Name of owner: Capable Qualified And Secure LLC Owner's telephone number: 602 2146/69
Owner's address: 509 Rialto Ave, Scottsdale, ZA 85255
VENICE, CA 90291
IF SICKED IS DIFFEDENT FROM AWATER.

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	Cary Anderson
State Basis of Legal Authority to Sign:	owner
Signer's telephone number:	602.214.6169
Signer's mailing address:	509 Pialto Ave
	Venice, CA.9

If owner is an individual:

If owner is not an individual, state what type of entity (Mark Applicable Box):

	Corporation		General Partnership	
	Limited Partnership	X	Limited Liability Company	
******	Partnership		Urban Redevelopment Corporation	
*******	Not-for-Profit Corporation		Other	1

_____ Single _____ Married

0291

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-510-11-06-00-0-00-000	598 [501 E. 18 th St]	\$168,000

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Date: 1/2 9/25, 2023

Signature of person signing for owner

 STATE OF _____)

) ss

 COUNTY OF _____)

On this ____ day of _____ 2023, before me personally appeared to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this	day of	, 2023.	
	N	See otarial Certificat	• M.V.
My Commission Expires:	Notary Public Printed Name of Nota	Attached	01.29.25.

	ACKNOWLEDGMENT
ce w at	notary public or other officer completing this ertificate verifies only the identity of the individual ho signed the document to which this certificate is tached, and not the truthfulness, accuracy, or alidity of that document.
Stat	e of California nty of Los Angeles)
On	January 29, 2025 before me, Marlene Valencia, Notary Public
	(insert name and title of the officer)
who sub: his/l pers	Cary Jack Anderson proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are scribed to the within instrument and acknowledged to me that he/she/they executed the same her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the son(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	igraph is true and correct.
WIT	NESS my hand and official seal.
Sign	nature Malline Jalencia (Seal)

Name of owner: Carbondale Apartment G	broup LLC Owner's telephone number: <u>8/6-304-/54/</u>
Owner's address: 2727 Southwest Blvd K 2007 Brocher Blud IF SIGNER IS DIFFERENT FROM OF	ansas City, MO 64108 WNER:
Name of signer:	Matt Abbott
State Basis of Legal Authority to Sign: _	AND
Signer's telephone number:	816.304-1541
Signer's mailing address:	70 Box 411 857
-	Kanses Lity, MO. 64141
If owner is an individual:	Single Married
If owner is not an individual, state what ty	/pe of entity (Mark Applicable Box):

Corporation		General Partnership
Limited Partnership	x	Limited Liability Company
Partnership		Urban Redevelopment Corporation
 Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-510-09-13-01-1-00-000	568	215616
29-510-09-11-01-1-00-000	569	96000
29-240-22-10-00-0-00-000	619	117216
29-510-09-09-01-1-00-000	570	53984
29-510-10-06-00-0-00-000	584	544000
29-520-16-03-00-0-000	558	211200
29-240-22-02-00-0-00-000	614	388000
29-240-22-03-00-0-000	615	31200
29-230-34-12-00-0-000	310	492032

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF <u>lansas</u>) COUNTY OF Jelnson) ss

Date: March 19, 2024

On this 1977 day of <u>march</u> 2024, before me personally appeared <u>Matt ablact</u> me personally known to be the individual described in and who executed the foregoing instrument. , to

WITNESS my hand and official seal this ______ day of March, 2024.

My Commission Expires: 10-22-2027

Fandess ki. Notary Public Printed Name of Notary: Sharon Lendee LANdess

TATE OF HARON HENDEE LANDESS NOTARY My Appointment Expires PUBLIC 10-22-202

Name of owner: Carbondale Property Group LLC	Owner's telephone number: 816-304-1541
% Matthew Abbott	
Owner's address: <u>PO Box 411957, Kensus (</u>	<u>iby, MO 64141</u>

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:

State Basis of Legal Authority to Sign:

Signer's telephone number:

Signer's mailing address:

If owner is an individual:

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership	
Limited Partnership	X	Limited Liability Company	nga digininga kinangan di
Partnership		Urban Redevelopment Corporation	
Not-for-Profit Corporation		Other	

Single

Managing / 8/6- 204-1541

MO

Married

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-240-22-05-00-0-00-000	617 [606 E. 16th Street]	\$87,616
29-240-22-01-00-0-00-000	618 [623 E. Truman Road]	\$43,200

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF COUNTY OF

Date: November 12, 2024

SHARON HENDEE LANDESS OTARY My Appointment Expires Getobor 22, 2023 2-2027

. 2024.

