



# 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 # CW03-027

Being first duly cautioned and sworn (NAME) Barbara S Connelly  
of (COMPLETE ADDRESS) 908 Poling Dr Columbus Ohio 43224  
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**

Barbara S Connelly 908 Poling Dr Columbus Ohio 43224

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 30<sup>th</sup> day of June, in the year 2003

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:



MALCOLM S. PARSONS  
Notary Public, State of Ohio  
Commission Expires 08-08-07

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

Notary Seal Here