PROJECT NAME	327 South James; upper level	1/14/2020
UGLG NAME	Ludington	
UGLG COUNTY	Mason	
UGLG CONTACT PERSON	Maria Duhaime	

BUILDING ATTRIBUTES		NOTES
YEAR BUILT	1890	20x50 rear addition approximately 1910; upper level has new pella windows 2015
STREET ADDRESS	327 South James; Ludington	
OWNER	William J. and Maria Duhaime	R Ship LLC; R Path LLC

RESIDENTIAL UNITS	CURRENT	UNDERGOING REHAB/ CONVERSION	NOTES
NUMBER OF UNITS	0	4	
NUMBER OF OCCUPIED UNITS	0	0	
NUMBER OF VACANT UNITS	0	4	
NUMBER OF FLOORS		1	There are two floors with commercial space on the ground floor, upper level for apartments.
NUMBER OF PARKING SPACES	4	NA	There is off street parking behind the building for residential and commercial tenants
TOTAL SQAURE FEET	3,300	3,300	

COMMERCIAL UNITS	CURRENT	NOTES
NUMBER OF UNITS	3	
NUMBER OF OCCUPIED UNITS	2	Tenants will not vacate the premises while under rehab
NUMBER OF FLOORS	1	
TOTAL SQUARE FEET	3,500	

PROVIDE A BRIEF DESCRIPTION OF EACH OF FOLLOWING:

HISTORICAL USE OF PROPERTY

Research has shown, early uses of the building include a pharmacy on the ground floor and a physician's office in the upper level. It's been mixed retail in following years to include a tailor shop, an A & P grocery store and a resale shop. Before the demolition of the upper level, it appeared it was used as a rooming house. It had many rooms; some units had full facilities, others had common bathroom and kitchens. There were five mail boxes for the upper level.

CURRENT USE/EXISTING CONDITIONS OF PROPERTY

There are three commercial units on the ground floor; the two store fronts on South James have been completed renovated with restored original tin ceilings, refinished floors and new hvac systems. The south commercial unit is home to a jewelry store since April 2018; the north commercial is being used for a furniture photo shoot since Dec 2018 and is ADA compliant. The third unit entry is on Foster Street and is being used by the owners as a staging area during the renovations. The upper level is gutted and a blank canvas, with new pella windows. There are interior stairs and a hallway that separate the two halfs, *i.e. north and south side* , of the upper floor. The south side has been completely restructured to include separation of roof and ceiling loads; the floor and sub-floor has been removed and replaced with a new subfloor; new I-joists were installed 16" on center and adjacent to the original 2x12's; the floor I joists have been painted with an intumescent paint, fire rated 2x4's installed with type x drywall laying between the joists, above the tin ceiling; roxul safe and sound and fiberglass insulation complete the cavity; the fire and sound separation has been completed according to engineers drawings. The north side restructuring has yet to be done. The existing staircase is 4 ft. wide with 21 steps; it is non conforming; required by code, is a new exterior second floor entry, at the east of the building.

PROPOSED CONSTRUCTION, REHABILITATION, AND OTHER PROJECT ACTIVITIES

PROJECT ACTIVITY	PROJECT ACTIVITY DESCRIPTION	COST ESTIMATE
Certified Grant Administrator		**$ 30,000**
Asbestos Abatement	The upper level has been gutted; there is no asbestos to be removed. Each unit will have it's own new hvac system.	**$ -**
Asbestos Evaluation	The upper level has been gutted; there is no asbestos to be removed. Each unit will have it's own new hvac system.	**$ -**
Lead-based Paint Abatement	The upper level has been gutted; all windows have been replaced with new pella windows.	**$ -**
Lead Paint Testing/Evaluations	The upper level has been gutted; there are new windows; there are no plaster painted surfaces.	**$ -**
Construction	North side ceilng and roof load structure; removal of floor and subfloor; installation of floor I joists; fire protection between upper and lower level; installation of subfloor; Exterior walls and doors; walls include drywall and insulation; Interior partitions; doors; casework, *i.e* . cabinets, counters, closet shelves; wall finishes; floor finishes; ceiling finishes; plumbing fixtures; plumbing distribution; heating	**$ 354,513**
Other	Services to upgrade water, gas and electric	**$ 35,000**
Architectural & Engineering	Drawings	**$ 15,000**
Contingency	Dumpster; porta potties; any downside risk estimates and costs that will deal with unforseen circumstances.	**$ 38,951**

	UNIT 1	UNIT 2	UNIT 3	UNIT 4	UNIT 5	UNIT 6	UNIT 7
UNIT TYPE	Market Rate	Low-Mod	Low-Mod	Low-Mod			
BEDROOMS	1-bedroom	2-bedroom	1-bedroom	1-bedroom			
BATHROOMS	2	2					
SQUARE FEET	1043	1036	413	449			
HUD RENT LIMITS		$ 775.00	$ 586.00	$ 586.00			

NOTE *: The HUD RENT LIMITS indicated above are for referenece purposes only.*

NUMBER OF LOW-MOD UNITS REQUIRED: 3

1/14/2020

PROJECT NAME	327 South James; upper level	**# OF UNITS UNDERGOING REHAB**	4
UGLG NAME	Ludington	**MAX CDBG CONTRIBUTION**	$ 240,000
PROJECT STREET ADDRESS	327 South James; Ludington		
COUNTY	Mason		

