



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 # 204-105

Being first duly cautioned and sworn (NAME) Jeffrey L. Brown
of (COMPLETE ADDRESS) 37 West Broad Street, Suite 225, 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 and their mailing addresses:

NAME	COMPLETE MAILING ADDRESS
Dr. Gregory A. Richards	2582 Hilliard Rome Road Hilliard, OH 43026
Hilliard Rome Chiropractic & Rehab Co., PC	2582 Hilliard Rome Road Hilliard, OH 43026
Clinton E. & Melba J. Dalton	25300 Darby Pottersburg Road Marysville, OH 43040

SIGNATURE OF AFFILIANT

[Handwritten Signature]

Subscribed to me in my presence and before me this 18th day of February, in the year 2005

SIGNATURE OF NOTARY PUBLIC

[Handwritten Signature]

My Commission Expires:

9/15/05

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



NATALIE C. PATRICK
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES SEPTEMBER 5, 2005