue, S.E. Sammamish, WA 98074 Phone: 800-999-8989

Ownershp: 0%

Vice President

Patricia Rapone 2341A Wallace Street Philadelphia, PA 19130 Phone: 800-999-8989

Ownership: 0%

{F1543889.1} F0051518.1

AMCO

DEC 1 5 2020



Department of Commerce, Community and Reanomic Development Division of Corporations, Business and Professional Licensing

Corporations Section
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box I 10806, Juneau, AK. 9981 1-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

COR

RECEIVED Juneau NOV 15 2017

Notice of Change of Officials

Foreign Limited Liability Company (AS 10.50)

- This Notice of Change of Officials form is only for Foreign Limited Liability Companies and is used to report changes between blannial reporting periods in: members, managers, and percentage of interest hald.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due data, go online to www.Corporations.Alasta.Gov and select, Search
- Standard processing time for complete and correct filings submitted to this office is approximately 10-16 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website

1.	A8 10.60.78							
	Each Foreign — AS	Limited Liability Company is required to 10.50.765	notify this office when	n there is a change of afficials.				
	Failure to most this requirement may result in revocation of the entity's authority to transact business in the State of Alaska.							
The Foreign Limited Liability Company is to keep and make evaluate the records of the official(s) change — AS 10.60.880-870								
2.	Fee:	226 Nonrefundable Filing Fee	(CORF)	3 AAC 16.065(b)				
2.	Mail this form	\$25 Nonrefundable Filing Fee and the non-refundable \$25 filing fee in Urpayable to the State of Aleska, or use t	l.S. dollars to the lett	erhand address. Make the check				
2.	Mail this form	and the mon-refundable \$25 filing fee in L r payable to the State of Aleske, or use t	l.S. dollars to the lett	erhand address. Make the check				
2. 3.	Mail this form or money ards	and the non-refundable \$25 filing fee in L r payable to the State of Aleske, or use t filen:	i.S. dollars to the left to attached credit ca	orhead address. Make the check ad payment form.				
2. 3.	Mail this form or money ards	and the non-refundable \$25 filing fee in L r payable to the State of Aleska, or use t filen: Aremark Sports and Entertainment Sendoes	i.S. dollars to the left to attached credit ca	orhead address. Make the check od payment form.				

4.	REMOVE from Record:	AS	10.50.765(b)			
	The following officials (members as a result of this filing:	and, if applicable, managers) will be <u>completely removed from</u> RECEL	VED			
	Name:	June: Name:NOV_1 5	au 5_ 2017			
	Name:	Name: CRP				
	If an official is not being removed from record, then list them in Item #5 below (with their current information).					
5.	ALL Gurrent Officials: AS 10,50,765(b)					
	The following is a complete list of <u>ALL</u> remaining and new officials who will be on record as a result of this filing.					
	-	one member who owns a % of the LLC. — AS 10.50,155(b)				
		who own 5% or more of the LLC. — AS 10.50.765 (b)				
	 Members <u>must</u> own a % of the LLC. A member may be a manager if the LLC is manager managed. 					
	An LLC may be managed by	by a manager if provided in Registration of Foreign LLC. A manager also owns a % of the LLC. — AS 10.50.615(a)(7)	_			
	List ALL officials and the	ir current information to be on record. Usedaty must record				
	BOLD fields are required.			ا ۽		
	FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% OWNED	Manag		
	Aramark HMS, LLC	1101 Market Street, Philadelphia, PA 19107	100			
	Patricia Rapone	2341A Wallace Street, Philadelphia, PA 19130	0			
٠. ت	Bruce Whitney Fears	439 245th Avenue, S.E. Sammamish, WA 98074	0	1		
				۱		
			·			
→	If necessary, use the following su	pplement page and include all information required above in Ite	m # 5.			
6.	Required Signature:	AS	10.50.840]		
	manager managed (AS 10.50.840)	nust be signed by, a member (AS 10.50.840(a)(2)); or a manager (a)(1)); or an attomey-in-fact (AS 10.50.840(c)). Persons who signer that are known to the person to be false in material respec	on			
	Signature: By: Pattic	a Rapore Date: 11/9/17				
	Printed Name: Patricia Rap	none				
	Title of Authorized Signer:	Member Manager Attorney				
	If signing on behalf of a member or manage member entity. For exemple: John Smith, F	r which is an entity, then identify the signer's relationship and signing authority t resident of XYZ Inc. the sole member of ABC LLC.	with the			