PROJECT BUDGET

ADMINISTRATION	**CDBG**	**LOCAL**	**PRIVATE**	**OTHER**	**TOTAL**
Certified Grant Administrator	$ 30,000	$ -	$ -	$ -	$ 30,000
Asbestos Evaluation	$ -	$ -	$ -	$ -	$ -
Lead Paint Testing/Evaluations	$ -	$ -	$ -	$ -	$ -
Sub Total	$ 30,000	$ -	$ -	$ -	$ 30,000
PERCENTAGE BREAKDOWN	100.00%	0.00%	0.00%	0.00%	100.00%
PROJECT ACTIVITIES	**CDBG**	**LOCAL**	**PRIVATE**	**OTHER**	**TOTAL**
Asbestos Abatement	$ -	$ -	$ -	$ -	$ -
Lead-based Paint Abatement	$ -	$ -	$ -	$ -	$ -
Construction	$ 240,000	$ -	$ 114,513	$ -	$ 354,513
Other	$ -	$ -	$ 35,000	$ -	$ 35,000
Architectural & Engineering	$ -	$ -	$ 15,000	$ -	$ 15,000
Contingency	$ -	$ -	$ 38,951	$ -	$ 38,951
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
Sub Total	$ 240,000	$ -	$ 203,464	$ -	$ 443,464
PERCENTAGE BREAKDOWN	54.12%	0.00%	45.88%	0.00%	100.00%
GRAND TOTAL	$ 270,000	$ -	$ 203,464	$ -	$ 473,464
PERCENTAGE BREAKDOWN	***57.03%***	***0.00%***	***42.97%***	***0.00%***	***100.00%***

PROJECT MATCH FINANCING

SOURCE OF FINANCING	**DOLLAR AMOUNT**	**FINANCING SECURED**	**EFFECTIVE DATE**	**EXPIRATION DATE**	**> 6 MONTHS**
Private	$ 203,464	Yes			

PROJECT BUDGET MATCH TOTAL	$	203,464.00
PROJECT MATCH FINANCING TOTAL	$	203,464.00
(difference)	$	-

RESOURCES

HUD FAIR MARKET RATE RENTS

TENANT PAID UTILITIES SCHEDULE

TOC
BACK
NEXT

Mason County 2018 Summary

HUD RENT LIMITS		PER MONTH
Efficiency	$	551.00
1-bedroom	$	586.00
2-bedroom	$	775.00
3-bedroom	$	992.00
4-bedroom	$	1,056.00
5-bedroom	$	1,214.40
6+bedrooms	$	1,372.80

HUD INCOME LIMITS		80% AMI
1-person household	$	32,880.00
2-person household	$	37,600.00
3-person household	$	42,320.00
4-person household	$	46,960.00
5-person household	$	50,720.00
6-person household	$	54,480.00
7-person household	$	58,240.00
8-person household	$	62,000.00

RENTAL REHABILITATION INTAKE MATERIALS CHECKLIST

PROJECT NAME	327 South James; upper level	1/14/2020
UGLG NAME	Ludington	
PROJECT STREET ADDRESS	327 South James; Ludington, MI 49431	
COUNTY	Mason	

REQUESTED INFORMATION	MEDC FORM?	NOTES	SUBMITTED?
MEDC Rental Rehab Workbook	YES		Yes
Aerial Photo/Map Identifying Property			Yes
Before Photos (jpeg or better)			Yes
Detailed Floor Plans			Yes
Renderings			Yes
Third Party Cost Estimates			Yes
Finance Documentation			Yes

Questions/Comments:

This was an early verision of the workbook. It didn't allow a user to enter the number 1 for bathrooms so the project information tab does not have the bathrooms listed for 3 of the units. Unit 2 has one bathroom, but the workbook would not all the number 2 to be romoved.

Architectural Classics LLC

R Ship, LLC Opinion of Probable Construction Costs

327 S. James Street
Ludington, MI 49431

25 February 2019

Shell		$60,623.01	16%
Superstructure			
Floor Construction			
North Half	$45,000.00		
Exterior Enclosure			
Exterior Walls	$13,714.59		
Exterior Doors	$1,908.42		
Interiors		$158,104.02	41%
Partitions	$12,670.64		
Interior Doors	$21,326.53		
Casework	$32,366.74		
Stair Construction	$8,505.39		
Wall Finishes	$38,920.97		
Floor Finishes	$22,854.77		
Ceiling Finishes	$21,458.97		
Services		$58,360.26	15%
Plumbing			
Plumbing Fixtures	$37,170.07		
Domestic Water Distribution	$21,190.19		
HVAC		$38,404.62	10%
Energy Supply	$8,000.00		
Heat Generating Systems	$30,404.62		
Fire Protection		$30,000.00	8%
Sprinklers	$30,000.00		
Electrical		$44,020.89	11%
Electrical Service	$12,000.00		
Lighting and Branch Wiring	$28,935.24		
Communication & Security	$3,085.65		
Total	$389,512.81	$389,512.81	100%
		$115.21	

Breakdowns	%	Costs
Tally Totaled		$389,512.81
Architects Fee		$15,000.00
Contingency	10%	$38,951.28
Project Total		$443,464.09
Cost per Square Foot		$131.16

Lakewinds Centre West ■ 409 West Ludington Avenue, Suite 204 ■ Ludington, Michigan 49431
klmo@mac.com ■ 231.845.3985 ■ 231.845.39856 fax

543.006-00

2015R00412
2015R00412
STATE OF MICHIGAN COUNTY OF MASON
RECORDED ON
01/22/2015 02:06:51PM
DIANE L. ENGLEBRECHT
REGISTER OF DEEDS
PAGES: 3

RECEIVED
JAN 26 2015
MASON COUNTY
EQUALIZATION

WARRANTY DEED

3

THE GRANTOR	Blue Ribbon LLC, a Michigan liability company of 2308 Edgewood Ave SE, Grand Rapids, MI 49546
CONVEYS AND WARRANTS	R Ship, LLC, a Michigan limited liability company, R Path, LLC, a Michigan limited liability company and Arata, LLC, a Michigan limited liability company of 2000 W. Stoll, Dewitt, MI 48820

The real estate situated in the City of Ludington, Mason County, Michigan, more fully described in **Exhibit A** attached to this Deed, together with all improvements, fixtures, easements, hereditaments, and appurtenances associated with the real estate ("**Property**"), subject to easements, restrictions, interests, reservations of record, and taxes and assessments not yet due and payable.

