



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 # _____

Being first duly cautioned and sworn (NAME) Connie J. Klema, attorney
of (COMPLETE ADDRESS) PO Box 991, Pataskala OH 43062-0991
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
<u>ROBERT S. SCHILLING</u>	
<u>LINDA L SCHILLING</u>	
	<u>7820 PALMER RD SW</u>
	<u>REYNOLDSBURG, OH 43068</u>

SIGNATURE OF AFFIANT Connie J. Klema

Subscribed to me in my presence and before me this 29th day of MARCH, in the year 2004

SIGNATURE OF NOTARY PUBLIC Alice M. Proctor

My Commission Expires: 5-13-04

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

Notary Seal Here



ALICE M. PROCTOR
Notary Public, State of Ohio
My Commission Expires
5-13-04