COR

FOR DIVISION USE ONLY

RECEIVED

Juneau

MAR 18 20E

RE#201921036347



THE STATE

RECEIVED Juneau

MAY 0 6 2019

Department of Commerce, Community, and Economic Bentapment Division of Corporations, Business, and Professional Licensing PO Box 110808, Juneau, AK 99811-0808 (907) 465-2550 - Email: corporations@alaska.gov

Website: Corporations.Alaska.gov

RECEIVED Juneau

IUN 0 3 2019

Limited Liability Company

CBPL NO

- This report is due on January 02, 2019
- \$200.00 if postmarked before February 02, 2019
- \$247.50 if postmarked on or after February 02, 2019

Entity Name:

Home Country:

ARAMARK SPORTS AND

ENTERTAINMENT SERVICES, LLC

Entity Number:

40869F

UNITED STATES

Home State/Province:

DELAWARE

2019 Biennial Report

For the period ending December 31, 2018

Registered Agent

C T Corporation System

Physical Address:

9360 Glacier Hwy Ste 202,

JUNEAU, AK 99801 Mailing Address:

9360 Glacier Hwy Ste 202,

JUNEAU, AK 99801

Entity Physical Address: Maxks Entity Mailing Address: 🕺

Please include all officials. Check all titles that apply. Must use titles provided. Please list the names and addresses of the members of the foreign limited liability company (LLC). There must be at least one member listed. If the LLC is managed by a manager(s), there must also be at least one manager listed. Please provide the name and address of each manager of the company. You must also list the name and address of each person owning at least 5% interest in the company and the percentage of interest held by that person.

NETTE ARM as IL	Address	% Owned	лефшен	Interntionally	Intentionally	Intantionally	Intentionally	Intentionally	Internitonally	Intentionally	Intentionally
services In	Pulabelona PA	100	SZ.						·		
7		9		:							
Muss	The state of the s	1	· -	· -							
								·			

If necessary, attach a list of additional officials on a separate 8 1/2 X 11 sheet of paper.

Purpose: OPERATE TOURIST PARK

NAICS Code: 551114-CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES

New NAICS Code (optional):



Entity #: 40889F

RECEIVED Juneau

RECEIVED Juneau

MAY 0 6 2019

RECEIVED Juneau

JUN 0 3 2019

CBPL RECEIVED Juneau

RECEIVED Juneau

MAY 0 6 2019

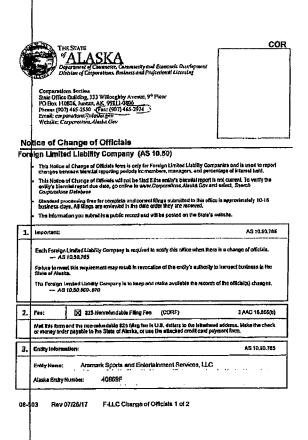
JUN 0 3 2019

* * * Communication Result Report (Mar. 11. 2021 5:26PM) * * * 1) carousel childcare

Date/Time: Mar. 11. 2021 4:56PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
6784 Memory	TX 19074652974	P. 4	E-1) 1) 1) 1) 2)	P. 3-4

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax



COR

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 Fax: (907) 465-2974

Email: corporations alaska.gov Website: Corporations Alaska Gov

Notice of Change of Officials

Foreign Limited Liability Company (AS 10.50)

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 entity's biennial report due date, go online to www.Corporations Alaska Gov and select, Search
 Corporations Database
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received
- The information you submit is a public record and will be posted on the State's website.