On this 12 day of <u>Mounty</u> 2011, before me personally appeared <u>Mathew</u> albert to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this fuelth

My Commission Expires:

Notary Public Printed Name of Notary: 10 - 22-2027

day of Wovenie

Name of owner: Carter Property Group LLC Owner's telephone number: 816-304-154

Owner's address: 2727 Southwest Bive Kansas City, MO 64108 2007 میں 1910 و IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	Matt Abbott
State Basis of Legal Authority to Sign:	Owner
Signer's telephone number:	816.304.1541
Signer's mailing address:	P.O. Box 411857
	Kansas Lity. Mo. 64141
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
 Limited Partnership	x	Limited Liability Company
 Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-240-33-07-00-0-00-000	501	87200
29-240-32-05-00-0-000	511	55200
29-240-33-11-00-0-000	500	406816

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Date: Morch 19, 2024

, to

Signature of person signing for owner

STATE OF COUNTY OF Johnson) ss

On this 19 day of March 2024, before me personally appeared me personally known to be the individual described in and who executed the foregoing instrument.

SHARON HENDEE LANDESS

My Appointment Expires

-202

WITNESS my hand and official seal this _____

NOTARY

PUBLIC .

ANSA

day of March 2024. Notary Public



Name of owner: CENTRALity CROSS	SkaAoS t, Kc Owner's telephone number: 213 626 3600
Owner's address: 1951 E 9 th S	T. STE 101. LOS ANGELES, CA 90033
IF SIGNER IS DIFFERENT FROM	1 OWNER:
Name of signer:	MARK BORMAN
State Basis of Legal Authority to Sign:	MANAGER
Signer's telephone number:	213 626 3600×1
Signer's mailing address:	1451 E 400 ST # 10(, LA, CA 90033
If owner is an individual:	Single <u> </u>
If owner is not an individual state what	type of entity (Mark Applicable Box):

dividual, state what type of entity (Mark Applicable Box):

	Corporation		General Partnership	
	Limited Partnership	X	Limited Liability Company	nar predimetri o tian
rections	Partnership		Urban Redevelopment Corporation	usrajaitatkiksijutteensija
	Not-for-Profit Corporation		Other	nd and only a second second second

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-25-08-00-0-00-0	00 [69	2,550,000 -
29-570-75-11-00-0-00-000	° 176	185,000 -

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

borra STATE OF

COUNTY OF 65

2023, before me personally appeared Mark Borma On this day of to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this

5/2025

My Commission Expires: 04



, 2023

Sewig H. lerin

Date: AVGUST 2Y

Notary Public Printed Name of Notary:

day of

Name of owner: Christ Community Evangelical Free Church

Owner's telephone number: 816 - 523 - 2425 Owner's address: 10901 Lowell Ave Ste 290 Overland Park, KS 66210

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	Gabe Coyle
State Basis of Legal Authority to	Sign: For Christ Community Church - MANAGER
Signer's telephone number:	816-284-3172 MISSOURI
Signer's mailing address:	2922 Campbell St.
	Kansas (Ay, MO 64109
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

	Corporation	General Partnership
	Limited Partnership	Limited Liability Company
	Partnership	Urban Redevelopment Corporation
/	Not-for-Profit Corporation	Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-10-08-00-0-00-000	67	782016

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

of person signing for owner

Signature,

STATE OF <u>MO</u>) ss COUNTY OF <u>Jackson</u>)

Date: October 31, 2023

On this $31_$ day of <u>Octobes</u> 2023, before me personally appeared <u>Galle Coyle</u>, to me personally known to be the individual described in and who momented the foregoing instrument.

day of Octover, 2023. **WESS** my hand and official seal this 31 Notary Public Printed Name of Notary: Abby Price on Expires: 0\/ (2/ 2027

