PROJECT DISCLOSURE STATEMENT

Notary Seal Here



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 # STATE OF OHIO COUNTY OF FRANKLIN Being first duly cautioned and sworn (NAME) __Gretchen D. Jeffries of (COMPLETE ADDRESS) 52 East Gay Street, P.O. Box 1008, Columbus, Ohio 43216 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 The Children's Hospital, 700 Children's Drive, Columbus, Ohio 43205
Fulton-Eighteenth Partnership, c/o Nutis Press Inc., 3540 East Fulton Street Columbus, Ohio 43227 SIGNATURE OF AFFIANT Subscribed to me in my presence and before me this day of , in the year 2008 SIGNATURE OF NOTARY PUBLIC My Commission Expires: This Project Disclosure Statement expires six months after date of notarization.

> Alterney at Law Netary Public, State of Chio by Commission Has No Expiration Section 147,03 R.C.

NATHAN J. WAUTIER

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