

License Fee: 350.00  
(\*additional \$50.00 tent fee, if applicable)

Invoice #: 149828

**APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE**  
**(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)**

Legal/Real Name: Select La Crosse LLC  
Address of above: 1520 Clinic Court  
Trade name of business: Gundersen Hotel & Suites  
Address of premises to be licensed: 1520 Clinic Court  
Business phone number: 608.793.0200  
Date of Event: Saturday August 26th, 2017  
Time of Event: 4:30 p.m. - 10:00 p.m.  
Description (Location) of Event Area: Music and Food Event held in parking lot

\*Will there be a tent in excess of 400 sq. ft. (20' X 20')? Yes ☒ No ☐ If yes add \$50.00 to fee. (If in combination with a Special Event Expansion, this fee not applicable.)

Premises are owned by: Gundersen Health System

Address of owner: 1520 Clinic Court

Name of manager (FIRST, MIDDLE & LAST): Shawn Robert McAlister

Home address of manager: 1408 Johnson St Onalaska, WI 54650

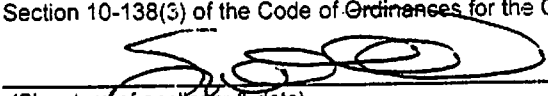
Phone number: Daytime 608.498.0214 Home 608.781.5254

Date of Birth: \_\_\_\_\_

Other business to be conducted upon the premises: N/A

Nature of entertainment: Music and Food Festival

The above hereby makes application for a license to operate a Special Event Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Section 10-138(3) of the Code of Ordinances for the City of La Crosse.

  
(Signature of applicant & date)

**INSURANCE REQUIRED ... MUST BE SUBMITTED WITH THE APPLICATION**

*Prior to the issuance of the Special Event Outdoor Cabaret License, the applicant shall furnish evidence of a liability insurance policy in amounts of not less than \$1,000,000 aggregate coverage, and shall be in force and effect at the time such event is to take place. Said policy shall be endorsed naming the City of La Crosse as additional insured in connection with said event. If an entity is self-insured, it must provide evidence of alternative proof of coverage, in a form acceptable to the City Clerk.*

**Note:** The certificate of insurance must described the event and the additional insured endorsement must accompany the certificate.

**OFFICE USE ONLY:**

Munis Customer #: 187010

Attach list of all property owners within 1000 feet of the proposed licensed premises. mailed 7/14/17

Granted: \_\_\_\_\_ License #: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                                           |                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Mitchell Insurance<br>901 N. Main<br>P.O. Box 10<br>Sikeston MO 63801                                                  | <b>CONTACT NAME:</b> Rose Medlock<br><b>PHONE (A/C, No. Ext):</b> (573) 471-0538<br><b>FAX (A/C, No):</b> (573) 471-9734<br><b>E-MAIL ADDRESS:</b> rmedlock@mitchellinsinc.com                             |
| <b>INSURED</b><br>Premier Hotel Properties, Inc<br>Select LaCrosse, LLC: Gundersen Hotel & Suites<br>PO BOX 96<br>EXCELSIOR MN 55331-0096 | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A Nationwide Mutual Insurance Co NAIC # 23787<br>INSURER B Travelers Insurance 36161<br>INSURER C Burns & Wilcox<br>INSURER D:<br>INSURER E:<br>INSURER F: |

**COVERAGES**

CERTIFICATE NUMBER: City of LaCrosse 2017

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                               | ADDL INSD                           | SUBR WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                   |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|-------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     |          | ACP7266314304     | 10/1/2016               | 10/1/2017               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 1,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000<br>Liquor Liability \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br>ALL OWNED AUTOS<br>HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                              |                                     |          | ACP7266314304     | 10/1/2016               | 10/1/2017               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Schedule Mod Factor 1 \$                                                                                    |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$<br>OCCUR<br>CLAIMS-MADE                                                                                                                                                                                                    |                                     |          | ACP7266314304     | 10/1/2016               | 10/1/2017               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000                                                                                                                                                                                                                 |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                          | Y/N<br><input type="checkbox"/> N/A |          | ICUB-1F05120-4-16 | 10/1/2016               | 10/1/2017               | PER STATUTE<br>OTH-ER<br>E L EACH ACCIDENT \$ 1,000,000<br>E L DISEASE - EA EMPLOYEE \$ 1,000,000<br>E L DISEASE - POLICY LIMIT \$ 1,000,000                                                                                                                             |
| C        |                                                                                                                                                                                                                                                                                                                 |                                     |          | EKI3201081        | 10/1/2016               | 10/1/2017               |                                                                                                                                                                                                                                                                          |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is also Listed as Additional Insured in respect to General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                          |                                                                                                                                                                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of La Crosse<br>212 6th St N<br>La Crosse, WI 54601 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Daniel Lape/RFM |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s)                                                |
|--------------------------------------------------------------------------------------------------------|
| City of La Crosse<br>212 6th St N<br>La Crosse WI 54601                                                |
| Location(s) Of Covered Operations                                                                      |
|                                                                                                        |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**All terms and conditions apply unless modified by this endorsement.**



