APPLICATION FOR ASSUMPTION

Each applicant seeking assumption of an existing Project must complete this form and provide additional information if requested. A non-refundable application fee of $350 must be included with this application. Make check payable to COMIDA. If assumption is approved, assumption will require preparation of legal documentation and a fee of $2,000 plus legal costs.

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Law, except for information that is considered deniable by the Freedom of Information Law. This form is available online at www.monroecountyida.org.

I. PROJECT
a. Address 822 Holt Road
City/State/Zip Webster, NY 14580
TAX Map No 079.080-0001-006.000
b. Current Project Owner 822HR, LLC

c. Does Applicant contemplate any changes in use or tenancy of the project? YES [ ] NO [X] If YES, provide information on additional pages.

II. APPLICANT
a. Name LC Parent, LLC on behalf of an entity to be formed
Address P.O. Box 12870
City/State/Zip Columbus, OH 43212
TAX ID No 86-3066164 (for LC Parent)
Contact Name Ryan Duling
Title Member
Telephone # (419) 303-7074
Email ryan.duling@gmail.com
b. Owners of 20% or more Applicant Company Ryan Duling

Do any of these owners currently own property within Monroe County New York? YES [ ] NO [X]

III. APPLICANT Legal Counsel
Name TBD
Firm
Address
City/State/Zip
Telephone #
Email

IV. CERTIFICATION
Current Project Owner represents that (i) it is not in default under any documents executed in connection with the Project being assigned; (ii) Assignee must agree to assume Current Project Owner's rights, interest, duties, obligations and liability set forth in any documents executed in connection with the Project being assigned; and (iii) Assignee will pay all fees of the Agency and its counsel in connection with the assignment of said Project.

Signed: [Signature]
Current Project Owner:

[Signature]
Name: [Name], Title: [Title], Date: 5/10/2021

Assignee: LC Parent, LLC on behalf of an entity to be formed

[Signature]
Name: [Name], Title: [Title], Date: 5/10/2021

[Signature]
Name: [Name], Title: [Title], Date: 5/10/2021

[Signature]
Name: [Name], Title: [Title], Date: 5/10/2021

[Signature]
Name: [Name], Title: [Title], Date: 5/10/2021

[Signature]
Name: [Name], Title: [Title], Date: 5/10/2021

1150 CityPlace _ 50 West Main Street _ Rochester, New York 14602
(585) 793-2000 _ Fax (585) 793-2002 _ www.monroecountyida.org