

State of Arizona
Department of Liquor Licenses and Control

Created 06/18/2019 @ 01:55:38 PM

Local Governing Body Report

LICENSE

Number:	06020080	Type:	006 BAR
Name:	9 ACRE TRAVEL COMPLEX		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2019
Original Issue Date:	02/20/1934		
Location:	2500 W BUSINESS I-10 SAN SIMON, AZ 85632 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(520)560-1010		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLAW.COM		

Currently, this license has pending applications.

AGENT

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

OWNER

Name: SAL AZ PROPERTIES LLC
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L19877426 State of Incorporation: AZ
Incorporation Date: 03/03/2015
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
JUNAIB AHMED RIZVI	MEMBER	100.00

SAL AZ PROPERTIES LLC - MEMBER

Name: JUNAIB AHMED RIZVI
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)484-3161
Alt. Phone:
Email: JARIZVI@HOTMAIL.COM

APPLICATION INFORMATION

Application Number: 67836
Application Type: Location / Owner Transfer
Created Date: 06/18/2019

QUESTIONS & ANSWERS

006 Bar

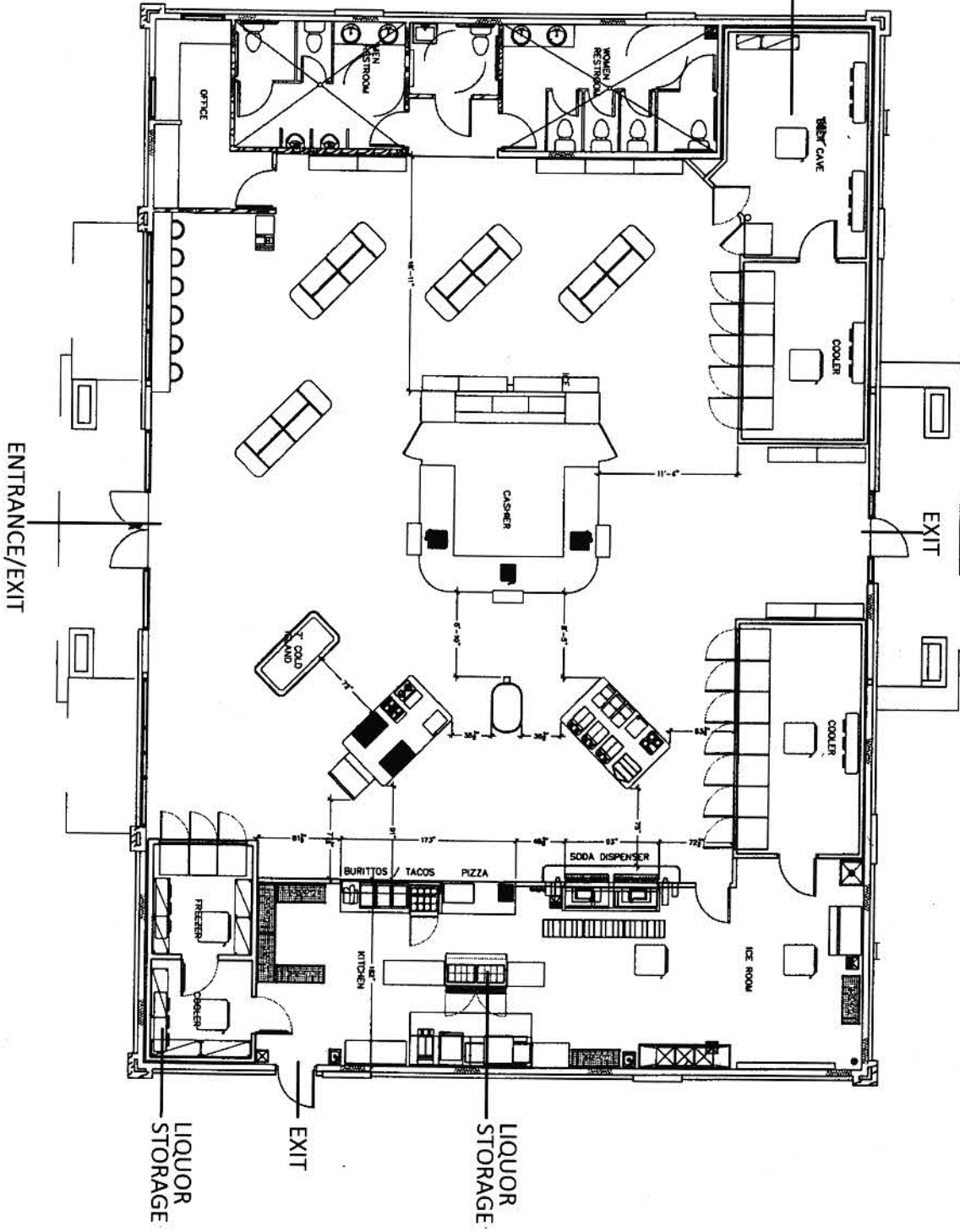
- 1) If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01. Would you like to apply for an Interim Permit?
No
- 4) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
No
- 6) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?
Yes
If Yes, what City, Town or Tribal Reservation is this Business located in?
COCHISE COUNTY

