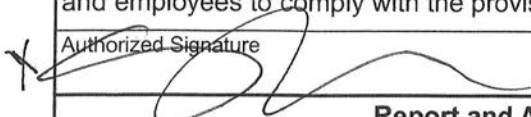


Page 1 of 7

Name	Type of License	Account Number						
7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years? <span style="float:right">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></span>								
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state): <div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="margin-right: 20px;"> a. Been denied an alcohol beverage license? <input type="checkbox"/> <input checked="" type="checkbox"/>  b. Had an alcohol beverage license suspended or revoked? <input type="checkbox"/> <input checked="" type="checkbox"/>  c. Had interest in another entity that had an alcohol beverage license suspended or revoked? <input type="checkbox"/> <input checked="" type="checkbox"/> </div> </div> If you answered yes to 8a, b or c, explain in detail on a separate sheet.								
9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. <span style="float:right"><input type="checkbox"/> <input checked="" type="checkbox"/></span>								
10. Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? <span style="float:right"><input type="checkbox"/> <input checked="" type="checkbox"/></span> <div style="text-align: right; margin-right: 50px;"> or  Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>  Other: <u>N/A</u> </div>								
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS. <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> <u>N/A</u>								
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS. <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> <u>N/A</u>								
13. a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> b. Are you a Colorado resident? <u>N/A</u> <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>								
14. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any <u>current</u> financial interest in said business including any loans to or from a licensee. <span style="float:right"><input checked="" type="checkbox"/> <input type="checkbox"/></span> <u>See Attached</u>								
15. Does the applicant, as listed on line 2 of this application, <b>have legal possession of the premises by ownership, lease or other arrangement?</b> <span style="float:right"><input checked="" type="checkbox"/> <input type="checkbox"/></span> <input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ a. If leased, list name of landlord and tenant, and date of expiration, <b>exactly</b> as they appear on the lease: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:40%;">Landlord</td> <td style="width:40%;">Tenant</td> <td style="width:20%;">Expires</td> </tr> <tr> <td>Woods Super Market, Inc.</td> <td>Mirror Image Brewpub Group, L.L.C.</td> <td>1/25/2029</td> </tr> </table>			Landlord	Tenant	Expires	Woods Super Market, Inc.	Mirror Image Brewpub Group, L.L.C.	1/25/2029
Landlord	Tenant	Expires						
Woods Super Market, Inc.	Mirror Image Brewpub Group, L.L.C.	1/25/2029						
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16. <span style="float:right"><input type="checkbox"/> <input checked="" type="checkbox"/></span>								
c. Attach a diagram that designates the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8½" X 11".								
16. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.								
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage				
N/A								
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage				
<b>Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.</b>								
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted? <u>N/A</u> <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> Number of additional Optional Premise areas requested. (See license fee chart) <span style="float:right"><input type="text"/></span>								
18. For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions. <u>N/A</u>								



Name	Type of License	Account Number		
<b>19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:</b> a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise? <input type="checkbox"/> <input type="checkbox"/> <b>If "yes" a copy of license must be attached.</b> <span style="margin-left: 100px;">N/A</span>				
<b>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</b> <span style="float:right">Yes No</span> a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/> b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/> c. How long has the club been incorporated? d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above? <input type="checkbox"/> <input type="checkbox"/> <span style="margin-left: 100px;">N/A</span>				
<b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b> <span style="float:right">N/A</span> a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) <input type="checkbox"/> <input type="checkbox"/>				
<b>22. Campus Liquor Complex applicants answer the following:</b> a. Is the applicant an institution of higher education? <span style="margin-left: 100px;">N/A</span> <input type="checkbox"/> <input type="checkbox"/> b. Is the applicant a person who contracts with the institution of higher education to provide food services? <input type="checkbox"/> <input type="checkbox"/> <b>If "yes" please provide a copy of the contract with the institution of higher education to provide food services.</b>				
<b>23. For all on-premises applicants.</b> a. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager Schirner	First Name of Manager Steven			
<b>24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.</b> <span style="float:right">Yes No</span> <input type="checkbox"/> <input checked="" type="checkbox"/>				
<b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b> <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> a. Is the related facility located within the boundaries of the Campus Liquor Complex? If yes, please provide a map of the geographical location within the Campus Liquor Complex. If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex. b. Designated Manager for Related Facility- Campus Liquor Complex <span style="margin-left: 100px;">N/A</span>				
Last Name of Manager	First Name of Manager			
<b>26. Tax Information.</b> <span style="float:right">Yes No</span> a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business? <input type="checkbox"/> <input checked="" type="checkbox"/> b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.? <input type="checkbox"/> <input checked="" type="checkbox"/>				
<b>27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members.</b> In addition, applicant must list any stockholders, partners, or members with <b>ownership of 10% or more in the applicant.</b> All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.				
Name Teresa Schirner	Home Address, City & State [REDACTED]	DOB [REDACTED]	Position Member	%Owned 51
Name Steven Schirner	Home Address, City & State [REDACTED]	DOB [REDACTED]	Position Member	%Owned 49
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned

