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 # _ CVC STATE OF OHIO COUNTY OF FRANKLIN Being first duly cautioned and sworn (NAME) CONNIE J. KlEMA of (COMPLETE ADDRESS) P.O. BOX 991, PATASKALA OH 4306 Z-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 SIGNATURE OF AFFIANT Subscribed to me in my presence and before me this SIGNATURE OF NOTARY PUBLIC 18/86 05 My Commission Expires: This Project Disclosure Statement expires six months after date of notarization. Notary Seal Here KATHIE L. FLANAGAN

KATHIE L. FLANAGAN

Notary Public, State of Ohio

My Commission Expires 9 — Council Variance Packet

10-06-20