

RETURN TO:
 ARIZONA STATE LAND DEPARTMENT
 PUBLIC COUNTER
 1616 WEST ADAMS
 PHOENIX, ARIZONA 85007

DEPARTMENTAL USE ONLY		ROLODEX # <u>24231</u>
ACCOUNTING	REVIEWED	
Filing Fee: \$2,000 PAID	T & C Date & Initial: <u>BL 5/9/17</u>	
MAY 9 2017 N(34)	Sales Date & Initial: <u>GN 5/9/17</u>	
ARIZONA STATE LAND DEPARTMENT		
APPLICATION NO. 53-119529		
PROJECT NAME _____		

APPLICATION TO PURCHASE STATE TRUST LAND

Type or print in ink.

COMPLETE ALL QUESTIONS, SIGN, HAVE SIGNATURE(S) NOTARIZED AND SUBMIT APPLICATION WITH NON-REFUNDABLE \$2,000 FILING FEE.

REQUEST TO PURCHASE: Applicant hereby makes application to purchase the State lands described below in accordance with the laws of the State of Arizona and the rules of the State Land Department.

1. APPLICANT(S):

McKowen Family Partnership, LLP
 Name(s)

John Rasso 602.740.4530
 Contact Person Phone No

irrealdeals.com
 Email Address 23931

Mailing Address
9375 E. SHERWOOD DR #100
 City Scottsdale State AZ Zip 85260

Time Stamp
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2. LEGAL DESCRIPTION:

A.

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	SLD USE ONLY		
					CTY	GRT	PARCEL
<u>4N</u>	<u>5E</u>	<u>31</u>	<u>STATE PLAT NO. 16 CORE SOUTH</u>	<u>66 1/4</u>			
			<u>PARCEL 215-01-021A #</u>				
			<u>NORTH HALF OF 215-01-02</u>				

B. Attach a map identifying the requested land. It must include the acreage, land management, township, range, and section.

3. BROKER/SALESPERSON: Is applicant represented by a Broker/Salesperson? No Yes

If yes, completed BROKER REGISTRATION/BIDDER CERTIFICATION MUST be submitted herewith. Failure to submit completed Registration/Certification form simultaneously with the application, as evidenced by the Department's time and date stamp, shall result in an automatic indication that applicant is NOT represented by a broker.

4. CURRENT LESSEE:

A. Are you the current State lessee of the land? No Yes Lease # _____

B. Do you own or lease adjacent land? No Yes

C. If you are the current lessee, are there any mortgages or liens on the requested property? No Yes NA

If yes, you must enclose a copy of the satisfaction or release of lien signed by the lienholder. If the lien is not paid, a written letter of consent from the lienholder must be attached to this application.

D. If you are the current lessee, list all sub-lessees: NA

5. LAND: Have you previously submitted an application for this State Trust land? No Yes

6. CONDITIONS OF THE LAND:

INFRASTRUCTURE IN THE AREA (Please attach extra pages if needed.)

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A. Is there legal access to the land? No Yes (describe, name street): PIMA ROAD AND TRAILSIDE VIEW

Is the access an improved dedicated public street? No Yes

B. Are utilities available to the property?

No (State distance to service): _____

Yes (Identify the service provider):

Potable water No Yes CITY OF SCOTTSDALE

Sewer No Yes CITY OF SCOTTSDALE

Electric No Yes APS

Gas No Yes SOUTHWEST GAS

C. Is the land encumbered? No Yes (Describe Below):

Slopes No Yes _____

FEMA Floodplain No Yes (List Designation) PROPERTY IS IN THE AO ZONE

Easements No Yes WATER/SEWER

Other: POWER LINE EASEMENT

17 MAY 09 PM03:25 RECD ASLD

- D. Current General Plan designation, zoning and allowable uses: EMPLOYMENT WITH REGIONAL OVERLAY, I-1 PCO, OFFICE AND SUPPORT RETAIL
- E. Adjacent General Plan designation and zoning if different: DEVELOPMENT OPEN SPACE, ZONING IS O-S PCO
- F. Identify surrounding land uses: TO EAST APS SUBSTATION, FLANKED MINI-STORAGE, AND CITY PARK

7. **PROPOSED USE OF LAND:** Describe in detail the proposed use and reason for purchasing this State land. Describe proposed project description and timeline for development. Attach site plan or layout if available and any additional information pertinent to the evaluation of this application. (Please attach extra pages if needed.)