1					
1.	Important:				AS 10.50.765
	— AS Failure to mee State of Alask The Foreign L	10.50.765 It this requirement n a.	nay result in revocation	on of the entity's aut	en there is a change of officials. hority to transact business in the ecords of the official(s) changes.
2.	Fee:	➤ \$25 Nonref	undable Filing Fee	(CORF)	3 AAC 16.065(b)
	Mail this form or money orde	and the non-refunda r payable to the Sta	able \$25 filing fee in U ite of Alaska, or use t	J.S. dollars to the le he attached credit of	tterhead address. Make the check eard payment form.
3.	Entity Informa	ation:			AS 10.50.765
	Entity Name	Aramark S	ports and Enterta	nment Services	LLC
	Alaska Entity I	Number: 40	869F		

08-503 Rev 07/25/17 F-LLC Change of Officials 1 of 2

4.	REMOVE from Record:	AS 10	.50.765(1	D)
	The following officials (members and as a result of this filing	d, if applicable, managers) will be completely removed from the	e record	
	Name: Aramark Services, In	nc. Name:		
	Name ⁻	Name		
	If an official is not being removed fro	om record, then list them in Item #5 below (with their current inf	ormation	ı).
5.	ALL Current Officials:	AS 10.	50.765(t))
	this filing.	L remaining and new officials who will be on record as a result	t of	
		ne member who owns a % of the LLC. — AS 10.50.155(b)		
		o own 5% or more of the LLC. — AS 10.50 765 (b)	hananad	
	• An LLC may be managed by	e LLC. A member may be a manager if the LLC is manager manager manager if provided in Registration of Foreign LLC. A manager also owns a % of the LLC. — AS 10.50.615(a)(7)		
	 List <u>ALL</u> officials and their of BOLD fields are required. 	current information to be on record. USE ONLY TITLES PROVIDED	OWNED	MEMBER
	FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% OA	MEMBER
	Aramark/HMS, LLC	2400 Market Street, Philadelphia, PA 19103	100	x x
	Bruce Fears	2400 Market Street, Philadelphia, PA 19103		×
	Patricia Rapone	2400 Market Street, Philadelphia, PA 19103		×
	Also follows a	plement page and include all information required above in Iter	n #5	
<u> </u>	Required Signature:		10.50.84	40
6.	The Notice of Change of Officials mi	ust be signed by: a member (AS 10.50 840(a)(2)); or a manager (AS 10.50.840(c)). Persons who signer that are known to the person to be false in material respect Date: Date: 03/11/2021	าก	ilty
	Title of Authorized Signer:	Member ⊠ Manager ☐ Attorney		
	if signing on behalf of a member or manager member entity. For example, John Smith, Pr	which is an entity, then identify the signer's relationship and signing authority resident of XYZ inc. the sole member of ABC LLC	with the	

08-503 Rev 07/25/17 F-LLC Change of Officials 2 of 2

A	86. B. P. W. V.	Division of Corporations Section State Office Building	ASKA I of Commerce, Communi. Corporations, Business an			COR
		Phone: (907) 465-25 Email: corporations Website: Corporatio	50 + Fax: (907) 465-2974 a alaska gov ns.Alaska Gov	ı		
C	or		h your filing	to assist with processing your att ar online	tached filings	
	E	ntity Information		Enter your entity informati	on as it appea	ars on this filing
		Entity Name:	Aramark Sports and	d Entertainment Services, L	LC	
	-	AK Entity #:	40869F			
Ħ	C	ontact Person	Whom	may we contact with any question	s or problems	s with this filing?
		Company:	Aramark			
		Contact	Vickie Potter			
			5880 Nole	ensville Pike		
		Mailing Address.	Nashville		TN	37211
		Phone		615-761-0332		
		Email:		potter-vickie@aramark	.com	
	D	ocument Return Add	ess	Provide an address for the re	eturn of your f	filed documents.
			the address provided ABC			
		Contact:				

Mailing Address:

08-561 Rev 7/14/16

Contact Information

Nashville

5880 Nolensville Pike

37211

TN

11:142		Rush
Elite Courier Se		190608
907-569-4440	Ernouf & Coffey, P.C.	3/12/21 1
Ernouf & Coffey, P.C.	CONTACT Amanda	SPECIAL INSTRUCTIONS Please return a samped courier slip confirming filing usap. Thank you!
1542 northview drive	PHONE 907-274-3385 ZIP CODE	Comming wing usap. High kyou!
Anchorage DELIVER TO	99504 CONTACT	ROUND TRIP TOTAL WEIGHT Yes 1 lbs.
address	PHONE	READY TIME 3/12/21 9:17 AM
550 w 7th ave 1500	ZIP CODE 99501	Rush PACKAGE TYPE Filing
SIGNATURE (PLEASE PRINT)	Marie Dagon	156 3/12 P REFERENCE Aramark