Name	Type of License	Account Number
<p>** If applicant is owned 100% by a parent company, please list the designated principal officer on above.</p> <p>** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)</p> <p>** If total ownership percentage disclosed here does not total 100%, applicant must check this box:</p> <p><input checked="" type="checkbox"/> Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.</p>		
<b>Oath Of Applicant</b>		
<p>I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.</p>		
Authorized Signature 	Printed Name and Title Steven Schirner Vice President	Date 3/6/24
<b>Report and Approval of Local Licensing Authority (City/County)</b>		
Date application filed with local authority 3/25/2024	Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application) May 6 2024	
<b>For Transfer Applications Only</b> - Is the license being transferred valid? <div style="float: right;">           Yes No  <input type="checkbox"/> <input type="checkbox"/> </div>		
<p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>		
<p><input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of &gt; 10,0000? <span style="float: right;">Yes No <input type="checkbox"/> <input type="checkbox"/></span></p> <p><input type="checkbox"/> Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of &lt; 10,0000? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p><b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.</p> <p><input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>		
<p>The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S., and Liquor Rules. <b>Therefore, this application is approved.</b></p>		
Local Licensing Authority for		Telephone Number <div style="float: right;"> <input type="checkbox"/> Town, City  <input type="checkbox"/> County         </div>
Signature	Print	Title
Signature	Print	Title
		Date

Page 3 – Question 14.

Echo Brewing Company

Frederick, CO

## Tax Check Authorization, Waiver, and Request to Release Information

I, Steven Schirner

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter  
"Waiver") on behalf of

(the "Applicant/Licensee")

Mirror Image Brewpub Group, Inc.

to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.



Name (Individual/Business)

Mirror Image @ Woods

Social Security Number/Tax Identification Number

[REDACTED]

Home Phone Number

Business/Work Phone Number

[REDACTED]

Street Address

4320 Ledge Rock Lane

City

Johnstown

State

CO

ZIP Code

80534

Printed name of person signing on behalf of the Applicant/Licensee

Steven Schirner

Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)

Date Signed

3/06/24

### Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Mirror Image Brewpub Group Inc.

is a

Corporation

formed or registered on 07/29/2023 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20231797687 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/04/2024 that have been posted, and by documents delivered to this office electronically through 03/05/2024 @ 19:33:47 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/05/2024 @ 19:33:47 in accordance with applicable law. This certificate is assigned Confirmation Number 15816180 .



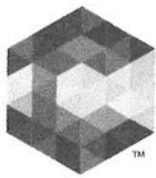
*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*





# Colorado Secretary of State

Colorado Secretary of State

ID#: 20231797687

Document #: 20231797687

Filed on: 07/29/2023 06:06:51 AM

Paid: \$50.00

## Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

**The domestic entity name of the corporation is** Mirror Image Brewpub Group Inc.

**The principal office street address is** 4320 Ledge Rock Drive  
Johnstown CO 80534  
US

**The principal office mailing address is** 4320 Ledge Rock Drive  
Johnstown CO 80534  
US

**The name of the registered agent is** Steven Schirner

**The registered agent's street address is** 11406 Charles Street  
Firestone CO 80504  
US

**The registered agent's mailing address is** 11406 Charles Street  
Firestone CO 80504  
US

The person above has agreed to be appointed as the registered agent for this entity.

### **The name(s) and address(es) of the incorporator(s)**

Steven Schirner  
4320 Ledge Rock Drive  
Johnstown CO 80534  
US

Theresa Schirner  
4320 Ledge Rock Drive  
Johnstown CO 80534  
US

### **The classes of shares and number of shares of each class that the corporation is authorized to issue are**

The corporation is authorized to issue:  
Common shares - 10000

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., and, if applicable, the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

**Name(s) and address(es) of the individual(s) causing the document to be delivered for filing**

Cheyenne Moseley

101 N. Brand Blvd., 11th Floor

Glendale CA 91203

US