The Grantor grants to the Grantee the right to make all division(s) under Section 108 of the Land Division act, Act No. 288 of the Public Acts of 1967, as amended.

This property may be located within the vicinity of farmland or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected by the Michigan Right to Farm Act.

This Deed is given for the Consideration of One and 00/100 Dollars ($1.00) and is exempt from the real estate transfer taxes under MCLA §§ 207.505(a) and 207.526(a) because the value if the consideration given is less than One Hundred Dollars ($100)

• • •

RECEIVED
JAN 22 2015
DIANE L. ENGLEBRECHT, REGISTER
MASON COUNTY
REGISTER OF DEEDS

This deed is dated December 11, 2014.

GRANTOR
Blue Ribbon LLC, a Michigan limited company

By: Equity Exchange LLC, a Michigan limited company as sole member

Moni Down

By: Monica Downer
Its: Member

STATE IF MICHIGAN)
)ss:
COUNTY OF KENT)

Acknowledged before me in Kent County, Michigan on December 11, 2014 by Monica Downer, member of Equity Exchange LLC, a Michigan limited liability company, as sole member of Blue Ribbon LLC, a Michigan limited liability company.

Margaret M Hudson
Notary Name: Margaret M Hudson
Notary public, Sate of Michigan, County of Kent
My commission expires 1-27-2015
Acting in the County of Kent

PREPARED BY AND RETURN TO:
Margaret M. Hudson
Equity Exchange LLC
2308 Edgewood AVE SE
Grand Rapids, MI 49546
(616) 942-6017

EXHIBIT "A"

The South 50 feet of Lots 6 and 7, Block 43, of the Original Plat of the City of Ludington

Commonly known as:
327 S. James Street

53-051-543-006-80

I hereby certify for the 5 years preceding the date of said instrument that the taxes and special assessments have been paid & that there are no unredeemed tax certificates or tax titles. This certification does not include current taxes or tax roll changes or corrections not entered in the records as of the date of this certificate.

Cindy Doughty Date 1-2 20 15
Mason County Treasurer, Ludington, MI

LEAD-BASED PAINT APPLICABILITY AND COMPLIANCE WORKSHEET

Unit of General Local Government: City of Ludington
Property Address: 327 S James

***INSTRUCTIONS**: Answer true or false for each question to determine the applicability of lead-based paint requirements for the proposed project. Complete one worksheet for each property, as applicable.*

APPLICABILITY WORKSHEET

1. Is the property exempt from 24 CFR Part 35?	**TRUE**	**FALSE**	**CONCLUSION**
a. The property was constructed after 1977 (completion of construction on or after January 1, 1978).	☐	☒	If **TRUE** to any, the property is exempt
b. The property is a zero-bedroom dwelling.	☒	☐	
c. The property is exclusively for the elderly or disabled persons where no child less than 6 years of age resides or is expected to reside at the property.	☐	☒	
d. The property has been found not to have lead-based paint by a lead-based paint inspection conducted in accordance with §35.1320(a).	☒	☐	
e. It is an unoccupied dwelling unit or residential property to be demolished that will remain unoccupied until demolition.	☐	☒	
f. All lead-based paint has been identified, removed and clearance achieved in accordance with 40 CFR 745.227(b)(e) before September 15, 2000, or in accordance with §§35.1320, 35.1325 and 35.1340 on or after September 15, 2000. (This exemption does not apply to residential property where enclosure or encapsulation has been used as a method of abatement.)	☒	☐	
g. The property or part of a property is not and will not be used for human residential habitation. (NOTE: common areas serving both residential and nonresidential uses in a mixed-use property are not exempt)	☐	☒	
2. Is the assistance exempt from 24 CFR Part 35?	**TRUE**	**FALSE**	**CONCLUSION**
a. Rehabilitation activities will not disturb a painted surface.	☐	☒	If **TRUE** to any, the rehab activity is exempt
b. Minor repairs and maintenance will disturb two square feet or less of paint per component.	☐	☒	
c. The assistance is for emergency actions immediately necessary to safeguard against imminent danger to human life, health or safety, or to protect property from further structural damage.	☐	☒	
d. The assistance being provided qualifies for emergency rental assistance or foreclosure prevention assistance of less than 100 days.	☐	☒	

APPLICABILITY DETERMINTATION

☐ The **property is NOT EXEMPT** from 24 CFR Part 35. Lead-based paint requirements **apply**.
☒ The **property is EXEMPT** from 24 CFR Part 35. Lead-based paint requirements **do not apply**.
☐ The **property is NOT EXEMPT** from 24 CFR Part 35; however, the **assistance is EXEMPT** from 24 CFR Part 35. Lead-based paint requirements **do not apply**.

COMPLIANCE CATEGORY WORKSHEET

Property Address: 327 S James
Project: Rental Rehabilitation

Lead-based paint requirements (24 CFR SUBPART J) for rehabilitation fall into three categories that depend on the amount of Federal rehabilitation assistance. Methodology for calculating Federal rehab assistance is established in 24 CFR 35.915 and summarized below.

STEP 1: Calculate the average Federal assistance per assisted unit. Round up to the nearest whole dollar.

A. Federal assistance includes all federal funds, regardless of the use of funds.

1: CALCULATE AVERAGE FEDERAL ASSISTANCE PER UNIT

a = total amount of CDBG assistance for project	a =	$ 240,000
b = total number of units in building	b =	$ 4
a/b = average Federal assistance per unit	a/b =	$ 60,000

STEP 2: Calculate the average hard cost of rehabilitation per dwelling unit. Round up to the nearest whole dollar.