MIXED-USE OFFICE & RETAIL

8. **QUALIFICATIONS:** Please describe your experience and capability to fulfill the purpose associated with this application.

HAVE DEVELOPED SEVERAL OFFICE AND RETAIL DEVELOPMENTS IN SCOTTSDALE

9. **EXTRAORDINARY CHARACTERISTICS:**

A. What are the drainage and/or flood plain constraints or requirements for the land? TBD

B. What is the estimated number of waterways/washes and their size? TBD

10. **SPECIAL CONSIDERATIONS AND OTHER FACTORS:**

A. What is your opinion of the value of the land you wish to purchase?
TO BE DETERMINED BY APPRAISAL

B. Why are you requesting that this property be sold at this time? Provide supporting market data.
FOR MIXED USE

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11. **APPLICANT(S) COMPLETE AND SIGN PAGE 4 AND HAVE SIGNATURE(S) NOTARIZED ON PAGE 5.**

17 MAY 09 PM 03:25 RECD ASD



CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed. NOTE: Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership Ltd. Partnership _____ Estate _____ Trust _____ Ltd.-Liability Co.
 _____ Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) _____

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:
- | NAME | AGE | MARITAL STATUS |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. CORPORATION: Complete the following:
- (A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes No
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes No
 (C) In what state are you incorporated? ARIZONA
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes No
- If no, state the Legal Corporate Name: _____
 Address: _____
 (Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:
- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission? Yes No
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission? Yes No
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes No

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal in the partnership or joint venture:
- | NAME | BUSINESS ADDRESS | AGE | MARITAL STATUS |
|-------|------------------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. LIMITED PARTNERSHIP: Is this Limited Partnership on file with the Arizona Secretary of State? Yes No
 Complete the following for the authorized general partner(s) only:
- | GENERAL PARTNER(S) NAME | BUSINESS ADDRESS |
|-------------------------|--------------------------|
| <u>JOHN ROSSO</u> | <u>SAME AS APPLICANT</u> |
| <u>MANAGING PARTNER</u> | _____ |

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):
 Name of the court-appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____
 (Date issued) (Type of Document)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:
- | NAME | ADDRESS | AGE | MARITAL STATUS |
|-------|---------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

SIGNATURE(S)
McKOWEN FAMILY PARTNERSHIP, L.L.C.P.
 (Name of Corporation, Partnership, etc.) Date Signature of Applicant (Individual) Date

 Signature Title Signature of Applicant (Individual) Date

(Signature must be notarized on page 6)

17 MAY 09 PM 03:24 REC'D R313

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INDIVIDUAL ACKNOWLEDGEMENT

STATE OF ARIZONA)
County of _____) ss.

On this _____ day of _____, before me, a Notary Public within and for said County and State, personally appeared _____

to me known to be the person(s) described in and who executed the same as _____ free act and deed. (his/her/their)

(SEAL)

Notary _____
County, _____
Commission expires _____

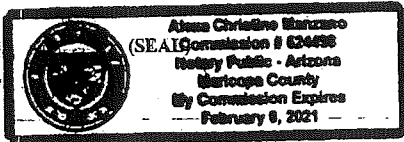
L.L.C., CORPORATION, PARTNERSHIP OR TRUST ACKNOWLEDGEMENT

STATE OF ARIZONA)
County of Maricopa) ss.

