

MORLEY LAW FIRM, PLLC  
ATTORNEYS  
315 N. BROADWAY  
NORTH LITTLE ROCK, ARKANSAS 72114  
(501) 372-4314  
FAX (501) 375-3045

DEAN R. MORLEY (1910-1998)  
STEPHEN E. MORLEY  
Email: clairgpm@swbell.net

DELTA OFFICE  
P.O. BOX 474  
ARKANSAS CITY, ARKANSAS 71630  
(870) 877-9339  
FAX (870) 877-2288

July 26, 2019

HAND DELIVERY

Chief Rick Elliott  
Jonesboro Police Department  
1001 S. Caraway Road  
Jonesboro, AR 72401

Re: Private Club - Malco Hollywood Cinema, 2407 E. Parker Rd., Jonesboro

Dear Chief Elliott:

I represent Malco Hollywood Cinema. In that capacity I am tendering an application for private club permit as required by the City of Jonesboro, together with the required \$250.00 filing fee. I believe the forms are in order, but if more is required, please advise, I will be glad to provide any needed additional information.

Sincerely yours,

MORLEY LAW FIRM, PLLC



Stephen E. Morley

SEM:cm



# City of Jonesboro Private Club Review and Conditions Form

Date 7-30-19

Non-Profit Corp. Kiehl Social Club

Address 2407 E. Parker Rd.

Applicant on Behalf of Club Jefferson Ayers (901-412-6669 cell)

Home Address 916 Oriole Dr Jonesboro, AR

Business Name <sup>Malco</sup> Hollywood Cinema

Business Address 2407 E. Parker Rd. Jonesboro, AR

### City of Jonesboro official use below this:

**Police Department:** Copy of membership list Yes  No   
 Has any member been convicted of a felony? Yes  No   
 If yes, How many years since conviction?             
 Has Non-Profit complied with City of Jonesboro laws? Yes  No

Comments: \_\_\_\_\_

Approve? Yes  No  Signature Chief of Police [Signature]

### Planning and Zoning Department:

Type of Private Club: Theater with            Restaurant  Hotel/Motel   
 Hours of Operation?             
 Copy of menu for food service? Yes  No   
 Zoning C-3

Approve? Yes  No  Signature Planning Director [Signature]

### City Clerk:

Date received \_\_\_\_\_  
Date entered in Legistar \_\_\_\_\_

### City Council Action

Approve \_\_\_\_\_ Deny \_\_\_\_\_

CITY OF JONESBORO

APPLICATION FOR PRIVATE CLUB PERMIT

We hereby make an application for a permit to serve alcoholic beverages on our premises to the club's adult members, members of their families over the age of 21, and duly qualified guests.

Males Hollywood Cinema 811100735  
Non-Profit Corporation FEIN #

APPLICANT ON BEHALF OF CLUB  
Jefferson Ayers  
First Middle Last

HOME ADDRESS  
916 Oriole Drive Jonesboro AR 72401  
Street City Zip County

BUSINESS NAME  
Hollywood Cinema

BUSINESS ADDRESS  
2407 EAST PAKER ROAD USA  
Street City Zip County  
Jonesboro, AR 72401 Craighead

Does the club own the premises? NO If leased, give name and address of owner:

Lightman Jonesboro Co LLC, 1200 Waldron Rd Suite 140

Is your establishment primarily engaged in the business of serving food for consumption on the premises? yes St. Smith 05/29/03

If the answer to the above question is no, then what type of business will you be engaged in on the premises? Please list all activities to be offered.

Does anyone now hold an alcoholic beverage permit at this location? NO If so, give name, address and permit no(s).

Give names and addresses of all officers/directors of the non-profit organization:

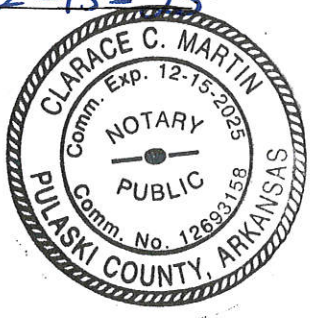
NAME	TITLE	ADDRESS
David Tashie	<del>Director</del> President	266 E. Cherry Road Memphis TN 38112
Wes Lumsford	Secretary	2118 Kirby Road Memphis, TN 38119
Brandon Favazza	Director	18576 South St. Springdale AR 72764
Jefferson Ayers	Director	916 Oriole Dr. Jonesboro AR 72401

Has any member of the club's board of directors or other governing body, or any club officer, been under the sentence, whether suspended or otherwise, of any court for the conviction of a felony within two (2) years preceding the date of this application? YES  NO  If yes, please explain -

Signed this 17 day of July, 2019.  
 \_\_\_\_\_  
 Signature of Applicant/Managing Agent  
President  
 \_\_\_\_\_  
 Official Title

Subscribed and sworn to before me this 17 day of July, 2019.  
 \_\_\_\_\_  
 Notary Public

My Commission Expires: 12-15-25





SCHEDULE A - INDIVIDUAL'S PERSONAL HISTORY



D6J003-D6L056

Application filled by Applicant - A, Stockholder/Partner - S : A

I submit answers to the following questions under oath:

1. Name Jefferson T Ayers

2. Home Address 916 Oriole Dr Jonesboro 72401 Phone No. 901-47-6669  
 Street City Zip

3. Are you a person of good moral character and reputation in your community? Yes

4. Are you a (CITIZEN) IDENT ALIEN) of the United States? **CIRCLE ONE**  
 Social Security No. \_\_\_\_\_ Green Card No. \_\_\_\_\_

5. Are you a resident of the county in which application has been made? Yes  
 If not, do you live within 35 miles of the premises to be permitted? \_\_\_\_\_

6. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO X If so, give full information

7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceeding this application? YES \_\_\_\_\_ NO X If so, give full information