Name of owner: <u>Church of Scientology of Kansas City</u> Owner's telephone number: <u>(816)</u> <u>6</u> 53 - 7590
Owner's address: 1805 Grand Blvd Kansas City, MO 64208
IF SIGNER IS DIFFERENT FROM OWNER:
Name of signer: <u>Matthew</u> Ward State Basis of Legal Authority to Sign: <u>Secretary</u> Signer's telephone number: <u>(\$16) 653-7590</u> Signer's mailing address: <u>1805 Grand</u> Blud, KC, MO 64/08
State Basis of Legal Authority to Sign: Secre Tary
Signer's telephone number: (\$16) 653-7590
Signer's mailing address: 1805 Grand Blvd, KC, MO 64/08
If owner is an individual: Single Married
If owner is not an individual, state what type of entity (Mark Applicable Box):
Corporation General Partnership

	Corporation	General Partnership
	Limited Partnership	Limited Liability Company
	Partnership	Urban Redevelopment Corporation
~	Not-for-Profit Corporation	Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-15-15-00-0-00-000	2775 536	1976000
29-520-04-07-00-0-00-000	246 290	170400
29-520-03-06-00-0-00-000	216 322	113600

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner pamed immediately above.

Mathen 1 Signature of person signing for owner

Date: Oct 25, 2023

STATE OF _____)

) ss COUNTY OF Jackson)

On this **15** day of <u>oct</u> 2023, before me personally appeared <u>Matthew</u> Word to me personally known to be the individual described in and who executed the foregoing instrument.

25th day of October 2023. WITNESS my hand and official seal this

My Commission Expires: 0\/12/2027

Notary Public Printed Name of Notary: Abby Price



Name of owner: City of Kansas City Owner's telephone number: 816-513-1313

Owner's address: 414 E. 12th Street, Kansas City, MO 64106

IF SIGNER IS DIFFERENT FROM OWNER:

- -

Name of signer:	Kimiko Gilmore	
State Basis of Legal Authority to Sign:	Interim City Manager	
Signer's telephone number:	816-513-1313	
Signer's mailing address:	414 E. 12th St., Kansas City, MO 64106	

If owner is an individual: _____ Single _____ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
 Limited Partnership		Limited Liability Company
 Partnership		Urban Redevelopment Corporation
 Not-for-Profit Corporation	X	Other Municipality

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-27-13-00-0-00-000	121 [1923 Broadway Blvd]	\$522,080
29-230-28-22-00-0-00-000	648 [1526 Charlotte]	\$ 70,400
29-240-23-10-00-0-00-000	0 [1517 Locust]	\$170,016

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Date: March 25, 2025

Signature of person signing for owner

STATE OF Missouri)	
COUNTY OF Jackson)	SS

On this <u>25</u> day of <u>March</u> 2025, before me personally appeared <u>Kimiks Gilmore</u>, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this <u>35th</u> day of <u>March</u>, 2025. My Commission Expires: Oct. 3, 2025 Notary Public

Ħ

Printed Name of Notary: Lawre L. Abbot

LAURIE LABBOTT Notary Public - Notary Seal Clay County - State of Missouri Commission Number 13534149 My Commission Expires Oct 3, 2025

Name of owner: Collabor8space Real Es	state LLC Owner's telephone number: <u>8/6-309-159/</u>
Owner's address: 2727 Southwest Blvd,	Kansas City, MO 64108
Owner's address: 2727 Southwest Blvd ZOO7 Rrowdwey Blod IF SIGNER IS DIFFERENT FROM (OWNER:
Name of signer:	Matt Abbott
State Basis of Legal Authority to Sign:	Owner
Signer's telephone number:	816.304.1541
Signer's mailing address:	P.O. Box 411857
	Kansar City, MO. 64141
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
Limited Partnership	x	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-26-03-00-0-000	116	65216
29-520-26-10-01-0-00-000	125	381600

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Date: March 19, 2024

.

Signature of person signing for owner

STATE OF <u>Jansas</u> COUNTY OF Johnson) ss

On this 19 day of March 2024, before me personally appeared _____ Matt albert ____, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this $19 \, th$

My Commission Expires: 10-22-2027





Junder Lanabs Notary Public Printed Name of Notary: Sharon Vendee KANdess

_day of ______, 2024.

