

# 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 # CV04-029

Being first duly cautioned and sworn (NAME) Jeffrey L. Brown  
of (COMPLETE ADDRESS) 37 West Broad Street, Suite 725, 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. Ohio Health Corporation 3535 Olentangy River Road Columbus, OH 43214	2. Hospital Properties, Inc. 3565 Olentangy River Road Columbus, OH 43214
3.	4.

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 8<sup>th</sup> day of March in the year 2010

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:

*[Handwritten Signature]*  
*[Handwritten Signature: Natalie C. Patrick]*  
9/4/2010

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



NATALIE C. PATRICK  
Notary Public, State of Ohio  
My Commission Expires 09-04-10