- 15) Please provide name, address, and Distance of nearest school.
SAN SIMON SCHOOL (K-12)- 1.3 MILES
2226I-10BL SAN SIMON, AZ 85632
- 16) Please provide name, address, and distance of nearest church.
BOWIE FIRST BAPTIST CHURCH- 14 MILES
412 S CENTRAL AVE BOWIE, AZ 85605
- 17) Are you a tenant? (A person who holds the lease of a property; a lessee)
No
- 18) Is there a penalty if lease is not fulfilled?
No
- 19) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)
No
- 20) Are you the owner?
Yes
- 21) Are you a purchaser?
No
- 22) Are you a management company?
No
- 23) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
0
- 24) Is there a drive through window on the premises?
No
- 25) Have you provided a diagram of your premises?
Yes
- 26) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
NONE
- 27) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 34) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
\$10.00

19 JUN 18 11:14 AM '14

9 ACRE TRAVEL COMPLEX
2500 W BUSINESS I-10
SAN SIMON, AZ 85632

5000 SF



19 JUN 18 11:47 AM 2:15



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

To Current 10/13/17

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 06020080 / # 67836

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent (checked), and Premises Manager. Includes instruction: (complete all questions except #12)

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: (NOT a public record)

3. Social Security #: Driver License#: State: ARIZONA

4. Place of birth: MANKATO MN USA Height: 5' 8" Weight: 140 Eyes: HZL Hair: BLN

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency:

7. Daytime telephone number: (602) 200-7222 E-mail address: andrea@lewklaw.com

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 560 / 1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON AZ COCHISE 85632

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 01/2004, CURRENT, ATTORNEY, LEWKOWITZ LAW OFFICE PLC, 2600 N CENTRAL DR, STE. 1775, PHOENIX, AZ 85004.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
02/1999	CURRENT	5745 N 25th STREET, PHOENIX, AZ 85016

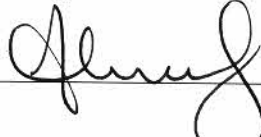
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) ANDREA DAHLMAN LEWKOWITZ hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

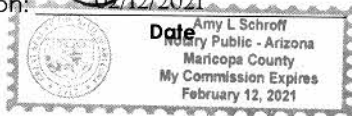
Signature: 

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

My Commission Expires on: 02/12/2021

10 Day of JUNE, 2019
Day Month Year




Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: _____ SIGNATURE: _____

*19 JUN 18 Lic. Lic. PM 2 15



2600 North Central Avenue
Suite 1775
Phoenix, Arizona 85004
602.200.7222
602.200.7234
www.lewkowitzlaw.com

Andrea D. Lewkowitz
H.J. Lewkowitz

June 11, 2019

Jennifer Benson, Licensing Manager
Department of Liquor Licensing & Control
800 West Washington Street, 5th Floor
Phoenix, Arizona 85007

Re: Alien Status Form and Passport

Dear Ms. Benson:

My completed Alien Status form and a copy of my passport are on file at the Arizona Department of Liquor Licenses and Control.

If you require more information from me, please call. Thank you!

Sincerely,

A handwritten signature in black ink that reads 'Andrea D. Lewkowitz'.

Andrea D. Lewkowitz

ADL/als



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with **Black Ink**

The fees allowed by R19-1-102 will be charged for all dishonored checks.

Sp Licent 3/16/18

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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Liquor License#: 06020080 / # 67836

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person <input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
---	--

2. Name: RIZVI JUNAIB AHMED Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: AZ

4. Place of birth: KARACHI PAKISTAN Height: 5' 3" Weight: 165 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: JUNAIB SHAZIA TABASSUM Birth Date: _____
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 1/2015 C.A.

7. Daytime telephone number: (503) 484-3161 E-mail address: jarizi@hotmail.com

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 560 / 1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON AZ COCHISE 85632
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
03/2016	CURRENT	OWNER	SAL MARKETS, LLC, 1201 E MISSOURI AVE, PHOENIX, AZ 85014
08/2015	CURRENT	OWNER	SAL RESTAURANT LLC, 3550 E BELL RD, PHOENIX, AZ 85032
08/2014	08/2017	OWNER / FUEL STATION	SAL CORP, 1544 NE FAIRGROUDS RD BREMERTON, WA 98311
03/2010	04/2016	OWNER / FUEL STATION	GLOBAL BUSINESS MANAGEMENT 4, LLC 9525 14th AVE S., SEATTLE, WA 98108

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/2016	CURRENT	1817 E GWEN ST, PHOENIX, AZ 85042
08/2015	05/2016	6261 W CORONA DR, CHANDLER, AZ 85226
04/2012	08/2015	9709 S 203rd ST, KEN, WA 98031

