

PROJECT NAME 212 West Ludington Ave Apartment Rehab
UGLG NAME [REDACTED]
UGLG COUNTY Mason
UGLG CONTACT PERSON [REDACTED]

1/14/2020

BUILDING ATTRIBUTES		NOTES
YEAR BUILT	[REDACTED]	[REDACTED]
STREET ADDRESS	212 West Ludington Ave, Ludington [REDACTED]	
OWNER	212 West Ludington Avenue LLC Jason and Jamie Adam	

RESIDENTIAL UNITS	CURRENT	UNDERGOING REHAB/ CONVERSION	NOTES
NUMBER OF UNITS	4	4	[REDACTED]
NUMBER OF OCCUPIED UNITS	2	2	Two current tenants will move to first two remodeled units when complete. No binding
NUMBER OF VACANT UNITS	2	2	[REDACTED]
NUMBER OF FLOORS	1	1	Apartments are on upper level of 2 story + Basement
NUMBER OF WINDOWS	10	10	[REDACTED]
NUMBER OF PARKING SPACES	10	10	Entire 44x80 parking lot in rear, plus on street parking in front
TOTAL SQAURE FEET	1,820	1,820	[REDACTED]

NUMBER OF LOW-MOD UNITS REQUIRED: 3

COMMERCIAL UNITS	CURRENT	NOTES
NUMBER OF UNITS	2	[REDACTED]
NUMBER OF OCCUPIED UNITS	2	[REDACTED]
NUMBER OF FLOORS	1	Commercial Units on Main(1st) floor of 2 Story + Basement
TOTAL SQUARE FEET	3,000	[REDACTED]

PROVIDE A BRIEF DESCRIPTION OF EACH OF FOLLOWING:

HISTORICAL USE OF PROPERTY

Property located on Ludington Ave is over 100 years old. It has been used as a Shoe Store, a Bait and Tackle shop, A Sign and Printing shop, and currently a Souvineer and Candy store. All apartments were most recently renovated roughly 20 years ago by previous owner.

1/14/2020

PROJECT NAME 212 West Ludington Ave Apartment Reha# OF UNITS UNDERGOING REHAB 4
 UGLG NAME MAX CDBG REQUEST \$ 240,000.00
 PROJECT STREET ADDRESS 212 West Ludington Ave, Ludington MI 49431
 COUNTY Mason

PROJECT BUDGET

ADMINISTRATION	CDBG	LOCAL	PRIVATE	OTHER	TOTAL
Certified Grant Administrator	\$ 30,000.00	\$ -	\$ -	\$ -	\$ 30,000.00
Asbestos Evaluation	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00
Lead Paint Testing/Evaluations	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00
<i>Sub Total</i>	\$ 35,000.00	\$ -	\$ -	\$ -	\$ 35,000.00
<i>PERCENTAGE BREAKDOWN</i>	100.00%	0.00%	0.00%	0.00%	100.00%
PROJECT ACTIVITIES	CDBG	LOCAL	PRIVATE	OTHER	TOTAL
Asbestos Abatement	\$ -	\$ -	\$ -	\$ -	\$ -
Lead-based Paint Abatement	\$ -	\$ -	\$ -	\$ -	\$ -
Architectural & Engineering	\$ 3,000.00	\$ -	\$ 1,000.00	\$ -	\$ 4,000.00
Construction	\$ 165,600.00	\$ -	\$ 55,200.00	\$ -	\$ 220,800.00
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Sub Total</i>	\$ 168,600.00	\$ -	\$ 56,200.00	\$ -	\$ 224,800.00
<i>PERCENTAGE BREAKDOWN</i>	75.00%	0.00%	25.00%	0.00%	100.00%
GRAND TOTAL	\$ 203,600.00	\$ -	\$ 56,200.00	\$ -	\$ 259,800.00
<i>PERCENTAGE BREAKDOWN</i>	78.37%	0.00%	21.63%	0.00%	100.00%