**TERI LEHRKE, WCPC, City Clerk**  
400 LA CROSSE STREET  
LA CROSSE, WISCONSIN 54601  
PHONE (608) 789-7510  
FAX (608) 789-7552  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)

**NOTICE OF APPLICATION FOR  
SPECIAL EVENT OUTDOOR CABARET LICENSE  
IN THE CITY OF LA CROSSE**

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for a **Special Event Outdoor Cabaret** license under Sec. 10-140(e) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated outdoor area on **Saturday, August 26<sup>th</sup>, 2017**.

**Select La Crosse LLC d/b/a Gundersen Hotel & Suites  
at 1520 Clinic Court**

This application will be considered at the following meetings:

**Judiciary and Administration Committee – Monday, July 31<sup>st</sup>, 2017 at 6:00 p.m.**  
**Common Council Meeting – Thursday, August 10<sup>th</sup>, 2017 at 6:00 p.m.**

Both meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 14<sup>th</sup> day of July, 2017.

A handwritten signature in cursive script, reading "Teri Lehrke".

Teri Lehrke, WCPC, City Clerk  
City of La Crosse

A handwritten signature in cursive script, reading "Jay A. Christianson".

Jay A. Christianson  
Assistant Clerk



Select La Crosse LLC d/b/a Gundersen Hotel & Suites  
at 1520 Clinic Court

Special Event Outdoor Cabaret – 1,000 foot buffer  
Saturday, August 26<sup>th</sup>, 2017



THOMAS J KRENZ  
THOMAS B SHAWLBY  
LEDGAR PROPERTY LLC  
CAROL R LUNKE AMENDED AND RESTATED REVOCABLE TRUST  
HANNAH L BURCHAM  
GRAND INVESTMENTS LLC  
TRUCK EQUIPMENT PARTNERS  
ERIC & AMANDA KUDERER  
SELECT LACROSSE LLC  
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC  
JOAN E SEIDEL GARDNER  
ROBERT & JODENE M EKKER  
SCOTT & SUSAN HOFFMANN  
MARGARET A LYDEN  
LACROSSE COUNTY  
ERIK & BETH MARKOS FORDE  
LOBE PROPERTIES LLC  
STUART BEST, THOMAS YOUNG C/O CHRIS BREENENGER  
THOMAS & SALLY WEISE  
1300 NORPLX DRIVE ACQUISITIONS LLC  
BENSON HOLDINGS LLC  
WALTER MUNSON  
STEVEN T EIDE  
MATTHEW & ALICIA SHEPARD  
KEVIN L SILHA  
BUCHNER PROPERTIES #2 LLC  
DOUGLAS G BUCHNER  
BRYAN & MICHELLE MEIER  
C&T LEASING LLC  
ASPENSON TRUST  
DS ELECTRIC SUPPLY INC C/O MICHIGAN ELECTRIC  
MELBY RENTALS LLC  
CHARLES & CONNIE OCONNOR  
NELSON PLACE PROPERTIES LLC  
MV POWER LLC  
NOELKE DISTRIBUTORS  
JANIE RUSSELL & MICHAEL KIRCHMAN  
SHEENA & DEREK A FUGLSANG  
ROSS E FREEMAN-HERDINA  
MAI SEE YANG CHER YANG  
ANGELA & ROBERT PORTER  
CHANG & SAI V VUE  
BAL TIC AVENUE INVESTMENTS OF LACROSSE LLC  
CHARLES GEORGE JR  
LONE OAK - WISCONSIN LLC  
DANIEL R WALSH  
MARGARET P CURTIS  
SCHOOL DISTRICT OF LA CROSSE C/O BUILDINGS & GROUNDS