Name of	f owner: Cortes Carlos & Gary - 7	ſr O	wner's telephone number: 8/4 210	-4243
Owner's	s address: 4400-Shawnee Mission		209 Shawnee Mission, KS 66205 P.O. Box 22649, Kansa	
IF SIG	NER IS DIFFERENT FROM O	WNER:	no. cor ceuti, naise	as city, 110 41119
	f signer: Gary	H.C	ortes, Trustee	anna anna anna anna anna anna anna ann
State Ba	asis of Legal Authority to Sign:	Trus	tee	1027 Techon 1
Signer's	s telephone number:	816	210-4243	MISCONTRACT
Signer's			Box 22649	NOT NOT SSEE
	-	Kans	as City, MO 64113	THE WILLOOD SOLUTION
If owner	r is an individual:		Single Married	The state of the s
If owner	r is not an individual, state what ty	pe of en	tity (Mark Applicable Box):	
i	Corporation		General Partnership	
Approximent to an advantation of an advanced				ne de se de la deservación de la deservación de la constante de la deservación de la deservación de la deserva

37	corporation		Seneral i artiterbinip
	Limited Partnership		Limited Liability Company
	Partnership		Urban Redevelopment Corporation
	Not-for-Profit Corporation	5	Other Trust, later converted to LLC

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-230-39-01-00-0-00-000	229	896000
		1999

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

CSignature of person signing for owner

STATE OF MO) ss

COUNTY OF JackSon

Date: fine 27, 2024

June appeared of 2024, before personally On this 27 day me , to me personally known to be the individual described in and who Gary H. Cortes executed the foregoing instrument.

WITNESS my hand and official seal this ____

day of June, 2024.

My Commission Expires: 01/12/2027

Notary Public Printed Name of Notary: Abby Price

Name of owner: Crossroads 215 LLC Owner's telephone number: (816)257 - 3440 Owner's address: 5151 E Geospace Dr Independence, MO 64056

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	Lori Cohee
State Basis of Legal Authority to Sign:	CFO
Signer's telephone number:	(816)257-3440
Signer's mailing address:	5151 East Geospace Drive
	Independence MD 64056

If owner is an individual:

_____ Single _____ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Cor	rporation		General Partnership
Lin	nited Partnership	V	Limited Liability Company
Par	rtnership		Urban Redevelopment Corporation
Not	t-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	<u>Assessed Value(s):</u>
29-520-10-02-00-0-00-000	66 [215 W. 18th]	\$370,432

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Loui A- Chee

Date: 08/30, 2024

Signature of person signing for owner

STATE OF
STATE OF) COUNTY OF Jackson) ss
On this <u>30</u> day of <u>haut</u> 2024, before me personally appeared <u>Lovi A (ohec</u> , to me personally known to be the individual described in and who executed the foregoing instrument.
WITNESS my hand and official seal this 30% day of $August$, 2024.
My Commission Expires: Notary Public REBEKAH LYNN SHILEY Notary Seal Notary Public Printed Name of Notary: Rebetah Lynn Shiley
STATE OF MISSOURI
Jackson County My Commission Expires 11/3/2025 Commission # 17642073

Name of owner: Crossroads 300 LLC Owner's telephone number: <u>316-337-</u>7550 Owner's address: Attn: Robert Joseph Hayes 1425 E Douglas Ave Wichita, KS 67211

IF SIGNER IS DIFFERENT FROM OWNER:

IF SIGNER IS DIFFERENT FROM (OWNER:	In Franklin Marken Marken
Name of signer:	Robert Joseph Hayes	1111 Q 11 12 12027
State Basis of Legal Authority to Sign:	owner	A A A A
Signer's telephone number:	316.337.7550	A PACKA
Signer's mailing address:	1425 E. Douglas Ave.	A CASE
	Wichitz, 165 67211	STATE STATE
If owner is an individual:	Single Married	- 4888417

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
Limited Partnership	x	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-28-14-00-0-00-000	139	1744000

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Solut weeph the Signature of person signing for owned

Date: <u>May 1</u>, 2024

STATE OF <u>MO</u>) ss COUNTY OF <u>Jackson</u>)

On this 1 day of May 2024, before me personally appeared Robert Joleph Haye, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 1 day of M_{a} , 2024.