8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceeding this application? YES \_\_\_\_\_ NO X If so, give full information

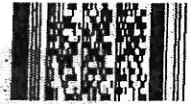
9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? NO If so, give name, place, and permit number(s)

10. Have you applied and been refused a permit at the applied for location within the last 12 months? NO If so, give full information

11. Marital Status: Single ( ) Married (X) Divorced ( ) Separated ( ) Other ( )

12. Furnish complete information regarding members of immediate family:

Relationship	Full Name	Address	Occupation
Wife	Shannon Ayers	same	HR



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(a) Are any of the above to be connected with the operation of the outlet? NO

(b) If so, who and in what capacity? N/A

13. Give your home address (city or town) and dates at each for the past five (5) years:  
Same as above 4-11-11 to date

14. Covering the past five (5) years, give in detail the following:

<u>Your Business or Occupation</u>	<u>Name &amp; Address of Employer</u>	<u>Dates of Employment</u>
<u>General Manager</u>	<u>Malco Theatres Inc 2407 E. Parker Rd Jonesboro AR 72404</u>	<u>7/2008 to date</u>

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

[Signature]  
Applicant's Signature

STATE OF ARKANSAS  
COUNTY OF Craighead

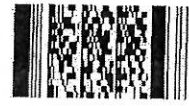
Jefferson T. Ayers, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this 22 day of February, 2019.

[Signature]  
Notary Public

My Commission Expires: 3-14-22





AUTHORITY TO RELEASE INFORMATION

Application filled by Applicant - A, Stockholder/Partner - S : A

TO WHOM IT MAY CONCERN:

I understand that the Alcoholic Beverage Control Enforcement Division will conduct a thorough investigation before a final decision is made regarding my eligibility to hold an alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the Alcoholic Beverage Control Enforcement Division and the Alcoholic Beverage Control Board.

Jeffrey F Ayers  
Signature - Full Name

2/22/19  
Date

916 Oriole Dr  
Home Address

Jonesboro      AR      72401  
City                      State                      Zip

same  
Mailing Address

City                      State                      Zip

901-412-6669      870-910-5000  
Contact Phone                      Business Phone

Jeff.Ayers@Malco.com  
E-Mail Address

Sworn and subscribed before me this 22 day of February, 2019.

Krystal Quessenberry  
Notary Public

My Commission Expires: 3-14-22

(Revised 3/08)



## ARKANSAS STATE POLICE

## Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

## Subject of Record

Last: **Ayers** First: **Jefferson** Middle: **Travis**  
 Date of Birth: Sex: Race:  
 Social Security Number: *(not verified, supplied at time of request)*  
 Home/Mailing Address: **916 Oriole Dr Jonesboro, AR 72401**



**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT**

## Requestor Information

Transaction Number: **ABC002760957**  
 Date: **07/19/2019** Agency Reporting: **Arkansas State Police**  
 Purpose: **ABC Pursuant to Arkansas Code §3-2-103 regarding applicants for licensing by the Alcoholic Beverage Control Division.**  
 Released To: **Bobby Smith On Behalf of ALCOHOLIC BEVERAGE CONTROL**  
 Representing: **ALCOHOLIC BEVERAGE CONTROL**  
 Mailing Address: **1515 West 7th Suite 503 Little Rock, AR 72201**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



## SCHEDULE A – INDIVIDUAL’S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name David Tashie
2. Home Address 266 E. Cherry Cir Memphis, TN 38117 Phone No. (901) 299-9012  
Street City Zip
3. Are you a person of good moral character and reputation in your community? Yes
4. Are you a (CITIZEN) or (PERMANENT RESIDENT ALIEN) of the United States? CIRCLE ONE  
 Social Security No. \_\_\_\_\_ Green Card No. \_\_\_\_\_
5. Are you a resident of Craighead county? No  
 If not, do you live within 35 miles of the premises to be permitted? No
6. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO  If so, give full information  
 \_\_\_\_\_
7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? YES  NO \_\_\_\_\_ If so, give full information. \_\_\_\_\_
8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this application? YES \_\_\_\_\_ NO  If so, give full information \_\_\_\_\_
9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? Yes If so, give name, place, and permit number(s)  
Tashie Restaurant Group dba Cigo Bella, 565 Erin Drive, Memphis, TN 38117  
License # L&DRST - S ME - 190005
10. Have you applied and been refused a permit at the applied for location within the last 12 months? No  
 If so, give full information \_\_\_\_\_
11. Marital Status: Single ( ) Married  Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:

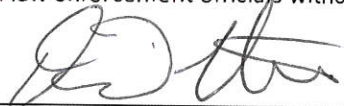
Relationship	Full Name	Address	Occupation
Spouse	Christina Tashie	266 E. Cherry Cir.	N/A


- (a) Are any of the above to be connected with the operation of the outlet? No
- (b) If so, who and in what capacity? \_\_\_\_\_
13. Give your home address (city or town) and dates at each for the past five (5) years:  
266 E. Cherry Cir. 2014 - present  
Memphis, TN, 38117

14. Covering the past five (5) years, give in detail the following:

Your Business or Occupation	Name & Address of Employer	Dates of Employment
Malva Thakur <sup>Sr. VP</sup>	Memphis, TN 38120 Malva, 5851 Ridgeway Center Pkwy	1998 - present

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.



Applicant's Signature

Tennessee  
STATE OF ARKANSAS

COUNTY OF Shelby

David Lashe, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this 8<sup>th</sup> day of March, 2019.

Belinda H. Roederer  
Notary Public

My Commission Expires: August 14, 2022



**AUTHORITY TO RELEASE INFORMATION**

Application filled by Applicant -A, Stockholder/Partner - S: A

TO WHOM IT MAY CONCERN:

I understand that the City of Jonesboro will conduct an investigation before a final decision this alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the City of Jonesboro.