PROJECT MATCH FINANCING

SOURCE OF FINANCING	DOLLAR AMOUNT	DOCUMENTATION SUBMITTED	EFFECTIVE DATE	EXPIRATION DATE	> 6 MONTHS
West Shore Bank - Ludington MI	\$ 562,000.00	Yes	10/1/2019	3/29/2020	

PROJECT BUDGET MATCH TOTAL \$ 56,200.00
 PROJECT MATCH FINANCING TOTAL \$ 562,000.00
 (difference) \$ (505,800.00)

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 212 West Ludington Ave Apartment Rehab 1/14/2020
UGLG NAME
PROJECT STREET ADDRESS 212 West Ludington Ave, Ludington MI 49431
COUNTY Mason

REQUESTED INFORMATION	MEDC FORM?	NOTES	SUBMITTED?
MEDC Rental Rehab Workbook	YES		Yes
Aerial Photo/Map Identifying Property	YES	Heather T(COL) To Provide	Yes
Before Photos (jpeg or better)	YES		Yes
Detailed Floor Plans	YES		Yes
Third Party Cost Estimates	YES		Yes
Finance Documentation	YES		Yes
Questions/Comments:			



HOME IS
WHEREVER I AM
WITH YOU



Smitten
with a
Mitten









PUSH



NO

212



THANKS
GREAT
SEASON!
SEE YOU
NEXT
SPRING

SLOANEYS
SUMMER FUN

SLOANEYS
SUMMER FUN

SLOANEYS
SUMMER FUN

EYELASH
117
1-210



- Coastline Construction LLC -

208 South Madison St, Ludington MI 9431 – 231.907.2359 – Lic #2101156056

Mr Adam,

Thank you for your request for proposal for Renovation Construction at 212 West Ludington Avenue – Upstairs Apartments. Attached you will find the estimate and cost breakdown based on our site visit and your provided project scope. The below is an estimate based on current materials and labor rates. Final numbers can/will vary based on material allowances and project irregularities.

Per provided project scope, we have estimated reconstruction of four apartment units and a common hallway/stairwell, in two phases, completing two units at a time, and hallway/stairs last. Current floorplan will remain unchanged except where/if necessary. All walls/floor/ceiling/etc surfaces will be removed and replaced. All Kitchens and baths will be completely redone. Hardwood and Tile surfaces throughout. All current utility lines, HVAC, plumbing, and fixtures, will be replaced. Expected timeframe to completion would be 100-130days per two unit portion of the project.

Cost Estimate Break Down	
Demolition--Rough-Cleanup - Construction on 4 Units	\$78,900.00
HVAC	\$22,200.00
Plumbing	\$19,200.00
Electrical	\$10,700.00
Kitchens	\$58,600.00
Baths	\$21,000.00
Stairwell and Hallway	\$10,200.00
Permits\Engineering Fees	\$4,000.00
Total	\$224,800.00

Please feel free to reach out to us with any questions or concerns. Financing options, project scheduling, and/or construction alternatives can always be discussed at any time. I can be contacted by phone at 231.907.2359. Thank you again for your interest:

Brian May
Coastline Construction LLC
208 S. Madison St
Ludington MI 4931
231-907-2359

May 10, 2019

105-189-00

RECEIVED
DEC 26 2018
MASON COUNTY
EQUALIZATION

* 2 0 1 8 R 0 6 7 6 4 *
2018R06764
STATE OF MICHIGAN COUNTY OF MASON
RECORDED ON
12/17/2018 04:26:18PM
DIANE L. ENGLEBRECHT
REGISTER OF DEEDS
PAGES: 1

QUIT CLAIM DEED

JASON ADAM and JAMIE ADAM, husband and wife, whose address is 608 W. Ludington Avenue, Ludington, MI 49431 (Grantors) **CONVEY AND QUIT CLAIM** to 212 WEST LUDINGTON AVENUE LLC, a Michigan Limited Liability Company whose Registered Office is located at 212 W. Ludington Ave., Ludington, MI 49431 (Grantee), the following described premises situated in the City of Ludington, County of Mason, State of Michigan, to wit:

THE EAST 20 FEET OF LOT 8 AND THE WEST 24 FEET OF LOT 9, BLOCK 27, ORIGINAL PLAT OF THE CITY OF LUDINGTON, ACCORDING TO THE RECORDED PLAT IN LIBER 1 OF PLATS, PAGE 1, MASON COUNTY RECORDS.

