

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

SUBMIT NON-REFUNDABLE
 \$2,000 FILING FEE

| | | | |
|--|--|---|-------|
| DEPARTMENTAL USE ONLY | | ROLODEX # <u>23936</u> | |
| ACCOUNTING | T & C | RECOMMENDATION/INITIAL | DATE |
| Filing Fee: \$2,000 PAID SEP 12 2016 N(34) ARIZONA STATE LAND DEPARTMENT | Examiner: <u>Rebecca</u> Re-assign Examiner: | Approve _____ Deny _____ Reject _____ Withdraw _____ | _____ |

APPLICATION TO PURCHASE STATE LAND

Type or print in ink.

APPLICATION NO. 53- 119059 - 00-000

REGISTERED
 STATE OF ARIZONA
 COUNTY OF MARICOPA
 01/14/11 11:41:18

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

1. APPLICANT(S):

TWENTY TWO FORTY TWO, LLC
 Name(s)

2. TYPE OF APPLICATION:

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.

Mailing Address

9375 E. SHEA BLVD #100
 City State Zip
SCOTTSDALE AZ 85260

JOHN ROSSO 602.740.4588
 Contact Person Phone No
#23937

JRREALDEAL@Q.COM
 Email Address (optional)

3. LEGAL DESCRIPTION:

| TWN. | RNG. | SEC. | LEGAL DESCRIPTION | ACRES | COUNTY |
|-----------|-----------|-----------|-------------------|--------------|-----------------|
| <u>4N</u> | <u>4E</u> | <u>36</u> | <u>TBD</u> | <u>3.50</u> | <u>MARICOPA</u> |
| <u>4N</u> | <u>5E</u> | <u>31</u> | <u>TBD</u> | <u>72.77</u> | <u>Ac</u> |

JRW 9/14/16 → Gross

| SLD USE ONLY | | |
|--------------|-------|--------|
| CTY | GRT | PARCEL |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Attach a map or sketch for each description. A certified legal description may be required at the request of the Department.

4. PARCEL: Have you previously been an applicant for this parcel of State Trust land? No Yes

5. LOCATION:

- A. Is the land applied for adjacent to any existing commercial, industrial or homesite development? No Yes
- B. Is it within the corporate boundaries of a city or town? No Yes SCOTTSDALE
Name
- C. Is it adjacent to the corporate boundaries of a city or town? No Yes
- D. The distance from corporate boundaries is: 0-1 mile 1-3 miles over 3 miles
- E. State the name of the nearest city or town
-

6. CURRENT LESSEE: N/A

- A. Are you the current State lessee of the land? No Yes Lease # _____
If yes, complete questions B through F.
- B. Do you own or lease adjacent land? No Yes
- C. Is your rent current? No Yes
- D. In consideration of favorable action, do you agree to surrender your lease on the date of the sale even if you are not the successful bidder? No Yes
- E. Are there any mortgages or liens on file with the Department? No Yes
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.
- F. Is there any sublease on file with the Department? No Yes
If yes, list the sub-lessee's name: _____
- G. Pursuant to A.R.S. § 37-322.02 the purchaser is required to reimburse the previous Lessee for improvements. Are there any improvements on the land? No Yes

7. PROPOSED USE OF LAND: Describe in detail the proposed use and reason for purchasing this State land. Attach site plan or layout if available and any additional information pertinent to the evaluation of this application.