[Signature]  
Signature - Full Name

3/8/19  
Date

266 E. Chry Circle  
Home Address

Memphis TN 38117  
City State Zip

5851 Ridgely Center Pkwy.  
Mailing Address

Memphis TN 38120  
City State Zip

(901) 761-3480  
Contact Phone Business Phone

dwoi@malco.com  
Email Address

Subscribed and sworn to before me this 5<sup>th</sup> day of March, 2019.

[Signature]  
Notary Public

My Commission Expires: August 14, 2022



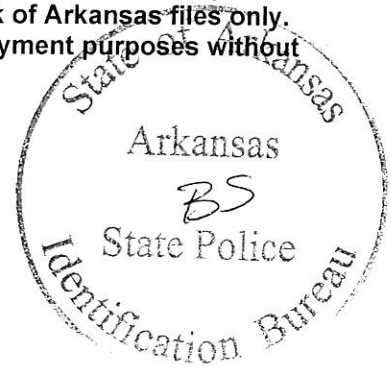
## ARKANSAS STATE POLICE

**Arkansas Criminal History Report**

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

**Subject of Record**

Last: **Tashie**                      First: **David**                      Middle: **Paul**  
 Date of Birth:                      Sex:                      Race:  
 Social Security Number:                      *(not verified, supplied at time of request)*  
 Home/Mailing Address: **5951 ridge Center Pkgw Memphis, TN 38120**



**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -**

**Requestor Information**

Transaction Number: **ABC002760951**

Date: **07/19/2019**                      Agency Reporting: **Arkansas State Police**

Purpose: **ABC Pursuant to Arkansas Code §3-2-103 regarding applicants for licensing by the Alcoholic Beverage Control Division.**

Released To: **Bobby Smith On Behalf of ALCOHOLIC BEVERAGE CONTROL**

Representing: **ALCOHOLIC BEVERAGE CONTROL**

Mailing Address: **1515 West 7th Suite 503 Little Rock, AR 72201**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



## SCHEDULE A – INDIVIDUAL’S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name Wes Lunsford
2. Home Address 2118 Kirby Rd. Memphis 38119 Phone No. 901-289-2664  
Street City Zip
3. Are you a person of good moral character and reputation in your community? Yes
4. Are you a (CITIZEN) or (PERMANENT RESIDENT ALIEN) of the United States? CIRCLE ONE  
 Social Security No. \_\_\_\_\_ Green Card No. \_\_\_\_\_
5. Are you a resident of Craighead county? No  
 If not, do you live within 35 miles of the premises to be permitted? No
6. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO  If so, give full information  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? YES  NO \_\_\_\_\_ If so, give full information. \_\_\_\_\_  
 \_\_\_\_\_
8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this application? YES \_\_\_\_\_ NO  If so, give full information \_\_\_\_\_  
 \_\_\_\_\_
9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? No If so, give name, place, and permit number(s)  
 \_\_\_\_\_
10. Have you applied and been refused a permit at the applied for location within the last 12 months? No  
 If so, give full information \_\_\_\_\_  
 \_\_\_\_\_
11. Marital Status: Single ( ) Married  Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:

Relationship	Full Name	Address	Occupation
Wife	Ashley Lunsford	2118 Kirby Rd, Memphis	None
Daughter	Ava Lunsford	2118 Kirby Rd, Memphis	None
Daughter	Sophia Lunsford	2118 Kirby Rd, Memphis	None


(a) Are any of the above to be connected with the operation of the outlet? no

(b) If so, who and in what capacity? \_\_\_\_\_

13. Give your home address (city or town) and dates at each for the past five (5) years:

<u>2118 Kirby Rd,</u>	<u>Memphis, TN 38119</u>	<u>2/14/17 - Present</u>
<u>6388 Kirby Rd</u>	<u>Memphis, TN 38119</u>	<u>8/2/14 - 2/14/17</u>

14. Covering the past five (5) years, give in detail the following:

<u>Your Business or Occupation</u>	<u>Name &amp; Address of Employer</u>	<u>Dates of Employment</u>
<u>Maleo</u>	<u>Maleo Theatres</u> <u>5851 Ridgeway Center Pkwy, 38120</u>	<u>November 2008 - Present</u>

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

[Signature]  
Applicant's Signature

Tennessee  
STATE OF ARKANSAS

COUNTY OF Shelby

Wesley Brett Linsford, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this 8<sup>th</sup> day of March, 2019.

Belinda H. Roederer

My Commission Expires: August 14, 2022



**AUTHORITY TO RELEASE INFORMATION**

Application filled by Applicant -A, Stockholder/Partner - S : A

TO WHOM IT MAY CONCERN:

I understand that the City of Jonesboro will conduct an investigation before a final decision this alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the City of Jonesboro.

Wesley Brett Lunsford  
Signature - Full Name  
3/8/19  
Date

2118 Kirby Rd  
Home Address

Memphis TN 38119  
City State Zip

2118 Kirby Rd  
Mailing Address

Memphis TN 38119  
City State Zip

901-289-2664 901-289-2664  
Contact Phone Business Phone

wes.lunsford@males.com  
Email Address

Subscribed and sworn to before me this 8<sup>th</sup> day of March, 2019.