My Commission Expires: 01/12/2027

Notary Public Printed Name of Notary: <u>Abby</u> frice

Name of owner: Crossroads Brewery Equipment LLC	Owner's telephone number:	18165298068

Owner's address: 1829 Oak St Kansas City, MO 64108

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	Keith Thompson
State Basis of Legal Authority to Sign:	Owner
Signer's telephone number:	816-529-8068
Signer's mailing address:	1829 OakSt.
	KCM0 64108
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
Limited Partnership	X	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-510-10-27-00-0-00-000	589	381600
	/	

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner)	Date: May 8, 2024
STATE OF MISSOUR	
COUNTY OF <u>JACKSON</u>) ss	
On this $\underline{\$}$ day of $\underline{\texttt{MAY}}$ 2024, before me personally me personally known to be the individual described in and when	
WITNESS my hand and official seal this 84	day of MAY, 2024.
	ry Public ed Name of Notary: APA GRAY.

Name of owner: Crossroads East LLC Owner's address: <u>?</u> Mall hew A IF SIGNER IS DIFFERENT FROM C	Owner's telephone number: <u>816.304.1541</u> bboth POBox 411857, Lansar Gity Mo. 64141
Name of signer:	Matthew Abbott [Matt]
w	
State Basis of Legal Authority to Sign:	Owner
Signer's telephone number:	816.304.1541
Signer's mailing address:	% Matthew Abbett
	P.C. Box 411857, KCMD 64141
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership	
Limited Partnership	x	Limited Liability Company	
Partnership		Urban Redevelopment Corporation	***********************
Not-for-Profit Corporation		Other	

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
	4	
29-240-29-06-00-0-000-0000	667	288000
29-240-23-01-00-0-00-000	643	60000
29-240-24-01-01-0-00-000	660	29728
29-230-30-21-00-0-00-000	444	416000
29-230-30-12-00-0-00-000	455	112384
29-510-21-02-00-0-00-000	684	327904
29-510-22-01-00-0-00-000	611 .	72000
29-510-06-10-00-0-00-000	532	160000
29-240-37-10-00-0-00-000	531	416000
29-510-06-09-00-0-00-000	535	16704
29-240-36-07-00-0-00-000	502	251232
29-240-33-13-00-0-00-000	487	352000
29-240-22-12-00-0-00-000	622	7616
29-520-15-09-00-0-00-000	542	256000
29-240-32-12-00-0-00-000	525	85440
29-240-22-11-00-0-00-000	621	7200

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF Konsas) ss COUNTY OF

Date: Jun- 18, 2025

On this <u>Maay of June</u> 2025, before me personally appeared <u>matthew</u> about to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this

18 Th day of flene, 2025. lendre Notary Public

My Commission Expires:

Sharon Hendee LAndes. Printed Name of Notary:



Name of owner: Crossroads Hotel Group LLC Owner's telephone number: <u>Sil-3oil-154/</u>

Owner's address: PO Box 411857, Kansas City, MO 64141

2007 Broadway, Kansas City, MO 64108

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	Matt Abbott
State Basis of Legal Authority to Sign:	Owner
Signer's telephone number:	816.304.1541
Signer's mailing address:	P.O. Box 411857
	Kausas Lity, MO. 64141

If owner is an individual:

_ Single _____ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

C	orporation	******	General Partnership
L	imited Partnership	X	Limited Liability Company
Pa	artnership		Urban Redevelopment Corporation
N	ot-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-35-05-00-0-00-000	434 [2020 Grand]	\$1,986,016

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF <u>Johnson</u> STATE OF)) ss)

Date: //13/7.5

On this 3 day of 2024, before me personally appeared <u>Matthew</u> appet

WITNESS my hand and	official seal this	13 th	day of	1014, 2025.	
My Commission Expression	SHARON HENDEE LANDES My Appointment Expires	Notary Pub	Dic me of Notary:		Henke Hande 5.5

Owner's telephone number: <u>816-897-81</u>00 Name of owner: Crossroads Hotel LLC address: 2101 Central St Kansas City, MO 64108

Owner's

IF SIGNER IS DIFFERENT FROM O	WNER:
Name of signer: Mikel Ruc	
State Basis of Legal Authority to Sign:	<u>General Manager</u> 316-397-8100
Signer's telephone number:	316-397-3100
Signer's mailing address:	2101 central St
	Kansas City MO 64108
If owner is an individual:	Single Married



If owner is not an individual, state what type of entity (Mark Applicable Box):

