



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 # CV05-013

Being first duly cautioned and sworn (NAME) Loss Miller of Dorothy L. Miller
of (COMPLETE ADDRESS) 6060 Heritage Lakes Dr. Willard Ohio 43026
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>Loss Miller Dorothy L. Miller</u>	

SIGNATURE OF AFFIANT Loss Miller Dorothy L. Miller

Subscribed to me in my presence and before me this 28th day of January, in the year 2005

SIGNATURE OF NOTARY PUBLIC Carni Page

My Commission Expires: April 10, 2005
This Project Disclosure Statement expires six months after date of notarization.

Notary Seal Here