Belinda A. Roederer  
Notary Public

My Commission Expires: August 14, 2022



## ARKANSAS STATE POLICE

**Arkansas Criminal History Report**

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

**Subject of Record**

Last: **Lunsford**                      First: **Wesley**                      Middle: **Brett**  
 Date of Birth:                      Sex:                      Race:  
 Social Security Number:                      *(not verified, supplied at time of request)*  
 Home/Mailing Address: **2118 Kirby Rd Memphis, TN 38119**



- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -

**Requestor Information**

Transaction Number: **ABC002760965**

Date: **07/19/2019**                      Agency Reporting: **Arkansas State Police**

Purpose: **ABC Pursuant to Arkansas Code §3-2-103 regarding applicants for licensing by the Alcoholic Beverage Control Division.**

Released To: **Bobby Smith On Behalf of ALCOHOLIC BEVERAGE CONTROL**

Representing: **ALCOHOLIC BEVERAGE CONTROL**

Mailing Address: **1515 West 7th Suite 503 Little Rock, AR 72201**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



**SCHEDULE A – INDIVIDUAL'S PERSONAL HISTORY**

I submit answers to the following questions under oath:

1. Name Brandon FAVAZZA
2. Home Address 18573 South Street Springdale Phone No. 479-225-1343  
Street City Zip Ark - 72764
3. Are you a person of good moral character and reputation in your community? yes
4. Are you a (CITIZEN) or (PERMANENT RESIDENT ALIEN) of the United States? CIRCLE ONE  
 Social Security No. \_\_\_\_\_ Green Card No. \_\_\_\_\_
5. Are you a resident of Craighead county? No  
 If not, do you live within 35 miles of the premises to be permitted? No
6. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO X If so, give full information \_\_\_\_\_
7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? YES \_\_\_\_\_ NO (C) If so, give full information. \_\_\_\_\_
8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this application? YES \_\_\_\_\_ NO X If so, give full information \_\_\_\_\_
9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? No If so, give name, place, and permit number(s) \_\_\_\_\_
10. Have you applied and been refused a permit at the applied for location within the last 12 months? No  
 If so, give full information \_\_\_\_\_
11. Marital Status: Single ( ) Married (X) Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:

<u>Relationship</u>	<u>Full Name</u>	<u>Address</u>	<u>Occupation</u>
<u>Spouse</u>	<u>CHRISTINA FAVAZZA</u>	<u>18573 South Street Springdale Ark 72764</u>	<u>Program Coordinator</u>


(a) Are any of the above to be connected with the operation of the outlet? NO

(b) If so, who and in what capacity? N/A

13. Give your home address (city or town) and dates at each for the past five (5) years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Covering the past five (5) years, give in detail the following:

Your Business or Occupation	Name & Address of Employer	Dates of Employment
General Manager / City MALCO THEATRES	malco theatres, Inc 5851 Ridgeway Center Memphis, TN 38120	1999 - Present

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

Brandon Favazza  
 Applicant's Signature

Tennessee  
 STATE OF ARKANSAS

COUNTY OF Shelby

Brandon Favazza, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this 8<sup>th</sup> day of March, 2019.

Belinda H. Roederer  
 Notary Public

My Commission Expires: August 14, 2022



**AUTHORITY TO RELEASE INFORMATION**

Application filled by Applicant -A, Stockholder/Partner - S: AP

TO WHOM IT MAY CONCERN:

I understand that the City of Jonesboro will conduct an investigation before a final decision this alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the City of Jonesboro.

Brandon Favazza  
Signature - Full Name

7-19-19  
Date

18573 South Street  
Home Address

Springdale AR 72764  
City State Zip

SAME  
Mailing Address

City State Zip

479-225-1343 479-444-6803  
Contact Phone Business Phone

BRANDON.FAVAZZA@Malco.com  
Email Address

Subscribed and sworn to before me this 19<sup>th</sup> day of July, 2019.

Belinda H. Roederer  
Notary Public

My Commission Expires: August 14, 2022



## ARKANSAS STATE POLICE

**Arkansas Criminal History Report**

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

## Subject of Record

Last: **Favazza**                      First: **Brandon**                      Middle:  
 Date of Birth:                      Sex:                      Race:  
 Social Security Number:                      *(not verified, supplied at time of request)*  
 Home/Mailing Address: **18573 South Street Springdale, AR 72764**



**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT**

## Requestor Information

Transaction Number: **ABC002765151**

Date: **07/24/2019**                      Agency Reporting: **Arkansas State Police**

Purpose: **ABC Pursuant to Arkansas Code §3-2-103 regarding applicants for licensing by the Alcoholic Beverage Control Division.**

Released To: **Bobby Smith On Behalf of ALCOHOLIC BEVERAGE CONTROL**

Representing: **ALCOHOLIC BEVERAGE CONTROL**

Mailing Address: **1515 West 7th St Suite 503 Little Rock, AR 72201**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



**SCHEDULE A – INDIVIDUAL'S PERSONAL HISTORY**

I submit answers to the following questions under oath:

1. Name Brandon FAVAZZA
2. Home Address 18573 South Street Springdale Phone No. 479-225-1343  
Street City Zip
3. Are you a person of good moral character and reputation in your community? yes
4. Are you a (CITIZEN) or (PERMANENT RESIDENT ALIEN) of the United States? CIRCLE ONE  
 Social Security No. \_\_\_\_\_ Green Card No. \_\_\_\_\_
5. Are you a resident of Craighead county? No  
 If not, do you live within 35 miles of the premises to be permitted? No
6. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO X If so, give full information \_\_\_\_\_
7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? YES \_\_\_\_\_ NO (C) If so, give full information. \_\_\_\_\_
8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this application? YES \_\_\_\_\_ NO X If so, give full information \_\_\_\_\_
9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? No If so, give name, place, and permit number(s) \_\_\_\_\_
10. Have you applied and been refused a permit at the applied for location within the last 12 months? No  
 If so, give full information \_\_\_\_\_
11. Marital Status: Single ( ) Married () Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:

Relationship	Full Name	Address	Occupation
Spouse	CHRISTINA FAVAZZA	18573 South Street Springdale AR 72764	Program Coordinator


(a) Are any of the above to be connected with the operation of the outlet? NO

(b) If so, who and in what capacity? N/A

13. Give your home address (city or town) and dates at each for the past five (5) years:  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Covering the past five (5) years, give in detail the following:

Your Business or Occupation	Name & Address of Employer	Dates of Employment
General Manager / City	malco theatres, Inc 5851 Ridgeway Center	1999 - Present
malco theatres	Memphis, TN 38120	

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

Brandon Lavazza  
 Applicant's Signature

Tennessee  
 STATE OF ARKANSAS

COUNTY OF Shelby

Brandon Lavazza, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this 8th day of March, 2019.

