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Residential Rental Property Registration Form 09 OCT -5 PM 1:21

LORAIN COUNTY AUDITOR

Parcel ID

03-00041-115009

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.

(647)

Street Number 809 through _____

Street Direction _____

Street Name Lake Breeze Road

Street Suffix _____

Apartment / Suite Number _____

of living units on parcel _____

Owner Information

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

Owner / Contact Name BRADLEY S SMITH AND RUSSELL J SARVER

Business Name _____

Title _____ Owner, Manager, General Partner, Trustee, etc

Contact Address 1 5370 COLORADO AVE

Contact Address 2 _____

City SHEFFIELD VILLAGE

State: Ohio Yes

Zip Code + 4 44054 - 2333

Phone Number 440, 934-3466 ext _____

Authorized Signature [Signature] Date 9-30-09

BRADLEY S SMITH 9-30-09