A. Hard costs of rehabilitation include all hard costs, regardless of the funding source (e.g., CDBG, local, private, etc.). The hard costs associated with meeting compliance standards for LBP requirements are not included in the hard cost of rehabilitation, unless part of the original scope of work. (use calculation **2A** below)
B. When rehabilitation projects consist of both federally assisted and non-assisted units, the rehabilitation costs and federal assistance associated with **non-assisted units are not included** in the calculations. (use calculation **2B** below)

2A: CALCULATE AVERAGE PER UNIT HARD COSTS OF REHAB (exclude LBP costs)

a=total rehab costs for all units	a =	$ 473,464
b=total number of units	b =	$ 4
a/b =average cost of rehab per unit	a/b =	$ 118,366

2B: CALCULATE AVERAGE REHAB HARD COST PER ASSISTED UNIT (exclude LBP costs)

a = rehabilitation hard cost for all assisted units	a =	$ 0
b = rehabilitation hard cost for common areas and exterior painted surfaces	b =	$ 0
c = number of federally assisted units	c =	$ 4
d = total number of units	d =	$ 4
(a/c) + (b/d) = average rehab hard cost per assisted unit	(a/c)+(b/d) =	$ 0

STEP 3: DETERMINE COMPLIANCE CATEGORY

Select the lowest dollar amount from STEP 1 and STEP 2A or STEP 2B.

Lowest dollar amount $ 60,000

Up to and including **$5,000** of rehab assistance per unit ☐
Up to and including **$25,000** of rehab assistance per unit ☐
More than **$25, 000** of rehab assistance per unit ☒

COMPLIANCE COSTS PER CATEGORY

Please Note: The following tables provide a broad overview of common lead-based paint (LBP) requirements for CDBG funded rehabilitation projects. The tables do not cover all requirements for each applicable CDBG funded project.

Instructions: Select one table below based on the LBP Compliance Category for the proposed project. Estimate the cost associated with each activity, as applicable (some activities may not have any associated cost). The total cost of complying with the LBP requirements will be included in the **Project Budget** as its own line item.

CATEGORY 1 REQUIREMENTS Up to and including <$5,000	**Cost Estimate (if applicable)**
Provision of pamphlet	**$**
Presume LBP	**$**
Safe work practices in rehab	**$**
Repair disturbed paint	**$**
Notice to occupants	**$**
Clearances	**$**
TOTAL	**$**

CATEOGRY 2 REQUIREMENTS Up to and including $25,000	**Cost Estimate (if applicable)**
Provision of pamphlet	**$**
Presume LBP	**$**
Risk Assessment	**$**
Safe work practices in rehab	**$**
Interim controls	**$**
Notice to occupants	**$**
Clearances	**$**
TOTAL	**$**

CATEGORY 3 REQUIREMENTS Greater than $25,000	**Cost Estimate (if applicable)**
Provision of pamphlet	**$**
Paint testing of surfaces to be disturbed, or presume LBP	**$**
Risk Assessment	**$**
Safe work practices in rehab	**$**
Notice to MDHHS of LBP abatement	**$**
Abatement [1]	**$**
Notice to occupants	**$**
Clearances	**$**
TOTAL	**$ 0**

[1] If the property is listed or is eligible for listing in the National Register of Historic Places or contributing to a National Register Historic District and the project falls under Category 3, the State Historic Preservation Office may require interim control instead of abatement for historic preservation purposes.

Heather Tykoski, Community Development Director	12/4/2019
Name and Title of person completing this worksheet	Date of worksheet completion

ASBESTOS APPLICABILITY AND COMPLIANCE WORKSHEET

Unit of Local Government: City of Ludington
Project Address: 327 S James

***INSTRUCTIONS**: Answer yes or no for each statement to determine the applicability of asbestos requirements for the proposed project. Complete one worksheet for each property, as applicable.*

YES	NO		
☒	☐	1.	The property was built on or before January 1, 1981.
☐	☒	2.	The building owner has conducted a survey to determine the presence, location and quantity of asbestos (Acm/Pacm) within the pre-1981 built building.
☐	☐	3.	The project will disturb potential asbestos coated material.
☐	☐	4.	Asbestos is present, it is friable (can be crumbled to a powder by hand pressure) and will be disturbed by building rehabilitation or demolition.
If any of the above are checked Yes, further action is needed:			
☐	☐		If any of questions 1, 3 or 4 are checked Yes, a National Standards for Hazardous Air Pollutants (NESHAP) asbestos inspection must be completed.
☐	☐		If question 2 is checked Yes, an asbestos survey has been completed, a copy of any survey results must be **attached** and the Inspection report should be in file.

Heather Tykoski Community Development Director	12/4/2019
Name and Title of person completing this worksheet	Date of worksheet completion

Michigan Strategic Fund and Michigan Economic Development Corporation
Background Check Disclosure Form

A Background Check Disclosure Form must be completed by the **Applicant** AND each of the **Applicant's Owners** with a direct or indirect ownership interest of 20% or greater AND each of the **Applicant's Key Individuals** listed on the Applicant Certification Form. However, if Applicant is publicly traded, the applicable entity listed on its Background Check Disclosure Form must complete this form.

Only one box should be completed

If being completed on behalf of an ENTITY

Entity Name		Employer Tax ID Number (EIN)
Principal Place of Business Address (include city, state, and zip code)	Primary Contact Name	Primary Contact Email

If being completed by an INDIVIDUAL

Full first, middle and last name (full middle name mandatory; if none, please indicate)		Date of Birth
Maria None Duhaime		12/08/1956
Residence Address, if individual (include city, state, and zip code)	Business Phone	Email
2000 West Stoll Rd. Dewitt, MI 48820	517.614.0629	maria.duhaime@gmail.com

BUSINESS INTEGRITY

Please provide answers to all the following questions below. If being completed as an individual, "you" refers to you. If being completed on behalf of an entity "you" refers to the entity. If any questions are answered "Yes" please attach details on a separate page.

