

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.

| l. | PROJECT | | | APPLICANT | Γ Legal Counsel | |
|----|---|--|-----|---|---|--|
| a | Address | 1351 Mount Hope Avenue | | Name | Matthew Carrigg | |
| | City/State/Zip | Rochester, New York 14620 | | Firm | Nixon Peabody LLP | |
| | TAX Map No | See attached | | Address | 1300 Clinton Square | |
| | IAA Map No | | | City/State/Zip | Rochester, New York 14604 | |
| b. | Current Project Owner | | | Telephone # | 585.263.1214 | |
| | CT Rochest | er, LLC (Beneficial Owner) | | Email | mcarrigg@nixonpeabody.com | |
| C. | Does Applicant contemplate any changes in use or tenancy of the project? YES NO | | N/ | | TION | |
| | | | IV. | CERTIFICATION | | |
| | APPLICANT | NOTICE AND ADDRESS OF THE PARTY | | 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 | | |
| a. | Name | University of Rochester, on behalf of an entity to form | nea | agree to as | ssume Current Project Owner's rights, | |
| | Address | | | documents ex | s, obligations and liability set forth in any secuted in connection with the Project | |
| | City/State/Zip | Rochester, New York 14627 | | being assigned Agency and | signed; and (iii) Assignee will pay all fees of the and its counsel in connection with the | |
| | TAX ID No | 16-0743209 | | assignment of said Project. | | |
| | Contact Name | Mark Wright | | | | |
| | Title | Senior Counsel | | Signed: | | |
| | Telephone # | 585-369-6745 | | Current Project Owner: | | |
| | Email | mark.wright@rochester.edu | | | | |
| b. | Owners of 20% or more Applicant Company University of Rochester | | . (| Name, Title MATTHE | Whence, Senion Vice Areside | |
| | | | | Assignee: | | |
| | Do any of these County New Yor | owners currently own property within Monroe k? YES NO | | Name, tile | Sity of Rochester 11/16/22 South A. Milavec where V. P. for Administration Knance and CFO | |

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

136.53-1-4.003

136.53-1-5.002

136.53-1-6.002

136.53-1-6.003

135.53-1-7.002

136.53-1-8.003