RECEIVED Anchorage MAR 1 2 2021 CBPL From: Amanda Shawcross
To: Marc Bodell

 Cc:
 Alcohol Licensing, CED ABC (CED sponsored); Kaitlynd Kruger; Chris OHara; Sherman Ernouf

 Subject:
 Re: Aramark/Denali River Cabins, McKinley Village Lodge, Glacier Bay Lodge - AK - State Renewal

Date: Friday, March 12, 2021 10:18:47 AM

Attachments: IMG 20210312 0002.pdf

Importance: High

Good Morning Carrie,

Per Marc's email below attached is the courier slip stamped by Corporations and signed by an individual with Corporations to confirm the filing of the Change of Officials form.

Let me know if you need anything else or have any questions and or concerns relating to this.

Thank you Amanda

Amanda Shawcross
Office Manager & Book Keeper
Law Offices of Ernouf & Coffey, P.C.
PO Box 212314
Anchorage, Alaska 99521-2314
Phono: (207) 274 3385

Phone: (907) 274-3385 Fax: (907) 274-4258

ashawcross@eclawfirm.org

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On Mar 12, 2021, at 9:22 AM, Marc Bodell <marc@flaherty-ohara.com> wrote:

Good Morning Carrie,

Attached please find copies of the revised Aramark renewal applications and Tourism Statements, as you requested.

Also attached are copies of the Notice of Change of Officials, that Amanda Shawcross, with our local counsel's office, has been trying to fax for the past 24 hours. As she has been unsuccessful, she is arranging for a courier deliver the forms to the ABC today. She will provide us with a receipt, so you will have evidence that the package was



Pittsburgh Office: 610 Smithfield Street Suite 300 Pittsburgh, PA 15222

412-456-2001 FAX: 412-456-2019 www.flaherty-ohara.com

Marc Bodell

Direct Dial: 412-456-2125

E-Mail Address: marc@flaherty-ohara.com

Toll Free: 1-866-4BEVLAW File No.: 80202.265 - SR

December 14, 2020

VIA: FEDERAL EXPRESS

Alaska Alcoholic Beverage Control Board 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 ATTENTION: CARRIE CRAIG, LICENSE RENEWALS

RE: Aramark Sports and Entertainment Services, LLC Glacier Bay Lodge Gustavas, AK 99826 2020-2021 State Liquor License Renewal No. 443

Dear Carrie:

Enclosed please find the following regarding the state license renewal for the above-referenced location:

- 1. Liquor License Renewal and related documents; and
- 2. check in the amount of \$1,550.00 payable to "Alaska Alcoholic Beverage Control Board" for the fees specified on renewal application.

Please send the renewed license to my attention upon issuance

Thanks very much and please feel free to contact me directly if you have any questions or require anything further. Merry Christmas!

Sincerely,

Marc Bodell, Assistant to

KAITLYND KRUGER, ESQUIRE

Enclosures

cc:

Ms. Jennifer Shelton (w/encls., via e-mail)

Mr. Anthony Beckerley (w/encls., via e-mail)

AMCO

DEC 1 5 2020

Harrisburg

{F2439928.1}

Pittsburgh Philadelphia



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

September 9, 2020

Aramark Sports and Entertainment Services, LLC Flaherty & Ohara, P.C. 610 Smithfield St. Ste 300 Pittsburgh, PA 15222

Re: Glacier Bay Lodge, License #443

Dear Aramark Sports and Entertainment Services, LLC:

On November 13, 2017 the Alcoholic Beverage Control Board delegated the authority to approve first and second requests to waive the statutory minimum operating requirements to the Director.

Please consider this notice that I have approved your waiver of operation for the 2020 calendar year.

Please ensure that if you are operating solely to meet minimum operating requirements in the future, you address the items required in 3 AAC 304.170(j) to prove your operations to the board.

Please contact <u>alcohol.licensing@alaska.gov</u> with any questions.

Sincerely,

Carrie Craig

Records and Licensing Supervisor

cc: License File