

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

K2 Towers II, LLC
Chagrin Falls, OH United States

Certificate Number:
2019-452990

Date Filed:
02/14/2019

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

County of Hidalgo

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-18-017-02-20
Cellular Tower Leased Space

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Peppertree Capital Fund VI, LP	Chagrin Falls, OH United States	X	
	Peppertree Capital Fund VI QPLP	Chagrin Falls, OH United States	X	
	Peppertree Capital FVI Co-Inv.	Chagrin Falls, OH United States	X	
	OW K2 Intermediate, LLC	Chagrin Falls, OH United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is CYNTHIA DEBEVEC, and my date of birth is 3/9/69.

My address is 86 WEST STREET CHAGRIN FALLS, OH 44022 US.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in CUYAHOGA County, State of OHIO, on the 14th day of February 2019.
(month) (year)

Cynthia Debevec CFO
Signature of authorized agent of contracting business entity
(Declarant)

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	OW K2 Intermediate, LLC	Chagrin Falls, OH United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)