Yes	No	
☐	☑	Business Integrity. Are you presently, or have you ever been a respondent/defendant in any administrative agency proceedings, civil litigation, or criminal proceedings involving allegations of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, violations of state or federal antitrust statutes, or any other claim that may be a reflection on your business integrity?
☐	☑	Taxes. Do you currently owe past due taxes to any government entity?
☐	☑	Incident to a State Contract. Have you ever been convicted of a criminal offense incident to the application for or performance of a state contract or subcontract?
☐	☑	Tax Haven. If you are an entity, are you incorporated in a tax haven county, including, but not limited to: Barbados, Bermuda, British Virgin Islands, Cayman Islands, Commonwealth of the Bahamas, Cyprus, Gibraltar, Isle of Man, the principality of Liechtenstein, the principality of Monaco, or the Republic of the Seychelles?

CERTIFICATION

I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSF, CCO, or any of their designees, or as required by law. I specifically authorize the MEDC, MSF, or any of their designees, to do a criminal and civil background check on me, or the entity I represent. I certify that the information provided in this statement is complete, true and accurate. If I am completing this form on behalf of an entity, I certify that I have authority to bind that entity.

Signature Maria Duhaime Title MEDC MD Date 12.09.2019

Michigan Strategic Fund and Michigan Economic Development Corporation
Background Check Disclosure Form

A Background Check Disclosure Form must be completed by the **Applicant** AND each of the **Applicant's Owners** with a direct or indirect ownership interest of 20% or greater AND each of the **Applicant's Key Individuals** listed on the Applicant Certification Form. However, if Applicant is publicly traded, the applicable entity listed on its Background Check Disclosure Form must complete this form.

Only one box should be completed

If being completed on behalf of an ENTITY

Entity Name		Employer Tax ID Number (EIN)
R Path LLC		47-2101831
Principal Place of Business Address (include city, state, and zip code)	Primary Contact Name	Primary Contact Email
2000 West Stoll Rd. Dewitt, MI 48820	Maria Duhaime	maria.duhaime@gmail.com

If being completed by an INDIVIDUAL

Full first, middle and last name (full middle name mandatory; if none, please indicate)		Date of Birth
Residence Address, if individual (include city, state, and zip code)	Business Phone	Email

BUSINESS INTEGRITY

Please provide answers to all the following questions below. If being completed as an individual, "you" refers to you. If being completed on behalf of an entity "you" refers to the entity. If any questions are answered "Yes" please attach details on a separate page.

Yes	No	
☐	☑	Business Integrity. Are you presently, or have you ever been a respondent/defendant in any administrative agency proceedings, civil litigation, or criminal proceedings involving allegations of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, violations of state or federal antitrust statutes, or any other claim that may be a reflection on your business integrity?
☐	☑	Taxes. Do you currently owe past due taxes to any government entity?
☐	☑	Incident to a State Contract. Have you ever been convicted of a criminal offense incident to the application for or performance of a state contract or subcontract?
☐	☑	Tax Haven. If you are an entity, are you incorporated in a tax haven county, including, but not limited to: Barbados, Bermuda, British Virgin Islands, Cayman Islands, Commonwealth of the Bahamas, Cyprus, Gibraltar, Isle of Man, the principality of Liechtenstein, the principality of Monaco, or the Republic of the Seychelles?

CERTIFICATION

I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSF, CCO, or any of their designees, or as required by law. I specifically authorize the MEDC, MSF, or any of their designees, to do a criminal and civil background check on me, or the entity I represent. I certify that the information provided in this statement is complete, true and accurate. If I am completing this form on behalf of an entity, I certify that I have authority to bind that entity.

Signature Maria Duhaime Title Member Date 12.09.2019

Michigan Strategic Fund and Michigan Economic Development Corporation
General Applicant Certification Form

APPLICANT ENTITY LEGAL NAME *(business entity to receive incentive)*

R Path LLC

APPLICANT ENTITY ADDRESS *(include city, state, and zip code)*

2000 West Stoll Rd. Dewitt, MI 48820

APPLICANT EMPLOYER TAX ID NUMBER (EIN)

47-2101831

☐ **Check if Applicant is a municipality, non-profit organization, or an institution of higher education.**
If there are no Key Owners, please indicate in the Key Owners section.

APPLICANT KEY INDIVIDUALS

List the Applicant's CEO, CFO, COO, and the person(s) responsible for managing the incentive, or the similarly situated position responsible for those duties associated with each role. Each individual listed must also complete a separate Background Check Disclosure Form. All Applicant Key Individuals must be listed, even if duplicative.

CEO or the similarly situated position in charge of the Applicant's executive operations

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

Maria None Duhaime

CFO or the similarly situated position in charge of the Applicant's financial affairs

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

Maria None Duhaime

COO or the similarly situated position in charge of the Applicant's daily affairs

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

Maria None Duhaime

Person responsible for managing the incentive for the Applicant

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

Maria None Duhaime

APPLICANT KEY OWNERS

List each individual or entity, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns either an actual or financial interest in the Applicant. Each Applicant Key Owner with a 20% or greater interest, either direct or indirect, must also complete a separate Background Check Disclosure Form. *Direct AND indirect ownership percentages must each separately total 100%.* Attach a separate sheet if necessary.

Owner Full Legal Name	Direct Ownership Percentage	Indirect Ownership Percentage	Check if owner is publicly traded in U.S.
Maria None Duhaime	100	100	☐
			☐
			☐
			☐

CERTIFICATION

I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSF, CCO, or any of their designees, or as required by law. I have the authority to submit this form on behalf of the Applicant and authorize the MSF, MEDC, AG, CCO, or any of their designees to perform background checks on the applicant and its Key Individual(s) and Owner(s).