On this 9th day of May 2017, before me, a Notary Public within and for said County, personally appeared John Rosso

(Name of Officer, Partner or Trustee)
for McKowen Family Partnership, LLP
(Name of L.L.C., Corporation, Partnership or Trust)

Arizona L.L.C., Corporation, Partnership or Trust for and on behalf of the L.L.C., Corporation, Partnership or Trust and to me known to be the person(s) described in and who executed the same for the L.L.C., Corporation, Partnership or Trust.



Alexa Marzano
Notary _____
County, Maricopa
Commission expires Feb. 8, 2021

GOVERNMENT ACKNOWLEDGEMENT

STATE OF ARIZONA)
County of _____) ss.

On this _____ day of _____, before me, a Notary Public within and for said County, personally appeared _____ (Name of official board member or authorized person)

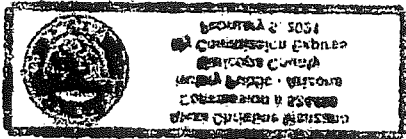
for _____ (Name of agency or governmental entity)

for and on behalf of the governmental entity herein described and to me known to be the person(s) described in and who executed the same for said entity.

(SEAL)

Notary _____
County, _____
Commission expires _____

17 MAY 09 PM 03:24 REC'D ASD



ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

These two pages are part of the application - **DO NOT DETACH.**

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

YES	NO	WILL YOUR USE INVOLVE:	TYPE OF ENVIRONMENTAL IMPACT
	<input checked="" type="checkbox"/>	<u>WASTE TIRES</u> The collection of waste tires? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>LEAD ACID BATTERIES</u> The sale and disposal of lead acid batteries? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>DISCHARGE IMPACTING GROUNDWATER</u> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>PESTICIDES?</u> If yes, explain use: _____	
	<input checked="" type="checkbox"/>	<u>DRY WELLS?</u> If yes, ADEQ Registration #(s): _____	
	<input checked="" type="checkbox"/>	<u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u> Wastewater collection and/or treatment? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u> Air contaminant emissions? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SOLID WASTE - GENERAL</u> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SOLID WASTE - MEDICAL WASTE</u> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE (Septic Tank Waste)</u> Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>USED OIL</u> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>RECYCLING ACTIVITIES?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SPECIAL WASTE</u> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE GENERATOR</u> Generating hazardous waste? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u> If yes, explain: _____	

(OVER)

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<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE TRANSPORTATION?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>UNDERGROUND STORAGE TANK (UST)?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>ABOVEGROUND STORAGE TANK (AST)?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>HAZARDOUS SUBSTANCES?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>CURRENTLY UNCLASSIFIED WASTE</u> Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:	
		<input type="checkbox"/> Polychlorinated biphenyls (PCBs)	<input type="checkbox"/> Oil and gas exploration drilling muds
		<input type="checkbox"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge
		<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste
		<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings
		<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts
		<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)
		<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Commercial/industrial septage
		<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/> Contaminated process equipment
		<input type="checkbox"/> Industrial Sludges	
		If checked, explain waste generation process: _____	
	<input checked="" type="checkbox"/>	<u>SUPERFUND SITES</u> Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area?	
		If yes, NPL or WQARF area name: _____	
<input checked="" type="checkbox"/>		<u>LAND DISTURBANCE</u> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: <u>GRADING OF SITE FOR INFRASTRUCTURE AND BUILDINGS</u>	
	<input checked="" type="checkbox"/>	<u>WATER WELLS</u> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).	
	<input checked="" type="checkbox"/>	<u>ADJACENT LAND USES</u> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____	
<input checked="" type="checkbox"/>		<u>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</u> To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location?	
		If yes, explain: <u>AS PART OF THE 2007 LEASE</u>	
	<input checked="" type="checkbox"/>	<u>PREVIOUS ENVIRONMENTAL IMPACT</u> To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____	

ADDITIONAL COMMENTS:

SUBJECT PROPERTY WAS LEASED IN 2007 AND SUBSEQUENTLY RETURNED TO ASLD.

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