



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 # 205-033

Being first duly cautioned and sworn (NAME) Thomas L. Samson
of (COMPLETE ADDRESS) 96 S. Grant Ave. Columbus, OH 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 in the following format:

- Name of business or individual
- Business or individual's address
- Address of corporate headquarters
- City, State, Zip
- Number of Columbus based employees
- Contact name and number

If applicable, check here if listing additional parties on a separate page (REQUIRED)

1. <u>Columbus Metropolitan Library</u> <u>96 S. Grant Ave.</u> <u>Columbus, OH, 43215</u> <u>900</u> <u>Thomas L. Samson 849-1075</u>	2.
3.	4.

SIGNATURE OF AFFIANT

Thomas L. Samson

Subscribed to me in my presence and before me this 2nd day of May, in the year 2005

SIGNATURE OF NOTARY PUBLIC

Jean Bowling
9-24-05

My Commission Expires:

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

Notary Seal Here