

LORAIN

Residential Rental Property Registration Form

Parcel ID

0624034114025

If the property contains more than one street address, enter both the first and last number.

If it involves 20 units or more, please only give the main address.

Street Number 318 through \_\_\_\_\_  
 Street Direction \_\_\_\_\_  
 Street Name BRACE AVE  
 Street Suffix \_\_\_\_\_  
 Apartment / Suite Number \_\_\_\_\_  
 # of living units on parcel \_\_\_\_\_

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Owner Information

If owned by a business or owner does not reside in Ohio, please provide contact name & information

Owner / Contact Name MAGDI Abouelhana  
 Business Name ASM Investments LLC  
 Title mgr Owner, Manager, General Partner, Trustee, etc  
 Contact Address 1 204 W 23rd  
 Contact Address 2 \_\_\_\_\_  
 City LORAIN  
 State: Ohio  Yes  
 Zip Code + 4 44052  
 Phone Number 440 759-5233 ext \_\_\_\_\_  
 Authorized Signature [Signature] Date 11-26-08

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