	Corporation		General Partnership	
-	Limited Partnership	x	Limited Liability Company	
	Partnership		Urban Redevelopment Corporation	
	Not-for-Profit Corporation		Other	

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-40-01-00-0-00-000	178	585600
29-520-40-02-00-0-00-000	179	3916800
29-520-41-01-02-0-00-000	151	14400
29-520-41-02-00-0-00-000	150	32416
29-520-41-03-00-0-00-000	149	16800
29-520-39-02-00-0-00-000	181	102400

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: <u>03 · 04</u>, 2024

STATE OF <u>MO</u> COUNTY OF <u>Jackson</u>)) ss

On this <u>4</u> day of <u>March</u> 2024, before me personally appeared <u>Mikel</u> <u>Kudel</u>, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this

4th day of March, 2024.

My Commission Expires: 01/12/2027

Notary Public Notary Public Printed Name of Notary: <u>Aby Prile</u>

Name of owner: Crossroads I Rollup LLC Owner's telephone number: <u>8/6-53/-5</u>303 Owner's address: 55 Fifth Avenue 15th Flr New York, NY 10003

IF SIGNER IS DIFFERENT FROM OWNER:

DI

My Appt. Expires

Name of signer:	soonaddubsdadk James D Unruh
State Basis of Legal Authority to	Sign: MANAGER
Signer's telephone number:	816.531.5303
Signer's mailing address:	55 Fifth Avenue, 15" Flr.
	NY. NY 10003
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
 Limited Partnership	X	Limited Liability Company
Partnership	Se 1919	Urban Redevelopment Corporation
 Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-27-08-00-0-00-000	128	921632
29-520-27-09-00-0-00-000	134	90400
29-520-28-09-00-0-00-000	138	190016
29-520-28-06-00-0-00-000	135	90016
29-520-28-08-00-0-00-000	137	144000
29-520-41-04-00-0-00-000	148	50400

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Date: 2023 Signature of person signing for owner STATE OF tylon? ss COUNTY OF 2023. appeared personally before day of me to me personally known to be the individual described in and who NY NPUN , 2023. executed the foregoing instrument. FH day of WITNESS my hand and official seal this JALL RYXN My Commission Expires: 05/18/25 Notary Public Printed Name of Notary NOTARY PUBLIC - State of Kansas ALEXANDRA L RYAN

	00
Name of owner: CURRY INVESTM	ent COmpany Owner's telephone number: 8/6-414-5034
Owner's address: 2700 Kendalli	ent Company Owner's telephone number: 8/6-414-5234 wood PLWY, Stc 208 Gladshow, NO 64119
IF SIGNER IS DIFFERENT FROM	OWNER:
Name of signer:	Ellen Todd
State Basis of Legal Authority to Sign:	Mourage
Signer's telephone number:	816.414.5200
Signer's mailing address:	2700 Kendall wood Plang. Ste 208. Gladstone, Mu 64119
If owner is an individual:	Single Married
If owner is not an individual, state what	type of entity (Mark Applicable Box):

Corporation			General Partnership
	Limited Partnership		Limited Liability Company
-	Partnership		Urban Redevelopment Corporation
-	Not-for-Profit Corporation	X	Other Company

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-230-28-19-00-0-00-000	266	452,000

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

8 Ellech Dod of Signature of person signing for owner

Date: November 2, 2023

STATE OF Missouri) ss COUNTY OF Clay) ss

On this $2 \text{ day of } \underline{\text{Movember 2023}}$, before me personally appeared $\underline{\text{Ellen Todd}}$ to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this	s day of <u>November</u> 2023.
My Commission Expires: April 23, 2025	Budulla Notary Public Printed Name of Notary: Brynden McCan
	BRYNDEN MCCAN Notary Public, Notary Seal State of Missouri Clay County Commission # 13773707 Iy Commission Expires 04-23-2025

Name of owner: Dab Holdings LLC	Owner's telephone number:	816	116	,57	00	Z
Owner's address: 2416 S 8th St Kansas Ci	ty, KS 66103					

Menh

IF SIGNER IS DIFFERENT FROM OWNER: Name of signer: Malisa Munyahula

Name of signer:	in
State Basis of Legal Authority to Sign	:
Signer's telephone number:	

Signer's mailing address:

If owner is an individual:

_____ Single _____ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership
Limited Partnership	X	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-41-01-01-0-00-000	152	26016

On this <u>al</u> st day of <u>JUM</u> 2024, before me personally appeared <u>Malisa</u>

me personally known to be the individual described in and who executed the foregoing instrument

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

2187

STATE OF

COUNTY OF

Signature of person signing for owner

Date: June 2 2024

day of JUNE, 2024.