Signature Maria Duhaime Title Member Date 12.09.2019

Updated April 25, 2019

Michigan Strategic Fund and Michigan Economic Development Corporation
Background Check Disclosure Form

A Background Check Disclosure Form must be completed by the **Applicant** AND each of the **Applicant's Owners** with a direct or indirect ownership interest of 20% or greater AND each of the **Applicant's Key Individuals** listed on the Applicant Certification Form. However, if Applicant is publicly traded, the applicable entity listed on its Background Check Disclosure Form must complete this form.

Only one box should be completed

If being completed on behalf of an ENTITY

Entity Name		Employer Tax ID Number (EIN)
R Ship LLC		47-2100421
Principal Place of Business Address (include city, state, and zip code)	Primary Contact Name	Primary Contact Email
2000 West Stoll Rd. Dewitt, MI 48820	William J. Duhaime	rshipllc@gmail.com

If being completed by an INDIVIDUAL

Full first, middle and last name (full middle name mandatory; if none, please indicate)		Date of Birth
Residence Address, if individual (include city, state, and zip code)	Business Phone	Email

BUSINESS INTEGRITY

Please provide answers to all the following questions below. If being completed as an individual, "you" refers to you. If being completed on behalf of an entity "you" refers to the entity. If any questions are answered "Yes" please attach details on a separate page.

Yes	No	
☐	☑	Business Integrity. Are you presently, or have you ever been a respondent/defendant in any administrative agency proceedings, civil litigation, or criminal proceedings involving allegations of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, violations of state or federal antitrust statutes, or any other claim that may be a reflection on your business integrity?
☐	☑	Taxes. Do you currently owe past due taxes to any government entity?
☐	☑	Incident to a State Contract. Have you ever been convicted of a criminal offense incident to the application for or performance of a state contract or subcontract?
☐	☑	Tax Haven. If you are an entity, are you incorporated in a tax haven county, including, but not limited to: Barbados, Bermuda, British Virgin Islands, Cayman Islands, Commonwealth of the Bahamas, Cyprus, Gibraltar, Isle of Man, the principality of Liechtenstein, the principality of Monaco, or the Republic of the Seychelles?

CERTIFICATION

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Signature _____ Title MEMBER Date 12-9-19

Michigan Strategic Fund and Michigan Economic Development Corporation
General Applicant Certification Form

APPLICANT ENTITY LEGAL NAME *(business entity to receive incentive)*

R Ship LLC

APPLICANT ENTITY ADDRESS *(include city, state, and zip code)*

2000 West Stoll Rd. Dewitt, MI 48820

APPLICANT EMPLOYER TAX ID NUMBER (EIN)

47-2100421

☐ **Check if Applicant is a municipality, non-profit organization, or an institution of higher education.**
If there are no Key Owners, please indicate in the Key Owners section.

APPLICANT KEY INDIVIDUALS

List the Applicant's CEO, CFO, COO, and the person(s) responsible for managing the incentive, or the similarly situated position responsible for those duties associated with each role. Each individual listed must also complete a separate Background Check Disclosure Form. All Applicant Key Individuals must be listed, even if duplicative.

CEO or the similarly situated position in charge of the Applicant's executive operations

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

William John Duhaime

CFO or the similarly situated position in charge of the Applicant's financial affairs

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

William John Duhaime

COO or the similarly situated position in charge of the Applicant's daily affairs

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

William John Duhaime

Person responsible for managing the incentive for the Applicant

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

Maria None Duhaime

APPLICANT KEY OWNERS

List each individual or entity, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns either an actual or financial interest in the Applicant. Each Applicant Key Owner with a 20% or greater interest, either direct or indirect, must also complete a separate Background Check Disclosure Form. *Direct AND indirect ownership percentages must each separately total 100%.* Attach a separate sheet if necessary.

Owner Full Legal Name	Direct Ownership Percentage	Indirect Ownership Percentage	Check if owner is publicly traded in U.S.
William John Duhaime	100	100	☐
			☐
			☐
			☐

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Signature [signature] Title MEMBER Date 12-9-19

Updated April 25, 2019

Michigan Strategic Fund and Michigan Economic Development Corporation
Background Check Disclosure Form

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Only one box should be completed

If being completed on behalf of an ENTITY

Entity Name		Employer Tax ID Number (EIN)
Principal Place of Business Address (include city, state, and zip code)	Primary Contact Name	Primary Contact Email

If being completed by an INDIVIDUAL

Full first, middle and last name (full middle name mandatory; if none, please indicate)		Date of Birth
William John Duhaime		12/21/1950
Residence Address, if individual (include city, state, and zip code)	Business Phone	Email
2000 West Stoll Rd. Dewitt, MI 48820	517.881.3359	rshipllc@gmail.com

BUSINESS INTEGRITY

Please provide answers to all the following questions below. If being completed as an individual, "you" refers to you. If being completed on behalf of an entity "you" refers to the entity. If any questions are answered "Yes" please attach details on a separate page.

Yes	No	
☐	☑	Business Integrity. Are you presently, or have you ever been a respondent/defendant in any administrative agency proceedings, civil litigation, or criminal proceedings involving allegations of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, violations of state or federal antitrust statutes, or any other claim that may be a reflection on your business integrity?
☐	☑	Taxes. Do you currently owe past due taxes to any government entity?
☐	☑	Incident to a State Contract. Have you ever been convicted of a criminal offense incident to the application for or performance of a state contract or subcontract?
☐	☑	Tax Haven. If you are an entity, are you incorporated in a tax haven county, including, but not limited to: Barbados, Bermuda, British Virgin Islands, Cayman Islands, Commonwealth of the Bahamas, Cyprus, Gibraltar, Isle of Man, the principality of Liechtenstein, the principality of Monaco, or the Republic of the Seychelles?

