



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 # CV04-036

Being first duly cautioned and sworn (NAME) Donald Plank, Esq.
of (COMPLETE ADDRESS) Plank & Braun 145 E. Rich Street, Columbus, Ohio 43215
deposes and states that (he/she) is the APPLICANT, AGENT or DULY AUTHORIZED ATTORNEY FOR SAME and the following
is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the
subject of this application and their mailing addresses:

NAME	COMPLETE MAILING ADDRESS
North Central Mental Health Services, Inc.	c/o Joseph J. Niedzwiedski 1301 North High St., 2nd Floor Columbus, Ohio 43201

SIGNATURE OF AFFIANT Donald Plank

Subscribed to me in my presence and before me this 21st day of October, in the year 2004

SIGNATURE OF NOTARY PUBLIC Stacey L. Banza

My Commission Expires: 11-05-05

This Project Disclosure Statement expires six months after the date of notarization.
Notary Seal Here



STACEY L. BANZA
Notary Public, State of Ohio
My Commission Expires 11-05-06