My Commission Expires: 04.0MARIA G ALVARADO

WITNESS my hand and official seal this

MARIA G ALVARADO NOTARY PUBLIC - STATE OF MISSOURI CASS COUNTY MY COMMISSION EXPIRES: 04-03-2026 COMMISSION# 20834924

Notary Public Mania Alvarado Printed Name of Notary:

NONYAKell, to

Name of owner: DEAD SEA ARTWORK	(S Owner	's telephone number: 816-679-2915
Owner's address: 10921 Royal Carit	bean Circle Boynto	n Beach FL 33437
IF SIGNER IS DIFFERENT FROM	OWNER:	
Name of signer:	Barry W. Festoff MD	
State Basis of Legal Authority to Sign:	Co-owner with Shea	Gordon Festoff
Signer's telephone number:	same	
Signer's mailing address:	same	
If owner is an individual:	Single X	Married
If owner is not an individual, state what	type of entity (Mark Ap	plicable Box):

Corporation		General Partnership
 Limited Partnership	X	Limited Liability Company
 Partnership		Urban Redevelopment Corporation
 Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-240-38-08-02-0-0	0-000 637	\$ 69,600

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: December 7 , 2023

STATE OF <u>Missouri</u>) COUNTY OF <u>Jackson</u>) ss

On this 8 day of <u>December</u> 2023, before me personally appeared <u>Barry Festal</u> to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this

000000000000000000

My Commission Exp 6/3/2027 Comm. Exp 06/08/2021

Sthe day of <u>Dec</u>, 2023. <u>Mary Public</u> Printed Name of Notary: <u>JON MCGPA</u>

Name of owner: DL1 CLTruestnews, LLC Owner's telephone number: 816-753-553	3/
Owner's address: 4520 Main St. Ste. 1060 KCMD 64111	
IF SIGNER IS DIFFERENT FROM OWNER:	
Name of signer: <u>Shirley Bush Helpberg</u>	
State Basis of Legal Authority to Sign: Manager	
Signer's telephone number: 913-320-4144	
Signer's mailing address: Same as above	
If owner is an individual: Single Married	
If owner is not an individual, state what type of entity (Mark Applicable Box):	
Corporation General Partnership	
Limited Partnership Limited Liability Company	
Partnership Urban Redevelopment Corporation	
Not-for-Profit Corporation Other	
Tax Parcel Number(s): Parcel Number(s) from Exhibit B: Assessed Value(s):	

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-07-01-00-0-000	68	280,032
29-520-06-02-00-0-00-000	256	96,384
29-520-06-01-00-0-00-000	9.32 .	174,432
		and the second

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

Delles Down Bound Signature of person signing for owner

, 20224 Date: line

Orman's talambana mumban 8110-753-5531

STATE OF Kansas COUNTY OF Johnson)

4 2023, before me personally appeared Shirley Bush On this 27 day of There >berg, to me personally known to be the individual described in and who executed the foregoing instrument.

21. WITNESS my hand and official seal this My Commission Expires le o

) ss

Notary Public imara Printed Name of Notary:___

2023

day of June

Name of owner: Dugan Fine Properties LLC Owner's telephone number: <u>913.972-2954</u> Owner's address: 8900 State Line Rd., Suite 200, Leawood, KS. 66206

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	William Dugen
State Basis of Legal Authority to Sign:	OWILL
Signer's telephone number:	913.972.2954
Signer's mailing address:	8900 State Line Rd. Sulte 200
	Leawood, KS. 66206
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

Corporation		General Partnership	
Limited Partnership	X	Limited Liability Company	a na ann an an Ar Ann an Ann an Ann an Ann
 Partnership		Urban Redevelopment Corporation	
Not-for-Profit Corporation		Other	

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-21-12-00-0-00-000	382 [1920 Main]	\$77,632
29-520-21-14-00-0-00-000	383 [1926 Main]	\$283,265