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Signature _____ Title ME _____ Date 12-9-19

U.S. Department of Housing and Urban Development

Limited Denial of Participation, HUD Funding Disqualifications and Voluntary Abstentions list as of 12/4/2019

Search Criteria: R Ship LLC
Records Found: 0

Subject ↑	Affiliate	Address	Scope of Disqualification	Disqualification Start Date	Disqualification End Date	Disqualification List Date	Office	Contact Person	Contact Office Phone	Contact Email

U.S. Department of Housing and Urban Development

Limited Denial of Participation, HUD Funding Disqualifications and Voluntary Abstentions list as of 12/4/2019

Search Criteria: R Path LLC
Records Found: 0

Subject	Affiliate	Address	Scope of Disqualification	Disqualification Start Date	Disqualification End Date	Disqualification List Date	Office	Contact Person	Contact Office Phone	Contact Email

U.S. Department of Housing and Urban Development

Limited Denial of Participation, HUD Funding Disqualifications and Voluntary Abstentions list as of 12/4/2019

Search Criteria: Arata, LLC
Records Found: 0

Subject ↑	Affiliate	Address	Scope of Disqualification	Disqualification Start Date	Disqualification End Date	Disqualification List Date	Office	Contact Person	Contact Office Phone	Contact Email

327 S. James
Ludington, MI 49431

80092

[redacted] LIVING TRUST
[redacted]

Your *High Yield Money Market* statement

August 20, 2019 to September 19, 2019
Account number[redacted]1861

Your account summary

Beginning balance on August 20, 2019	**$195,417.98**
Plus deposits	
Other deposits	$4,500.00
Interest	$231.91
Less withdrawals	
Electronic (EFT) withdrawals	-$2,900.00
Ending balance on September 19, 2019	**$197,249.89**

Summary of interest you've earned
- Interest paid to you this statement period: $231.91
- Annual percentage yield earned this statement period: 1.40%
- Total interest paid to you this year: $1,945.70

Call
(800) 643-4418
Hearing impaired (TDD 800 822-8546)

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COMERICA BANK
PO BOX 75000
DETROIT, MI 48275-8092

Important information

Thank you

Thank you for being a Comerica customer. We value the trust and confidence that you continue to place in us.

[redacted]

586.215.1607

LETTER OF INTENT

To Whom It May Concern:

This letter will detail my intention to participate in the rental rehab project located at 327 South James; Ludington, MI 49431.

I plan to provide debt based financing to the project in the amount, not to exceed $200,000.00 (Two Hundred Thousand Dollars). Attached are supporting documents for verification of funds available for the project.

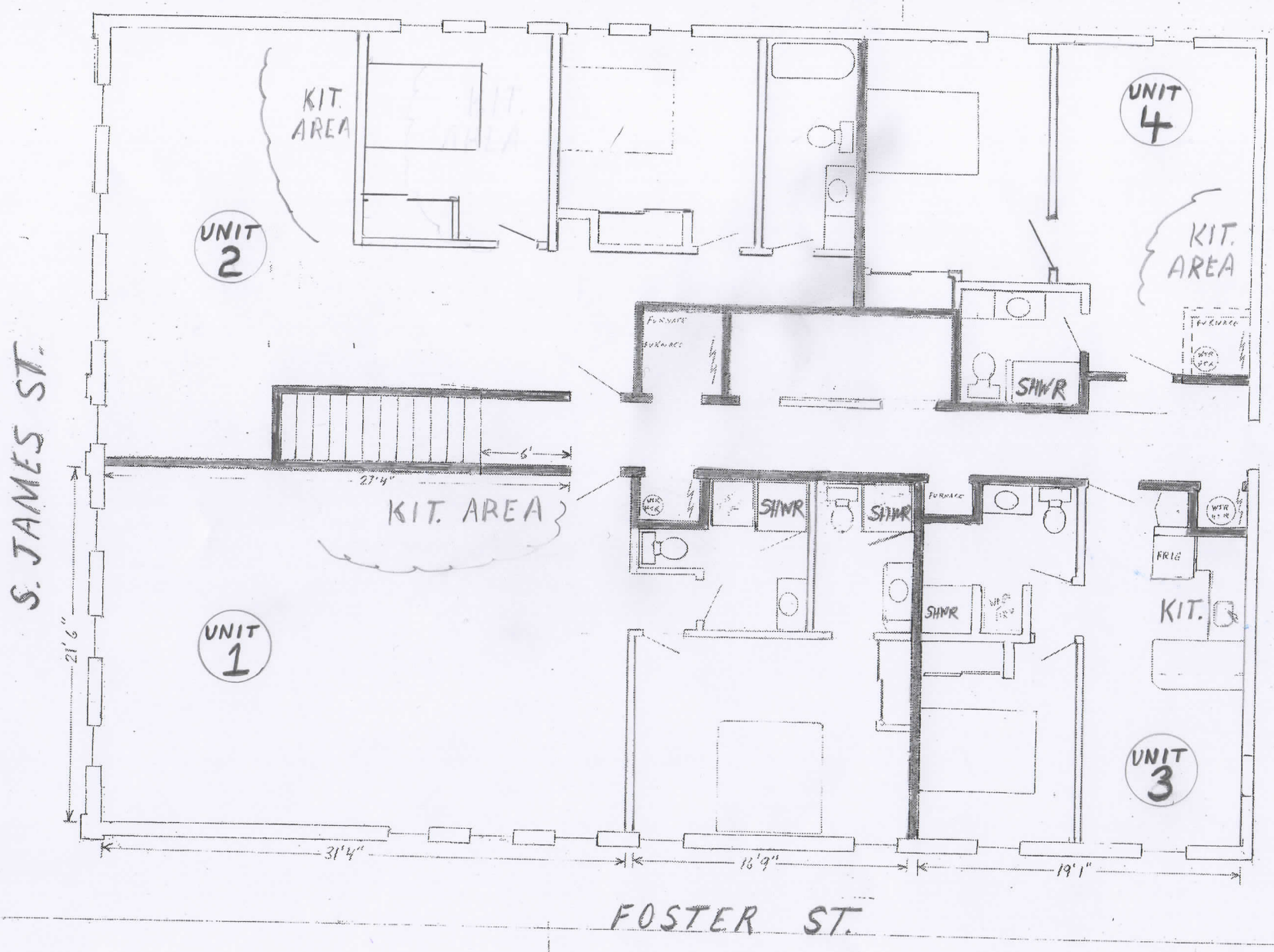
Please contact me if you have any questions.

