

ATTACHMENT I

TAX INFORMATION DISCLOSURE AUTHORIZATION

_____ (the "Applicant") hereby irrevocably authorizes the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation from the date below until _____ to disclose to the Director of the Ohio Department of Development or any designated employee of the Director the amounts of any or all outstanding liabilities for corporation franchise tax, individual income tax, employer withholding tax, sales, use tax or excise tax which are currently unpaid and certified to the Attorney General of the State of Ohio for collection.

The Applicant expressly waives notice of the disclosure(s) to the Ohio Department of Development by either the Tax Commissioner of the Ohio Department of Taxation or by any agent designated by the Tax Commissioner of the Ohio Department of Taxation. The applicant expressly waives the confidentiality provisions of the Ohio law which would otherwise prohibit disclosure and agrees to hold the Department of Taxation and its employees harmless with respect to the limited disclosure authorized herein.

This authorization is to be liberally interpreted and construed: any ambiguity shall be resolved in favor of the Tax Commissioner or the Ohio Department of Taxation.

This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees, or other fiduciaries.

A photocopy of the authorization is as valid as the original.

Name of Applicant (including any DBA)

By: _____

Date: _____

Title: _____
Officer or Director

TAX IDENTIFICATION NUMBERS

Applicant Full Legal Name and Address:

Name and Addresses of any Affiliates: *

Federal Tax Identification Number	_____
State Issue Tax Identification Number(s)	_____
Ohio Charter Number	_____
Ohio Franchise Tax I.D. Number	_____
Vendor's License Number	_____
Consumer's Use Tax Account Number	_____
Direct Pay Permit Number	_____
Seller's Use Tax Account Number	_____
Service, Transient, Delivery, or Master Vendor's License Number	_____

*If necessary, attach a separate form for each affiliate listing each of the numbers.