PROJECT DISCLOSURE STATEMENT



Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided,

STATE OF OHIO COUNTY OF FRANKLIN	APPLICATION# 204-049
of (COMPLETE ADDRESS) 133 Wester, Petroleposes and states that (he/she) is the APPLICANT, AGEN is a list of all persons, other partnerships, corporations or ent subject of this application in the following format: N Bi A Ci	T or DULY AUTHORIZED ATTORNEY FOR SAME and the following ities having a 5% or more interest in the project which is the ame of business or individual usiness or individual's address ddress of corporate headquarters ity, State, Zip umber of Columbus based employees
Q	ontact name and number
☐ If applicable, check here if listing additional partie	es on a separate page (REQUIRED)
AI Ltd 40 6265 Riverside Dr. SteB Dublin, OH 43017	2.
	4.
SIGNATURE OF AFFIANT	- Klass
Subscribed to me in my presence and before me this 23	day of October in the year 2005
SIGNATURE OF NOTARY PUBLIC	Roa E St
My Commission Expires:	_3-8-09
This Project Disclosure Statement expires six a	nonths after date of notarization,
Natury Scal Here	



3.

X

LISA E. STRICKLAND Notary Potric, State of Ohio Mr Commission Expires 03/09/2009

page 9 — Rezoning Packet