Carol A. Joseph

Carol A. Joseph

March 6, 2019

Date



327 S JAMES ST.
LUDINGTON, MI. 49431

2ND FLOOR PLAN
SCALE 1/4" PER FOOT
FOOTPRINT 70' x 50'
JANUARY 2019

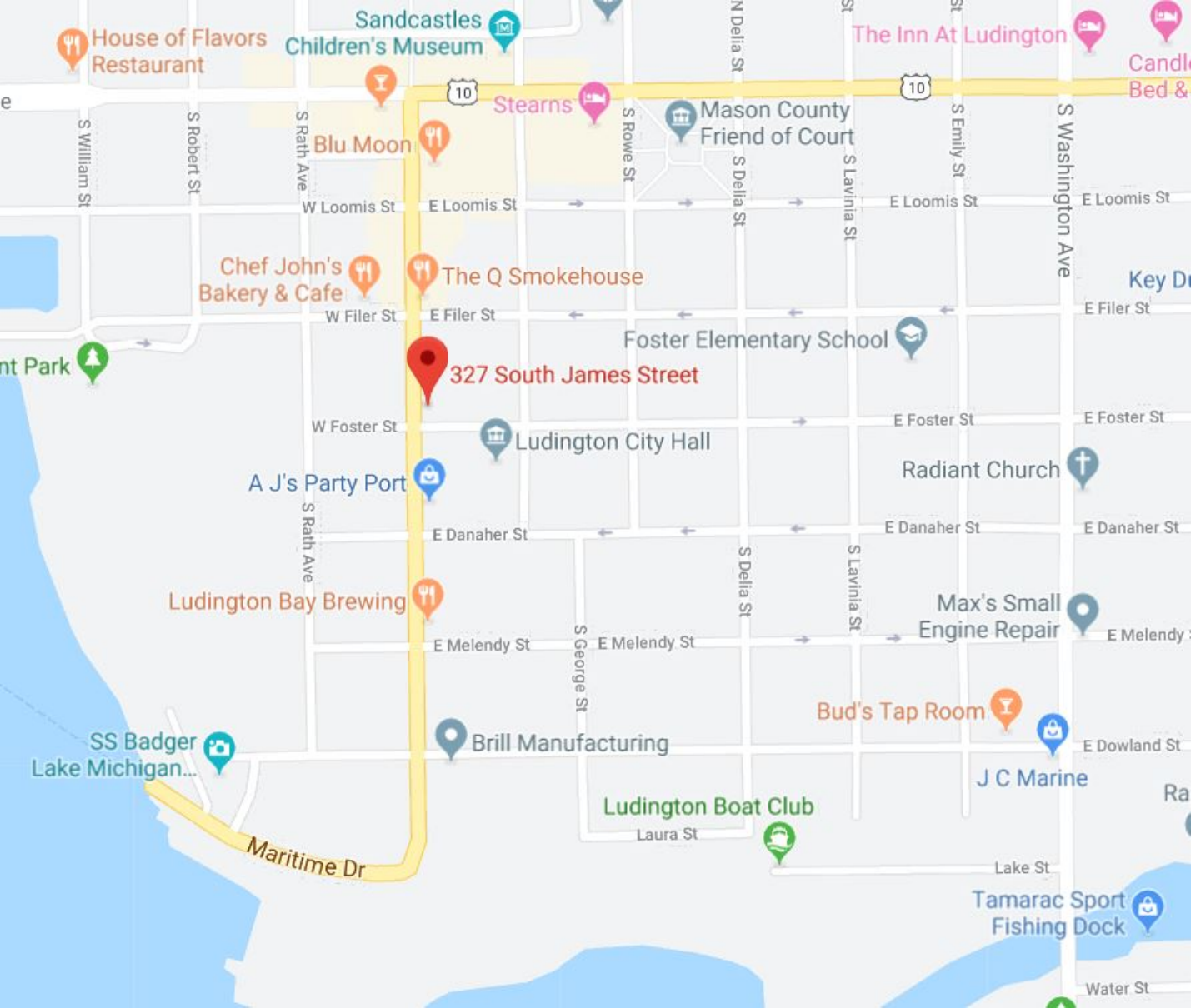
NOT TO SCALE

R SHIP LLC
BILL DUHAIME
517-881-3359

MARIA DUHAIME
517-614-0629
R PATH LLC

BNL 592

FINE
JEWELRY
Victoria's
Jewelry
OPEN
JAMES


House of Flavors Restaurant
Sandcastles Children's Museum
The Inn At Ludington
Stearns
Mason County Friend of Court
Blu Moon
Chef John's Bakery & Cafe
The Q Smokehouse
327 South James Street
Foster Elementary School
Ludington City Hall
Radiant Church
A J's Party Port
Ludington Bay Brewing
Max's Small Engine Repair
Bud's Tap Room
Brill Manufacturing
SS Badger Lake Michigan...
J C Marine
Ludington Boat Club
Tamarac Sport Fishing Dock
Maritime Dr
W Loomis St
E Loomis St
W Filer St
E Filer St
W Foster St
E Foster St
E Danaher St
E Melendy St
E Dowland St
Laura St
Lake St
Water St
S William St
S Robert St
S Rath Ave
S Rowe St
S Delia St
S Lavinia St
S Emily St
S Washington Ave
S George St