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. APPLICATION # _ C VO3 -OS 1 STATE OF OHIO COUNTY OF FRANKLIN Andrew I. Klein Being first duly cautioned and sworn (NAME) P.O. Box 10038, Columbus, OH 43201 of (COMPLETE ADDRESS) 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 Andrew I. Klein P.O. Box 10038, Columbus, OH 43201 SIGNATURE OF AFFIANT Subscribed to me in my presence and before me this 23%SIGNATURE OF NOTARY PUBLIC My Commission Expires:

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This Project Disclosure Statement expires six months after date of notarization.

NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 03-19-08

Notary Seal Here