Belinda H. Roederer  
 Notary Public

My Commission Expires: August 14, 2022



**AUTHORITY TO RELEASE INFORMATION**

Application filled by Applicant -A, Stockholder/Partner - S: AP

TO WHOM IT MAY CONCERN:

I understand that the City of Jonesboro will conduct an investigation before a final decision this alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the City of Jonesboro.

Brandon Favazza  
Signature - Full Name

7-19-19  
Date

18573 South Street  
Home Address

Springdale AR 72764  
City State Zip

SAME  
Mailing Address

City State Zip

479-225-1343 479-444-6803  
Contact Phone Business Phone

Brandon.FAVAZZA@Malco.com  
Email Address

Subscribed and sworn to before me this 19<sup>th</sup> day of July, 2019.

Belinda H. Roederer  
Notary Public

My Commission Expires: August 14 2022



**OPTION TO LEASE**

This Option to Lease made and executed the 19 day of July, 2019, between LIGHTMAN JONESBORO CO., LLC, hereinafter referred to as Optionor; and MALCO HOLLYWOOD CINEMA, hereinafter referred to as Optionee.

**W-I-T-N-E-S-S-E-T-H:**

WHEREAS, Optionor is the owner of certain real property with buildings situated thereon located at 2407 E. Parker Road, Jonesboro, Craighead County, Arkansas.

WHEREAS, Optionee desires an Option to Lease the Optionor's real property at 2407 E. Parker Road, Jonesboro, Craighead County, Arkansas, upon the terms and conditions hereinafter specified.

NOW, THEREFORE, in consideration of the mutual covenants herein contained and other good and valuable consideration, the legal sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Grant of Option: Optionor hereby grants to the Optionee the right and option to lease the real property together with improvements situated thereon at 2407 E. Parker Road, Jonesboro, Craighead County, Arkansas for use as a movie theater.

2. Term of Option: The term of this Option shall be for a period of six (6) months from date of execution hereof.

3. Option Price: Optionee has, upon execution of this Agreement paid to Optionor the sum of \$~~500~~00.00 for grant of this Option.

4. Terms of Lease: In the event Optionee exercises the Option to Lease provided herein, Optionee agrees to be bound by the terms, conditions and rent of a Lease Agreement between Lightman and Malco Theaters, Inc. Dated August 19, 2008. This Option to Lease shall not affect the liability of Malco Theaters, Inc. under and pursuant to the terms of the Lease Agreement.

4. Binding Effect: This Option shall be binding upon and inure to the respective parties, their heirs, successors and assigns.

IN WITNESS WHEREOF, the parties have executed this Option to Lease on the date and date first above written.

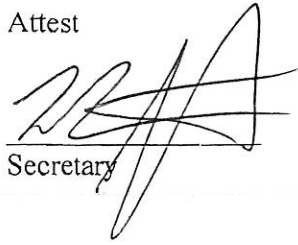
Optionor: LIGHTMAN JONESBORO CO., LLC

By: \_\_\_\_\_

Title: Owner

Optionee: MALCO HOLLYWOOD CINEMA

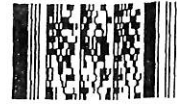
Attest

  
Secretary

By:

  
President

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES  
FOR PRIVATE CLUB PERMIT



DA 003 04403

NAME OF OUTLET Malco Hollywood Cinema  
CITY Jonesboro COUNTY Craighead

Arkansas Law requires that a private club must exist for some reason other than the consumption of alcoholic beverages. On this sheet of paper, which is a part of your verified application, you are to describe, in complete detail, what entertainment (live bands, dancers, food service, etc.), social functions, or other recreational events will be available at the club for the members. If you are in doubt about whether to list an item, you are urged to include it.

Under Section 1.34 of the ABC regulations, any permit issued by this agency is only valid for the uses described in the original application. Any material change in the club's operation or entertainment, other than originally listed in this application, *without prior approval of the director*, shall be grounds or revocation of your permit.

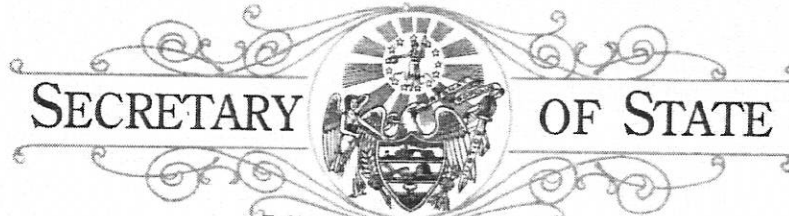
On your floor plan, which is a separate attachment, please mark the entrance to the private club, noting the location of the guest book, and mark any major features of the private club area, including where specific entertainment items will be located.

PLEASE PRINT OR TYPE YOUR RESPONSES BELOW. USE THE BACK OF FORM, OR ADDITIONAL SHEETS, IF NECESSARY.

This facility is a Luxury Cinema offering 15 screens with full digital projection, Dolby Atmos sound reclining seats. In addition to the film presentation there will be full concession type food with a casual dining menu. The facility will also include a restaurant bar area in front corner of the lobby - secluded but visually open with approximately 40 seats offering a full menu and adult beverages. There is only one entrance monitored by a host/hostess, the guest book will be positioned at the host stand for signatures prior to entering the Area.