1705 9TH ST S  
1709 9TH ST S  
1711 MILLER ST  
1715 9TH ST S  
1717 9TH ST S  
1721 MILLER ST  
1745 MILLER ST  
17462 IMPERIAL RD  
18106 WOOLMAN DR  
1910 SOUTH AVE-MAIL STOP 1.ML-002  
1921 28TH ST S  
203 EAGLES BLUFF RD  
204 19TH ST S  
211 TELLIN CT  
212 6TH ST N RM 2400  
2141 23RD ST S  
2211 GOLFWIEW LN  
23255 HILLCREST DR  
2410 EAST AVE N  
2418 STATE RD  
2425 16TH ST S  
2519 1ST AVE W  
2520 LOSEY CT  
2521 BANK DR W  
2654 29TH ST S  
2704 7TH ST S  
2704 7TH ST S  
3119 YOUNGDALE AVE  
318 W 20TH ST  
3405 PEACE ST  
4060 SOMERS DR  
411 SUPERIOR AVE  
4127 KAMMEL RD  
415 NELSON PL  
424 JANSKY PL  
425 NELSON PL  
43123 DULL RD  
465 WHITEVALE DR  
502 HOOD ST  
503 TYLER ST  
512 HOOD ST  
516 FARNAM ST  
5615 GARNER PL  
611 ADAMS ST  
6250 RIVER RD N STE 9000  
719 FARNAM ST  
720 HOOD ST  
807 EAST AVE S

LA CROSSE WI 54601-5442  
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LA CROSSE WI 54601-5354  
LA CROSSE WI 54601-5368  
LA CROSSE WI 54601  
STODDARD WI 54658  
SOLDIERS GROVE WI 54655  
LA CROSSE WI 54601-5246  
LA CROSSE WI 54601-5239  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
TOMAH WI 54660  
BURTON MI 48529  
LA CROSSE WI 54601  
BUFFALO CITY WI 54622-7059  
LA CROSSE WI 54603  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54601-7435  
LA CROSSE WI 54601  
LA CROSSE WI 54601-3938  
LA CROSSE WI 54603  
LA CROSSE WI 54601-6406  
LA CROSSE WI 54601  
ONALASKA WI 54650  
RICHLAND CENTER WI 53581  
ONALASKA WI 54650  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54603  
LA CROSSE WI 54601-4212  
LA CRESCENT MN 55947-1827  
LA CROSSE WI 54601-6950  
LA CROSSE WI 54601  
MINNETONKA MN 55345  
SPARTA WI 54656  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54601-5442  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54601-5442



Meeting 2 of 2

JOHN POOREBA  
GAIL & FAYE PEDERSON  
BENJAMIN J HEILLER  
JAMES E HOLBERG  
PA VUE & CHA LEE  
JAE MINI STORAGE LLC  
ROSANNE ST SAUVER  
ALICE YANG & NOU VUE  
DONALD S BETZ  
BOU & YER YANG  
ASHLEE M LISOWSKI  
MONTY FOSTER & KATHLEEN TURBEN  
KAY M NYBERG  
ALEXANDRA K HAMAMOTO  
JOHN L KREINBRING  
CHRISTOPHER M LOWRY  
ABRAM I DYKE  
DARON T HOUSEHOLDER  
NATASHA GATES & TERRILL SPANGLER  
ROXANNE R PRENATT  
MARK J BENTZEN  
GARRETT N RUEGE  
DIANE M GITZLAFF  
MARY A HENDRICKS  
SALENE & DAO YANG  
THOMAS P GRAMS  
JAMIE SONTAG & THOMAS DAYTON  
MARIANA ACEVEDO CASTILLO & RAFAEL VERA MENDOZA  
FLORENCE M GORDON TRUST  
SARA BABETTE STANKIEWICZ  
MAI VUA VUE & LEHMBER C YANG  
NORSE HOLDING GROUP INC  
MICHAEL & RITA BRECKEL  
TOP PROPERTY LLC  
ALBIN & KAREN KAYSER  
JEFFREY & JULIE BLAKEMAN  
DANIEL, BARBARA, & REBEKAH FITZSIMMONS  
CHRISTOPHER J STAUFFER  
KEITH & DONNA SCHAFER  
T&B REAL ESTATE HOLDINGS LLC  
SALVATION ARMY THE  
A & L MCCORMICK FAMILY LLC  
LP & ASSOCIATES LLC  
PROPERTY LOGIC LLC  
ADAMS ON 7TH LLC  
LHA LLC  
SALZER SQUARE II LIMITED PARTNERSHIP  
B & J RENTALS