AUTO RELATED AND SUPPORT RETAIL

ARIZONA
STATELAND
DEPARTMENT

2009 SEP 12 PM 4:48

8. CONDITIONS OF THE LAND:

INFRASTRUCTURE IN THE AREA

A. Is there legal public access to the land? No Yes (If yes, documentation required)

B. Are utilities available to the property? If no, state distance to service: _____
If yes, identify the service provider:

Potable water No Yes SCOTTSDALE
Sewer No Yes SCOTTSDALE
Electric No Yes APS
Gas No Yes SOUTHWEST GAS

C. Is the land encumbered? If yes, briefly describe:

Steep slopes No Yes _____
Floodplain No Yes PROPERTY IS IN THE AO ZONE
Easements No Yes SEWER EASEMENT ALONG NORTH P/L
POLE EASEMENT ALONG EAST P/L
Other: _____

D. Current zoning and allowable uses: I-1 and PRC - office and support retail

E. Adjacent zoning if different: EAST OF PROPERTY IS R1-7 FCD EBL

F. Existing general plans, area plans or neighborhood plans and proposed uses: 2001 General Plan,
GREATER AIRPARK Character Area Plan, Bell Road Existing Conditions Report

G. Transportation plans: General Plan Transportation Element

H. Rezoning potential: UNKNOWN AT THIS TIME

9. SPECIAL CONSIDERATIONS AND OTHER FACTORS:
EXTENSION OF ACCESS AND UTILITIES AND DRAINAGE FACILITIES TO
SERVE ASLD PROPERTY TO THE NORTH

10. 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.

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

STATE LAND
DEPARTMENT

2006 SEP 12 PM 4:48

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? _____
 (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 |
|-------------------------|------------------|
| _____ | _____ |
| _____ | _____ |

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)
 TWENTY TWO FORTY TWO, LLC 9/6/16
 (Name of Corporation, Partnership, etc.) Date
 _____ Signature of Applicant (Individual) Date
 _____ MANAGER Title
 _____ Signature of Applicant (Individual) Date

(Signature must be notarized on page 5)

RECEIVED
 STATE LAND
 DEPARTMENT
 2016 SEP 12 PM 4:48

INDIVIDUAL ACKNOWLEDGMENT

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 ACKNOWLEDGMENT

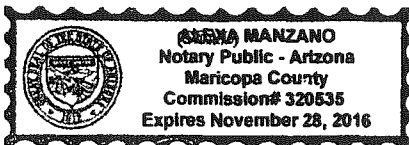
STATE OF ARIZONA)
County of Maricopa) ss.

On this 6th day of September, 2016, before me, a Notary Public within and for said County, personally appeared Twenty Two Forty Two, LLC. (Name of Officer, Partner or Trustee)

for John Rosso (Name of L.L.C., Corporation, Partnership or Trust)

a _____ 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.

Alecia Manzano
Notary _____
County, Maricopa
Commission expires _____



GOVERNMENT ACKNOWLEDGMENT

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 _____

STANDARD
DOCUMENT

89-11-21-11-18

11-18-89

11-18-89



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:

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

(OVER)

ARIZONA
STATE LAND
DEPARTMENT

2016 SEP 13 09:48

YES NO

WILL YOUR USE INVOLVE:

TYPE OF ENVIRONMENTAL IMPACT

 X **HAZARDOUS WASTE TRANSPORTATION?** If yes, explain: _____

 X **UNDERGROUND STORAGE TANK (UST)?** If yes, explain: _____

 X **ABOVEGROUND STORAGE TANK (AST)?** If yes, explain: _____

 X **HAZARDOUS SUBSTANCES?** If yes, explain: _____

 X **CURRENTLY UNCLASSIFIED WASTE** Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:

- | | | |
|---|--|---|
| <u> </u> Polychlorinated biphenyls (PCBs) | <u> </u> Oil and gas exploration drilling muds | <u> </u> Petroleum contaminated soil |
| <u> </u> Incinerator ash | <u> </u> Categorical industrial pretreatment sludge | <u> </u> Commercial/industrial septage |
| <u> </u> Petroleum refining waste | <u> </u> Radioactive waste | <u> </u> Used Antifreeze |
| <u> </u> Slag and refractory material | <u> </u> Uranium ore tailings | <u> </u> Contaminated process equipment |
| <u> </u> Precious metals recycling | <u> </u> Industrial catalysts | <u> </u> Industrial Sludges |
| <u> </u> Aluminum dross | <u> </u> Industrial sands (excluding mining or mineral processing operation) | |

If checked, explain waste generation process: _____

 X **SUPERFUND SITES** 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, NPor WQARF area name: _____

 X **LAND DISTURBANCE** If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____

 X **WATER WELLS** Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).