(ATTACH ADDITIONAL SHEET IF NECESSARY)


12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

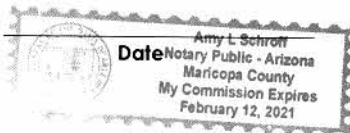
I (Print Full Name) JUNAIB AHMED RIZVI hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: 

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

My Commission Expires on:



30 Day of August, 2018
Day Month Year


Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: _____

SIGNATURE: _____

18 NOV 8 Lic. Lic. #11153

Certificate #336299

COPY

Certificate of Completion
For

Title 4 BASIC Liquor Law Training

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed on the back of this Certificate. Licensees sometimes receive BASIC Title 4 training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Junaid Rizvi

Full Name (please print)

[Signature]

Signature

05-04-2018

Training Completion Date

05-03-2021

Expiration Date

Training Provider Information

Professional Service Corporation (PSCC)

Company Name

P.O. Box 182, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

Robert Graham

Instructor Name (please print)

I, Robert Graham, certify that the above named individual did successfully complete Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

[Signature]

Instructor Signature

04 / 05 / 2018

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owners actively involved in the daily business operations of a liquor-licensed business of a series listed below

2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

Bar (series 6) Beer & Wine Bar (series 7)
 Private Club (series 14) Hotel/Motel/Restaurant (series 11)
 Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

18 NOV 2018 11:30 AM

18 NOV 8 Lic. Lic. #11153

max states
06-11-1913

Certificate #336299

COPY

18 NOV 31 Lic. Lic. #11153

Certificate of Completion
For

Title 4 MANAGEMENT Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state approved training provider and, when issued, the Certificate is signed by the course participant.
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a state approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.
A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Junaid Rizvi

Full Name (please print)

05-04-2018

Training Completion Date

05-03-2021

Certificate Expiration Date
(Three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete
Instructor Name (please print)
Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code
(A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor
Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of
State approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Instructor Signature

04 / 05 / 2018

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a sales listed below
2) licensee, agent and manager actively involved in the daily business operations of a liquor-licensed business of a sales listed below

In state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
Instate Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel/restaurant (series 11)
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

18 NOV 2 11:45 AM 3-59

19 JUN 18 10:47 Lic. PM 214

Bill of Sale

IN CONSIDERATION OF THE SUM OF:

TEN DOLLARS AND NO CENTSlawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

G.D.O.C., LLC, an Arizona Limited Liability Company, hereby grants, bargains, sells and transfers unto the BUYER:

SAL AZ Properties LLC, an Arizona Limited Liability Company, and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:


That certain State of Arizona Liquor License #06020080

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: May 23rd, 2019

G.D.O.C., LLC, an Arizona Limited Liability Company

By: Venetian Investment Services LLLP, an Arizona Limited Liability Limited Partnership, Member
By: Encore Management Services Corporation, an Arizona Corporation, General Partner

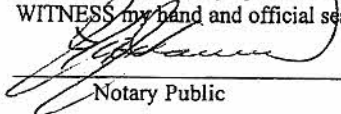

Ernesto Sanchez, Jr., Member

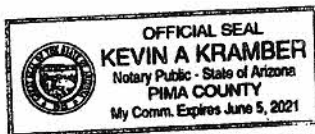
Michael Thomas Johnson, President

State of ARIZONA } ss:
County of Pima

On May 23rd, 2019, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Ernesto Sanchez, Jr., Member and ~~Michael Thomas Johnson, President~~ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


Notary Public



BILSCASH

19 JUN 18 Lic. Lic. PM 2:14

Bill of Sale

IN CONSIDERATION OF THE SUM OF:

TEN DOLLARS AND NO CENTSlawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

G.D.O.C., LLC, an Arizona Limited Liability Company, hereby grants, bargains, sells and transfers unto the BUYER:

SAL AZ Properties LLC, an Arizona Limited Liability Company, and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain State of Arizona Liquor License #06020080

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: May 24, 2019

G.D.O.C., LLC, an Arizona Limited Liability Company

By: Venetian Investment Services LLLP, an Arizona Limited Liability Limited Parntership, Member

By: Encore Management Services Corporation, an Arizona Corporation, General Partner

Ernesto Sanchez, Jr., Member

Michael Thomas Johnson, President

State of ARIZONA } ss:
County of _____

On May _____, 2019, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Ernesto Sanchez, Jr., Member and Michael Thomas Johnson, President personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Notary Public

BAR

License 06020080

Issue Date: 5/14/2018

Expiration Date: 6/30/2019

Issued To:

KEVIN ARNOLD KRAMBER, Agent
GDOC LLC, Owner

Location:

DUSK TILL DAWN
830 ARIZONA STREET
HUACHUCA CITY, AZ 85616
USA



Mailing Address:

KEVIN ARNOLD KRAMBER
GDOC LLC
DUSK TILL DAWN
536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA

19 JUN 18 14:47. Lic. PM 2:14

EXP 6/30/2019