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

Date: <u>28</u>, 2024

STATE OF Kansas COUNTY OF ONTEON) ss

On this 26 day of <u>Aug.</u> 2024, before me personally appeared <u>William Dugan</u>, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS	my	hand	and	official	seal	this	

My Commission Expires: OCt. 4, 2027





Name of owner: Emblem Properties LLC Owner's telephone number: 785-393-6023 Owner's address: Justin Ji 1919 Wyandotte Street, Ste 3, Kansas City, MO. 64108

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer:	Peiwen Chen
State Basis of Legal Authority to Sign:	Legal Representative
Signer's telephone number:	785-393-8168
Signer's mailing address:	24726 232nd PL SE
	MAPLE VALLEY, WA 98038-7929
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

	Corporation		General Partnership
Antonia Antonia antonia antonia	Limited Partnership	X	Limited Liability Company
	Partnership		Urban Redevelopment Corporation
	Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-22-05-00-0-00-000	334 [1919 Wyandotte]	\$159,240

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

24m

Date: (0) > 4, 2024

Signature of person signing for owner

STATE OF WASHINGTON COUNTY OF KING) ss

Chen Peiwen

, to

On this 24 day of October 2024, before me personally appeared me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this

day of October, 2024.

My Commission Expires: MARCH 27,2027



Notary Public Printed Name of Notary: MANQUES MARIONN

Name of owner: Ewi Building Company Owner's telephone number: 573-645-1400 Owner's address: 1455 E Chestnut Expressway Springfield, MO 65802

IF SIGNER IS DIFFERENT FROM OWNER:

Name of signer: Meliss	4 Ireland
State Basis of Legal Authority to Sign:	Executive Vice President
Signer's telephone number:	573-645-1400
Signer's mailing address:	1731 Locust Street
	Kanaas City MO 64108
If owner is an individual:	Single Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

 Corporation		General Partnership
Limited Partnership	X	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-510-06-02-00-0-00-000	516	211616
29-240-37-06-00-0-00-000	515	26400

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

Signature of person signing for owner

STATE OF	Missouri	_)	
) s	S

Date:	1,25	, 2024

STATE OF Missouri)
) s
COUNTY OF JACKSOD)

	THOMAS M. PACHY
	NOTARY PUBLIC - NOTARY SEAL
Printer of	STATE OF MISSOURI
ļ	MY COMMISSION EXPIRES DECEMBER 29, 2027
l	JACKSON COUNTY
	COMMISSION #19545333

On	this	25th	day	of	JANL	lary	2024,	before	me	personally	appeared
Meli	SSA	Ireland		,	to me	personally	known	to be the	individua	al described in	n and who
		e foregoing		ment.							

251

WITNESS my hand and official seal this

My Commission Expires: 12/29/27

_day of <u>January</u>, 2024. homas M Par Notary Public Printed Name of Notary: Thomas M Pachy

Name of owner: Film Row LLC Owner's telephone number: $36-20-001$					
Owner's address: 204 W 52nd St Kansas City, MO 64112					
IF SIGNER IS DIFFERENT FROM OW	NER:				
Name of signer: Butch Rigby					
State Basis of Legal Authority to Sign:					
Signer's telephone number: <u>816 · 210 - 1001</u>					
Signer's mailing address: 204 W. 52 rd 54.					
Konsas City. MO 64112					
If owner is an individual: Single Married					
If owner is not an individual, state what type of entity (Mark Applicable Box):					
Corporation		General Partnership			
Limited Partnership	Х	Limited Liability Company			

Limited Partnership	Х	Limited Liability Company
Partnership		Urban Redevelopment Corporation
Not-for-Profit Corporation		Other

Tax Parcel Number(s):	Parcel Number(s) from Exhibit B:	Assessed Value(s):
29-520-11-05-00-0-00-000	324	433216

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

refer 2 Menber

Date: 11-13 2023, 2023

Signature of person signing for owner

STATE OF MISSOUR) \$\$ COUNTY OF TACKSON 131 On this day

of NOVEMBER

2023, before me personally appeared to me personally known to be the individual described in and who

executed the foregoing instrument.

WITNESS my hand and official seal this

My Commission Expires: 10-03-2024

day of Novel 023