 X **ADJACENT LAND USES** To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____

X **ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT** 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: PERFORMED AS PART OF THE PEER 2007 lease of the property

 X **PREVIOUS ENVIRONMENTAL IMPACT** To the best of your knowledge, has any environmental impact been reported previously to ADEQ?

If yes, explain: _____

ADDITIONAL COMMENTS:

ALZINGA
STANLEY
DEPARTMENT

200 SEP 12 PM 4:00

ARIZONA STATE LAND DEPARTMENT
REAL ESTATE DIVISION

ADDENDUM TO APPLICATION
REQUIRED PRELIMINARY APPLICATION INFORMATION

This completed form, signed and dated by the Real Estate Division, must accompany every New Purchase or Commercial Lease Application. The Department will not accept an application for a purchase or commercial lease without this form being completed.

Purchase Lease

APPLICANT INFORMATION

Applicant Name: TKENTY TWO FORTY TWO, LLC
Contact Name: John Rosso
Mailing Address: 9375 E. GREY BLVD #100
City: Scottsdale
State & Zip Code: AZ 85260
Phone: 602.740.4583 Fax: —
E-Mail: JRREALDEAL@Q.COM

PARCEL INFORMATION

Section/Township/Range: 4N4E SECTION 36
Political Jurisdiction: Scottsdale
Existing Zoning: T-1 Land PRC RD General Plan Designation: Employment/Commercial
Existing Adjacent Land Uses:
North: VACANT - ASD; APS SUBSTATION
East: VACANT - CITY OF SCOTTSDALE
South: OFFICE/WAREHOUSE
West: 101 FREEWAY

Proposed Project Description and time line for development:

AUTO RELATED - IMMEDIATELY
& SUPPORT RETAIL

Access (describe, name street): BELL ROAD

Is access an improved dedicated public street? Yes No

What are the drainage and/or flood plain constraints or requirements for the subject?

PROPERTY IS SUBJECT TO DRAINAGE IMPACTS FROM ASD PROPERTY TO THE NORTH. A 2008 DRAINAGE MASTER PLAN NEEDS TO BE UPDATED TO REFLECT THE MOST CURRENT DRAINAGE ANALYSIS.

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

Water: List Provider (Contact Information and copy of service boundary map from Arizona Corporation Commission if private utility); Location and diameter of line to service proposed development; is there adequate capacity?

CITY OF SCOTTSDALE; 24" WATERLINE ON BELL, 20" and 24"
WATERLINE ALONG 101 FRONTAGE ROAD

Sewer: List Provider (Contact Information and copy of service boundary map from Arizona Corporation Commission if private utility); Location and diameter of line to service proposed development; is there adequate capacity?

CITY OF SCOTTSDALE; 18" SEWERLINE ALONG BELL, 15" and 21"
SEWERLINE ALONG 101 FRONTAGE ROAD

Are there any extraordinary issues affecting the subject parcel that you are aware of, such as the existence of endangered species, cultural resources, topographic constraints, etc.?

DRAINAGE AND HIGH TENSION POWERLINES/APS SUBSTATION

What is your opinion of the value of the parcel you wish to purchase or lease, per acre, and if appropriate, per square foot? OF THE 64 NET ACRES, 60.327 NET ACRES
AT \$20.00/SQFT. THE 3.673 NET ACRES UNDER THE POWERLINES
BEING UNUSABLE AT \$5.00/SQFT.

Why are you requesting that this property be sold or leased at this time? Provide supporting market data. TO DEVELOP A SPECIFIC PROJECT

Real Estate Division Signatures Only

Preliminary Application Interview Took Place with: _____

Real Estate Division Director/Manager Signature: _____

Date: _____

2018 SEP 12 09:47
STANLEY
DEPARTMENT