811 13TH AVE S  
817 HOOD ST  
818 DENTON ST  
818 FARNAM ST  
LA CROSSE WI 54601-5452  
LA CROSSE WI 54601-5583  
LA CROSSE WI 54603  
LA CROSSE WI 54601-5565  
903 FARNAM ST  
904 DENTON ST  
905 REDFIELD ST  
906 FARNAM ST  
907 GREEN BAY ST  
909 GREEN BAY ST  
910 FARNAM ST  
912 FARNAM ST  
912 HOOD ST  
913 GREEN BAY ST  
913 REDFIELD ST  
915 TYLER ST  
916 TYLER ST  
LA CROSSE WI 54601-5532  
LA CROSSE WI 54601-5555  
LA CROSSE WI 54601-5532  
917 TYLER ST  
LA CROSSE WI 54601-5555  
918 TYLER ST  
LA CROSSE WI 54601-5508  
LA CROSSE WI 54601-5555  
921 TYLER ST  
922 FARNAM ST  
922 TYLER ST  
923 DENTON ST  
LA CROSSE WI 54601-5583  
923 TYLER ST  
LA CROSSE WI 54601-5555  
925 REDFIELD ST  
926 DENTON ST  
926 TYLER ST  
927 DENTON ST  
E5702 SPRING COULEE RD  
E6775 HANSON LN  
N1683 BOUTLIER CT  
N2186 BRIARWOOD AVE  
N3692 STATE ROAD 162  
N3784 SCENIC DR  
N6768 JOHNSON COULEE RD  
N8090 COUNTY ROAD V  
N871 E HILLS RD  
PO BOX 1152  
PO BOX 135  
PO BOX 1402  
PO BOX 2132  
PO BOX 2829  
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PO BOX 445

ONALASKA WI 54650  
LA CROSSE WI 54601-5439  
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LA CROSSE WI 54603  
LA CROSSE WI 54601-5565  
LA CROSSE WI 54601  
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LA CROSSE WI 54601  
909 GREEN BAY ST  
LA CROSSE WI 54601-5520  
LA CROSSE WI 54601-5520  
906 FARNAM ST  
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918 TYLER ST  
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LA CROSSE WI 54601-5555  
921 TYLER ST  
922 FARNAM ST  
922 TYLER ST  
LA CROSSE WI 54601-5583  
LA CROSSE WI 54601-5555  
923 TYLER ST  
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927 DENTON ST  
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E6775 HANSON LN  
N1683 BOUTLIER CT  
N2186 BRIARWOOD AVE  
N3692 STATE ROAD 162  
N3784 SCENIC DR  
N6768 JOHNSON COULEE RD  
N8090 COUNTY ROAD V  
N871 E HILLS RD  
PO BOX 1152  
PO BOX 135  
PO BOX 1402  
PO BOX 2132  
PO BOX 2829  
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PO BOX 2829  
ONALASKA WI 54650-0445

BROOKS ASSETS LLC  
PE RENTALS LLC  
NORTHERN STATES POWER CO  
AG INVESTMENT PROPERTIES LLC C/O SHAWN MCTAGGART  
BURLINGTON NORTHERN RAILROAD COMPANY  
KELLY SATERBAK  
DBA BCS PARTNERS TIMOTHY CAVADINI  
KHOU & CHIAPPAUL YANG  
WILLIAM & ROSEMARY VALENTINE  
QUALITY OUTCOMES LLC  
HNT PROPERTIES LLC

PO BOX 534  
PO BOX 534  
PO BOX 8  
PO BOX 863  
PO BOX 961089  
S216 DAHLEN LN  
W1390 COUNTY ROAD AE  
W19970 ARDES LN  
W3875 HIDDEN RIVER RD  
W5737 KOSS RD  
W5924 RIM OF THE CITY RD

LA CROSSE WI 54602-0534  
LA CROSSE WI 54602-0534  
EAU CLAIRE WI 54702-0008  
WEST SALEM WI 54669-0863  
FORT WORTH TX 76161-0089  
COON VALLEY WI 54623  
MINDORO WI 54644  
GALESVILLE WI 54630  
WEST SALEM WI 54669  
ONALASKA WI 54650  
LA CROSSE WI 54601

Shawn McAlister      Dir. of Select La Crosse LLC  
1408 Johnson St  
Onalaska WI 54650