TAX ID NO. 53-051-105-189-00

Commonly known as 212 W. Ludington Ave., Ludington, MI 49431

(the Premises), for good and valuable consideration, less than one hundred dollars (\$100.00). Subject to easements and building and use restrictions of record.

This conveyance is exempt from real estate transfer tax under the provisions of MCL 207.505(a) and MCL 207.526(a). No title search has been performed.

Dated: 12/17/18

/s/ [Signature]
Jason Adam

/s/ [Signature]
Jamie Adam

STATE OF MICHIGAN)
) SS:
COUNTY OF MASON)

The foregoing instrument was acknowledged before me this 17th day of December, 2018, by Jason Adam and Jamie Adam.

/s/ [Signature]
Jennifer Stepka
Notary Public, State of Michigan, County of Mason
My commission expires 04/11/2025

Drafted by and when recorded return to:
Jordan Miller
Carlos Alvarado Law PC
202 S. Harrison St.
Ludington, MI 49431

Send subsequent tax bills to:
212 West Ludington Avenue LLC
212 W. Ludington Avenue
Ludington, MI 49431

LEAD-BASED PAINT APPLICABILITY AND COMPLIANCE WORKSHEET

Unit of General Local Government: City of Ludington

Property Address: 212 W Ludington Ave.

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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If TRUE to any, the property is exempt
b. The property is a zero-bedroom dwelling.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. The property is <u>exclusively</u> for the elderly or disabled persons where no child less than 6 years of age resides or is expected to reside at the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. The property has been found <u>not</u> to have lead-based paint by a lead-based paint inspection conducted in accordance with §35.1320(a).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. It is an unoccupied dwelling unit or residential property to be demolished that will remain unoccupied until demolition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 <u>does not apply</u> to residential property where enclosure or encapsulation has been used as a method of abatement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. The property or part of a property <u>is not and will not</u> be used for human residential habitation. (NOTE: common areas serving both residential and nonresidential uses in a mixed-use property are not exempt)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is the assistance exempt from 24 CFR Part 35?	TRUE	FALSE	CONCLUSION
a. Rehabilitation activities <u>will not</u> disturb a painted surface.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. The assistance being provided qualifies for emergency rental assistance or foreclosure prevention assistance of less than 100 days.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

APPLICABILITY DETERMINATION

- 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: 212 W Ludington Ave.
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 = \$ 168,600
b = total number of units in building	b = \$ 4
a/b = average Federal assistance per unit	a/b = \$ 42,150

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 = \$ 257,300
b=total number of units	b = \$ 4
a/b=average cost of rehab per unit	a/b = \$ 64,325

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

a = rehabilitation hard cost for all assisted units	a = \$ 257,300
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) = \$ 64,325

STEP 3: DETERMINE COMPLIANCE CATEGORY

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

Lowest dollar amount \$ 42,150

- 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	\$

CATEGORY 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	\$ 2500
Risk Assessment	\$
Safe work practices in rehab	\$
Notice to MDHHS of LBP abatement	\$
Abatement ¹	\$
Notice to occupants	\$
Clearances	\$
TOTAL	\$ 2500

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: 212 W Ludington

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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	The property was built on or before January 1, 1981.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	3.	The project will disturb potential asbestos coated material.
<input type="checkbox"/>	<input type="checkbox"/>	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:			
<input type="checkbox"/>	<input type="checkbox"/>		If any of questions 1, 3 or 4 are checked Yes, a National Standards for Hazardous Air Pollutants (NESHAP) asbestos inspection must be completed.
<input type="checkbox"/>	<input type="checkbox"/>		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 <hr/> Name and Title of person completing this worksheet	12/4/2019 <hr/> Date of worksheet completion
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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) Jamie Marie Adam	Date of Birth 12/16/1976	
Residence Address, if individual (include city, state, and zip code) 608 West Ludington Ave, Ludington MI 49431	Business Phone 2488077723	Email jmcarlson95@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