# STATE OF ARKANSAS



**Mark Martin**

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

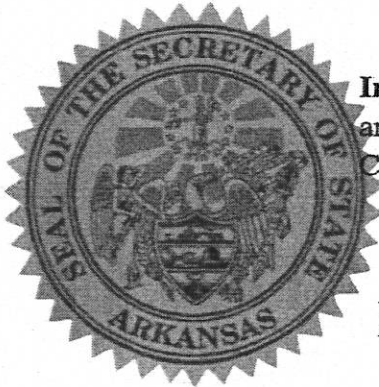
I, Mark Martin, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

## Articles of Incorporation

of

## KIEHL SOCIAL CLUB

filed in this office April 6, 2016 in compliance with the provisions of the law and are hereby declared a body politic and corporate, by the name and style aforesaid, with all the powers, privileges and immunities granted in the law thereunto appertaining.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 6th day of April, 2016.

*Mark Martin*

Arkansas Secretary of State



# Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

## Mark Martin

501-682-3409 • www.sos.arkansas.gov

### ARTICLES OF INCORPORATION – DOMESTIC NONPROFIT

(PLEASE TYPE OR PRINT CLEARLY IN INK)

We, the undersigned, acting as incorporators of a corporation under the Act 1147 of 1993 and Arkansas Code Annotated § 4-33-202, adopt the following Articles of Incorporation of such corporation.

1. The name of the corporation: KIEHL SOCIAL CLUB

2. This corporation is: (check one of the following)  
Public – Benefit Corporation      Mutual – Benefit Corporation      Religious Corporation

3. Will this corporation have members? Yes      No

4. How will the assets be distributed upon dissolution? (Use additional pages if necessary) : \_\_\_\_\_  
After payment of all debt, claims, and taxes of the corporation, the remaining assets will be distributed to members.

5. Corporation's initial registered agent: STEPHEN E. MORLEY, 315 N. BROADWAY  
Name      Street Address  
N. LITTLE ROCK, AR 72114  
Street Address Line 2      City, State Zip


6. Incorporator information: (Use additional pages if necessary)

Name <u>Stephen Morley</u>	Signature <u>[Signature]</u>	Date _____
Address <u>315 N Broadway</u>	<u>N. LITTLE ROCK, AR 72114</u>	City, State Zip
Name _____	Signature _____	Date _____
Address _____	<u>N. LITTLE ROCK, AR 72114</u>	City, State Zip
Name _____	Signature _____	Date _____
Address _____	<u>N. LITTLE ROCK, AR 72114</u>	City, State Zip

- Optional:** You may attach any of the following if applicable to this corporation.
- The names and addresses of the initial directors
  - Power of the Corporation
  - The purpose for which the corporation is organized
  - Other provisions as deemed necessary

**STATE OF ARKANSAS**

**SECRETARY OF STATE**



**John Thurston**  
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

**Articles of Amendment**

of

**KIEHL SOCIAL CLUB**

changing the name to

**MALCO HOLLYWOOD CINEMA**

filed in this office  
July 19, 2019.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 19th day of July, 2019.

*John Thurston*

Arkansas Secretary of State





# Arkansas Secretary of State

## John Thurston

1401 W.Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

### CERTIFICATE OF AMENDMENT OF A NON-PROFIT CORPORATION

KIEHL SOCIAL CLUB (811100735)

corporation duly organized, created and existing under and by virtue of the laws of the State of Arkansas, by its Presiding Director or Officer,

DOES HEREBY CERTIFY:

At a meeting of the membership (or ~~incorporators~~ or board of directors) which was held on February 14, 2019, in the City of North Little Rock, the Articles of Incorporation of this corporation were amended to read as follows:

The name of the corporation shall be: MALCO HOLLYWOOD CINEMA

The principal address shall be: 2407 E. Parker Road, Jonesboro, AR 72401

The Registered Agent shall be: Jefferson Ayers whose address is 916 Oriole Drive, Jonesboro, AR 72401

Circle I, II, or III below, whichever is applicable, and attach appropriate statement.

- I If approval of members was not required, a statement to that effect and a statement that the amendment was approved by a sufficient vote of the board of directors or incorporators;
- II If approval by members was required:
  - (a) the designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and the number of votes of each class indisputably voting on the amendment; and
  - (b) either the total number of votes cast for and against the amendment by each class entitled to vote separately on the amendment or the total number of undisputed votes cast for the amendment by each class and a statement that the number cast for the amendment by each class was sufficient for approval by that class.
- III If approval of the amendment by some person or persons other than the members, the board or incorporators is required pursuant to § 4-33-1030, a statement that the approval was obtained.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Dani Thurston  
Presiding Director (Type or Print)

[Signature]  
Authorized Signature

Date: February 14, 2019

MALCO HOLLYWOOD

First Name	Last Name	Address	City	State	Zip
Logan	Akers	2102 Tanglewood Drive	Jonesboro	AR	72401
Debbie	Alexander	2014 Wingate Drive	Jonesboro	AR	72404
April	Allison	15119 Medallion Court #3	Jonesboro	AR	72404
Nathaniel	Armstrong	1622 North Patrick Street	Jonesboro	AR	72401
Lee	Aurther	909 Wagner	Jonesboro	AR	72401
Suzette	Baker	PO Box 156	Paragould	AR	72451
Lacey	Baugh	177 CR 309	Jonesboro	AR	72401
Matt	Beegle	2809 Ridgemont Road	Jonesboro	AR	72401
Kim	Best	2218 Addison Cove	Jonesboro	AR	72404
Mark	Bishop	1600 E Johnson Ave #1	Jonesboro	AR	72401
Lindsey	Bowers	4605 Peter Trail	Jonesboro	AR	72401
Amanda	Brayar	639 South Street	Weiner	AR	72479
Amanda	Brown	843 CR 361	Bono	AR	72416
Erin	Brown	501 Ridgecrest Street	Jonesboro	AR	72401
Jeremy	Brown	250 CR 855	Caraway	AR	72419
Andrea	Buford	500 N Caraway Road #711	Jonesboro	AR	72401
Katherine	Burns	524 West Oak Avenue	Jonesboro	AR	72401
Adriana	Burton	1803 Dodd Drive	Wynne	AR	72396
Goer	Byrd	22696 Pineview Road	Truman	AR	72472
Bridget	Calaway	4300 Lynnfield Road	Jonesboro	AR	72404
Millie	Camp	41 Enclave	Paragould	AR	72450
Daniel	Carmichael	310 Allen Street	Black Oak	AR	72414
Lindsey	Carter	1016 McGowan #214	Little Rock	AR	72202
Natalie	Carter	1211 Country Club Terrace	Jonesboro	AR	72401
Tracy	Caskey	3700 S Caraway Road C3	Jonesboro	AR	72404
Heather	Ceddward	4623 Bedrock	Jonesboro	AR	72404

