

NOTICE TO LEGISLATIVE
AUTHORITY

OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

91591990150		PERMIT NUMBER	NEW	TYPE	<p>TO UNITED DAIRY FARMERS INC DBA UNITED DAIRY FARMERS 678 180 W JOHNSTOWN RD GAHANNA OH 43230</p>
ISSUE DATE 01 04 2013					
FILING DATE					
C1 C2					
PERMIT CLASSES 25 077 B	TAX DISTRICT 25	RECEIPT NO. Z95655			

FROM 01/10/2013

PERMIT NUMBER		TYPE	<p>GAHANNA CLERK'S OFFICE 2013 JAN 10 P 3:51</p>
ISSUE DATE			
FILING DATE			
PERMIT CLASSES			
TAX DISTRICT	RECEIPT NO.		

RECEIVED



MAILED 01/10/2013

RESPONSES MUST BE POSTMARKED NO LATER THAN.

02/11/2013

IMPORTANT NOTICE

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL
WHETHER OR NOT THERE IS A REQUEST FOR A HEARING.

REFER TO THIS NUMBER IN ALL INQUIRIES B NEW 9159199-0150

(TRANSACTION & NUMBER)

(MUST MARK ONE OF THE FOLLOWING)

WE REQUEST A HEARING ON THE ADVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT
THE HEARING BE HELD IN OUR COUNTY SEAT. IN COLUMBUS.

WE DO NOT REQUEST A HEARING.

DID YOU MARK A BOX? IF NOT, THIS WILL BE CONSIDERED A LATE RESPONSE.

PLEASE SIGN BELOW AND MARK THE APPROPRIATE BOX INDICATING YOUR TITLE:

Donna L. Jernigan

(Signature)

(Title) - Clerk of County Commissioner

(Date)

Mr. Deputy
 Clerk of City Council

Township Fiscal Officer

1/23/2013

CLERK OF GAHANNA CITY COUNCIL
200 S HAMILTON RD
GAHANNA OHIO 43230

SECTION 3**CORPORATION/STOCK DATA VERIFICATION**

CORPORATE NAME **UNITED DAIRY FARMERS INC** TOTAL SHARES HELD **3000.00** PERMIT # **9159199-0001**
 RENEWAL YEAR **JUNE 2012-2013** # **829559**

STOCKHOLDERS HOLDING 5% OR MORE OF OUTSTANDING SHARES	LAST FOUR DIGITS OF SOCIAL SECURITY #	SHARES	TITLE	BIRTHDATE
LARGE CORPORATION FRANK J. COGLIANO ROBERT D LINDNER JR DAVID C LINDNER JEFFEREY S LINDNER PHYLLIS MCCOY ALAN B LINDNER	*****9910 *****3689 *****6703 *****6514 *****2095 *****6578	0.00 750.00 750.00 750.00 0.00 750.00	VICE PRES. VICE PRES. VICE PRES. VICE PRES. SECR-TREA. SECR-TREA.	

IF INFORMATION LISTED ABOVE IS NOT ACCURATE, PLEASE INDICATE CHANGES BELOW.

NAME	SOCIAL SECURITY #	SHARES	TITLE	BIRTHDATE

COMPLETE THE CURRENT LIST OF YOUR TOP (4) OFFICERS.
 IF NO ONE HOLDS THAT OFFICE, INDICATE 'NONE'. PLEASE PRINT OR TYPE.

CEO/PRESIDENT A. BRADFORD LINDNER

SOCIAL SECURITY _____

VICE-PRESIDENT DAVID LINDNER

SOCIAL SECURITY _____

TREASURER ROBERT D. LINDNER

SOCIAL SECURITY _____

SECRETARY PHYLLIS MC COY

SOCIAL SECURITY _____

SR. VICE PRES. FRANK COGLIANO

SS# _____