Jamie Adam

Title

CO Chairman

Date

12-5-19

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	
Jason Anthony Adam	10/02/1979	
Residence Address, if individual (include city, state, and zip code)	Business Phone	Email
608 West Ludington Ave, Ludington MI 49431	2487553345	jason_a_adam@hotmail.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 | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Taxes. Do you currently owe past due taxes to any government entity? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 

Title Co-Owner

Date 12-6-19

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

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

212 West Ludington Avenue LLC

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

212 West Ludington Avenue, Ludington MI 49431

APPLICANT EMPLOYER TAX ID NUMBER (EIN)

83-2812932

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 <i>(full middle name mandatory; if none, please indicate)</i>
Jason Anthony Adam

CFO or the similarly situated position in charge of the Applicant's financial affairs
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>
Jason Anthony Adam

COO or the similarly situated position in charge of the Applicant's daily affairs
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>
Jason Anthony Adam

Person responsible for managing the incentive for the Applicant
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>
Jason Anthony Adam

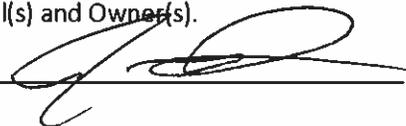
APPLICANT KEY OWNERS

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.
Jason Anthony Adam	51	51	<input type="checkbox"/>
Jamie Marie Adam	49	49	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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 

Title CO-owner

Date 12-6-19

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: 212 West Ludington Ave LLC

Records Found: 0

<u>Subject</u>	<u>Affiliate</u>	<u>Address</u>	<u>Scope of Disqualification</u>	<u>Disqualification Start Date</u>	<u>Disqualification End Date</u>	<u>Disqualification List Date</u>	<u>Office</u>	<u>Contact Person</u>	<u>Contact Office Phone</u>	<u>Contact Email</u>
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October 1, 2019

**ATTN: Michigan Economic Development Corporation (MEDC)
City of Ludington
400 S. Harrison St.
Ludington, MI 49431**

RE: Jason and Jamie Adam; property located at 212 West Ludington Avenue, Ludington

To Whom it May Concern:

West Shore Bank is prepared to review and provide financing in conjunction with a MEDC Downtown Rental Rehabilitation Grant, for the renovation costs financed with West Shore Bank by the borrower not to exceed \$56,200 on the commercial property located at 212 W. Ludington Ave., Ludington, MI.

Final underwriting and approval will be subject but not limited to, satisfactory credit underwriting, down payment requirements, property inspection, appraisal (loan amount the lesser of 80% LTV of as-complete appraised value), title commitment, environmental due diligence, etc.

Thank you for the opportunity to assist with this transaction.

Sincerely,

Darla J. Jones

Darla J. Jones
Vice President/Commercial Loan Officer
MLO #872336
(231) 845-3581
darlaj@westshorebank.com

27' to Back of Lower Roof

44'-9/16"

North

9'-1 1/16"

5'-0"

2'-11 15/16"

3'-2"

4'-2 13/16"

2'-0"

8'-3 3/4"

2'-0"

7'-3 1/16"

3'-3/8"

5'-0"

10'-7 1/16"

5'-0"

2'-0' 3/4"

4'-10 9/16"

4'-0"

4'-5/8"

4'-0"

4'-5/8"

2'-10 13/16"

2'-6"

4'-5 7/8"

2'-6"

4'-8 15/16"

2'-6"

5'-7/16"

2'-6"

4'-6 11/16"

2'-6"

4'-6 11/16"

2'-6"

2'-6" 2/9 1/16"

4'-10"

2'-6 1/16 2/6"

7'-5 1/2"

3'-0"

21'-4 7/8"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

41'-8 7/16"

Apt 1

Apt 2

Apt 3

Apt 4

Stairs Down

West

East

South

44'-9/16"

41'-8 7/16"

41'-8 7/16"



House of Flavors Restaurant

212 West Ludington Avenue

Viking Arms Inn

Jamesport Brewing Company

Tamarac Sport Fishing Dock

Badger Michigan...