Lynne	Celt	24 Lawrence Road #226	Powhatan	AR	72458
Jaysheena	Chadek	1751 West Nettleton Avenue #103D	Jonesboro	AR	72401
Jerry	Coleman	5524 Kersey Lane	Jonesboro	AR	72404
Lois	Collier	3110 Bowden Drive	Jonesboro	AR	72404
Brady	Collins	8311 Highway 163	Harrisburg	AR	72432
Rachel	Columbus	500 N Caraway Road	Jonesboro	AR	72401
Lynn	Cook	113 Grove Drive	Jonesboro	AR	72401
Doe	Correa	2408 Mary Jane Drive	Jonesboro	AR	72401
Kylie	Crosskno	367 E CR346	Blytheville	AR	72315
Chance	Curtner	938 E Craighead Forrest Road	Jonesboro	AR	72404
Kate	Cut	PO Box 2734	Batesville	AR	72503
William	Dacus	2904 Beanie	Jonesboro	AR	72401
Mindy	Davis	83 CR 7820	Jonesboro	AR	72401
Mike	DeLoache	512 West Washington	Jonesboro	AR	72401
Chris	Derber	603 CR 354	Wynne	AR	72396
Teauge	Dillon	PO Box 584	Newport	AR	72112
Lindsey	Driver	1204 Dillon Drive	Truman	AR	72472
Ben	Duckos	1112 Links Drive #6	Jonesboro	AR	72404
Andrew	Esquives	3208 Casey Spring Road	Jonesboro	AR	72404
Karri	Fuller	6420 Pinail Drive	Horn Lake	AR	38637
Sutton	Gadberry	107 Circle M Road	Searcy	AR	72143
Kelsey	Garland	904 Johnson Avenue	Lake City	AR	72437
Courtney	Garner	695 CR 620	Jonesboro	AR	72404
Tyler	Garnett	5413 Clear Creek Lane	Jonesboro	AR	72404
Jim	Grambling	2500 Alexander Drive	Jonesboro	AR	72401
Chrissie	Grif	5091 ECR 132	Blytheville	AR	72315
Germia	Griffin	4485 Ridgeway Road	Memphis	TN	38116
Richard	Griggs	4660 Wilmoth Drive	Etowah	AR	72428
Cary	Gube	6 Martin Street	Ash Flat	AR	72513



Cety	Hall	125 Oak Meadow Circle	Brookland	AR	72417
Michael	Hall	118 Hayden Street	Bono	AR	72416
Lagellisma	Harris	906 Bridges Ave	Wynne	AR	72396
Morgan	Harrison	600 McNatt Drive	Brookland	AR	72417
Hannah	Hefner	7921 NE San Rafael Drive	Kansas City	MO	64119
Tyler	Hembree	586 Lawrence Road 620	Walnut Ridge	AR	72476
Shelby	Hensley	600 McNatt Drive	Brookland	AR	72417
Hannah	Hoit	906 Markle Street	Jonesboro	AR	72401
Devin	Holder	2701 Freedom Drive	Jonesboro	AR	72401
Charles	Holt	3938 Highway 1	Cherry Valley	AR	72324
London	Horton	1912 Stevens Road	Rockwall	TX	75032
Wynette	Husich	1815 Ellen Drive	Jonesboro	AR	72404
Zach	Huttman	106 Olive Street	Pocahontas	AR	72455
Joey	Jace	110 S 18th Ave	Paragould	AR	72450
Christine	Jarrett	1456 Highway 42	Hickory Ridge	AR	72347
Jennifer	Jarrett	2304 Sanctuary Circle	Jonesboro	AR	72404
Erica	Jennings	166 Sundown Lane	Jonesboro	AR	72401
Jordon	Jernisa	20558 Highway 158	Harrisburg	AR	72432
Michelle	Johnson	PO Box 16315	Jonesboro	AR	72403
Anne	Johnson	2007 Bunker Hill	Jonesboro	AR	72401
Tonya	Jolley	1003 LeVesque Ave	Wynne	AR	72396
Beau	Jones	3800 Ridgepoint Cove	Jonesboro	AR	72404
Dillon	Jones	4974 EC Rd 186	Blytheville	AR	72319
Jason	Kundit	4206 Aggie Road	Jonesboro	AR	72401
Ranea	Lambert	1609 Airport	Jonesboro	AR	72401
Geri	Lambert	45 Highway 139 S.	Monette	AR	72447
Virginia	Langford	2419 St John Ave	Dyersburg	TN	38024
Ethan	Latjer	500 N Crraway #624B	Jonesboro	AR	72401
Henry	Lavender	2009 Indian Trails	Jonesboro	AR	72401

