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 $150 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
   1351 Mount Hope Avenue
   Rochester, New York 14620

b. Current Project Owner
   CT Rochester, LLC (Beneficial Owner)

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
   University of Rochester, on behalf of an entity to formed

b. Owners of 20% or more Applicant Company
   University of Rochester

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

III. APPLICANT Legal Counsel

Name: Matthew Carrigg
Firm: Nixon Peabody LLP
Address: 1300 Clinton Square
City/State/Zip: Rochester, New York 14604
Telephone #: 585.263.1214
Email: mcarrigg@nixonpeabody.com

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:

______________________________
Name, Title: Matthew Lawrence, Senior Vice President

Assignee:

______________________________
Name, Title: Elizabeth A. Milavec, Executive VP for Administration and Finance and CFO

1150 CityPlaza _ 50 West Main Street _ Rochester, New York 14614
(585) 793-2000 _ Fax (585) 793-2002 _ www.monroecountyida.org
TAX MAP NUMBERS

136.53-4-1.002 UNT 1
136.53-1-2.001
136.53-1-3.002
136.53-1-3.003
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