Christian	Lavender	500 N Crraway	Jonesboro	AR	72401
Sean	Ledford	6065 Stonebridge	Jonesboro	AR	72401
Robert	Lengfer	523 Plaza	Truman	AR	72472
Shelbie	Leonard	239 Highway 63	Ravenden	AR	72459
Pam	Loop	16050 Ruhill	Jonesboro	AR	72401
Keri	Lowe	4315 Prospect Lot #10	Jonesboro	AR	72401
Vernita	McDaffy	1348 Medallion Drive	Jonesboro	AR	72404
Beverly	McQuey	6761 Highway 49 N	Brookland	AR	72417
Leane	Meadors	2502 Cherry Crossing	Benton	AR	72015
Lauren	Meeks	2003 Hospital Drive	Pocahontas	AR	72455
Mariano	Meza	2403 Glenn Place	Jonesboro	AR	72404
Thomas	Miller	95 Rush Lane	Imboden	AR	72434
Anna Claire	Mitchell	94 CR 398	Bono	AR	72416
Justin	Mitchell	126 Kristy Lane	Osceola	AR	72370
Aaron	Mitchell	3700 South Caraway Road	Jonesboro	AR	72401
Greg	Mithell	4129 Covington	Jonesboro	AR	72401
Sam	Montgomery	702 CR 730	Jonesboro	AR	72401
Jennifer	Morales	406 W. Forrest	Jonesboro	AR	72401
Kimberly	Moseley	570 Wilkins Ave	Jonesboro	AR	72401
Ben	Moyer	403 Jill Drive	Jonesboro	AR	72404
Jackie	Oconnor	PO Box 286	Hoxie	AR	72433
Desiree	Orosz	910 Oriole Drive	Jonesboro	AR	72401
Stacey	Orr	1803 Woodspoint Cove	Jonesboro	AR	72401
Brittany	Paul	3108 Sistine Chapel Circle	Jonesboro	AR	72404
Brenda	Phillips	1905 Old Bridge Road	Jonesboro	AR	72401
Stacy	Phillips	3719 Stadium Boulevard	Jonesboro	AR	72404
Bill	Prestiose	1814 Peggy Drive	Jonesboro	AR	72401
Jason	Qualls	157 Lawrence Rd #316	Jonesboro	AR	72401
Ariel	Qualls	509 West Forrest Street	Strawberry	AR	72469
			Jonesboro	AR	72401

Alissa	Reynolds	5003 Brac Place	Jonesboro	AR	72404
Cameron	Robinson	2002 Timberridge Drive	Jonesboro	AR	72401
Chad	Robinson	1305 Darlene Cove	Jonesboro	AR	72401
Paige	Robinson	210 Pekin Street	Jonesboro	AR	72401
Allison	Rogers	3103 Case Street	Paragould	AR	72450
Jenn	Rogers	800 Sherwood Oaks Lane	Jonesboro	AR	72404
Kimberly	Rogers	2506 West Acers Drive	Jonesboro	AR	72401
Jeanette	Rolusa	3209 Springwood	Jonesboro	AR	72404
Dalton	Romero	736 Country Charm Road	Mountain View	AR	72560
Joey	Rubino	4421 Lochmoor Circle	Jonesboro	AR	72401
Rebecca	Russell	310 SW Case	Hoxie	AR	72433
Karen	Sanders	5411 Khakis Place	Jonesboro	AR	72404
Brienne	Schrader	18058 Daisy Road	Harrisburg	AR	72432
Shaun	Scoggins	2704 Wakefield Drive	Jonesboro	AR	72401
Kaitlin	Shipley	86 CR 418	Jonesboro	AR	72404
Morgan	Simpson	4006 Brandywine Drive	Jonesboro	AR	72404
Kinsley	Smith	37714 Abbott Road	LePanto	AR	72354
Kena	Smith	800 Bridges Ave	Wynne	AR	72396
Katherine	Smith	196 CR 157	Cash	AR	72421
Tabatha	Smith	8068 Highway 163 North	Harrisburg	AR	72432
Ryleigh	Snow	27 Snow Lane	Jonesboro	AR	72401
Alisa	Spence	207 C South Church	Jonesboro	AR	72401
Jamie	Stahl	3000 Bermuda Drive	Jonesboro	AR	72401
Leph	Sullivan	186 Greene Road	Paragould	AR	72450
Dominique	Taylor	607 Gladiolus Drive Apt G12	Jonesboro	AR	72404
Cass	Taylor	105 Walton	Black Oak	AR	72414
Mary	Thatcher	407 Eagle	Newport	AR	72112
Chris	Thigpen	1101 Paragould Drive	Jonesboro	AR	72401
Rachel	Thornton	5713 Ridgeview Drive	Jonesboro	AR	72404

Barbara	Wagner	2778 Highway 228	Walnut Ridge	AR	72476
Adrianna	Walker	409 CR505	Rector	AR	72461
Cheri	Wallace	16250 Highway 163	Harrisburg	AR	72432
Anthony	Watson	449 Shofner Drive	Memphis	TN	38109
Shannon	Wess	108 E Jackson Street	Harrisburg	AR	72432
Hannah	Wheeler	974 Highway 18	Tyroneza	AR	72386
Hunter	Whitehurst	640 CR 390	Jonesboro	AR	72401
Jonathan	Wickers	5380 Highway 358	Paragould	AR	72450
Michael	Williams	1019 South Culberhouse Street	Jonesboro	AR	72401
Jason	Winemiller	4503 Highway 63	Black Rock	AR	72415
Carter	Winter	1006 N 1520 E	Sandy	UT	84092
Sandy	Woodard	4125 Stephanie Lane	Jonesboro	AR	72401
James	Woods	23251 Big Road	Harrisburg	AR	72432
Matt	Woodson	221 W. Montgomery Street	Walnut Ridge	AR	72467
Austin	Zamura	4004 Cornerstone Drive	Jonesboro	AR	72401