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ALBERT BALEWSKI

CITY OF ANN ARBOR
CITY CLERK
LAW OFFICES OF
CONLIN, MCKENNEY & PHILBRICK, P.C.
350 SOUTH MAIN STREET, SUITE 400
ANN ARBOR, MICHIGAN
48104-2131
2023 SEP 28 PM 3:45

EDWARD F. CONLIN (1902-1953)
JOHN W. CONLIN (1904-1972)
PHILLIP J. BOWEN (1947-2007)

OF COUNSEL
CHRIS L. MCKENNEY (RETIRED)
NEIL J. JULIAR
DAVID B. GUENTHER
STEPHEN K. POSTEMA

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FOUNDED IN 1937

DIRECT DIAL: (734) 997-2152
E-MAIL: BALEWSKI@CMPLAW.COM

September 27, 2023

Ann Arbor City Clerk
301 E. Huron St.
Ann Arbor, MI 48104

RE: Michigan Theater Foundation, Inc.

Dear Ladies and Gentlemen:

I am representing Michigan Theater Foundation, Inc. in an attempt to secure a Development District Liquor License in the City of Ann Arbor, and I am pleased to enclose the following documents:

1. City of Ann Arbor Redevelopment Liquor License Pre-Application Questionnaire, with the following attachments:

- a. Supporting financial information demonstrating the amount expended for the restoration of the building that will house the licensed premises exceeds \$75,000.00;
 - b. A floor plan of the premises;
 - c. Attachment expanding on Question 6 of the Pre-Application Questionnaire;
 - d. A statement that demonstrates that Michigan Theater Foundation, Inc. attempted to secure an escrowed license.
 - e. Two (2) forms of personal identification for the signor
2. City of Ann Arbor Application for New Licenses, with the following attachments:
- a. Quit Claim Deed for the premises;
 - b. Copies of the Articles of Incorporation, along with two (2) Certificates of Amendment to the Articles of Incorporation;

CONLIN, McKENNEY & PHILBRICK, P.C.

Ann Arbor City Clerk
September 27, 2023
Page 2

- c. The last filed Annual Report;
 - d. The names and addresses of the corporate officers;
 - e. Resolution approving the submission of the application for the liquor license and giving Steven Ouellete authority to sign the documents.
3. Local Government Approval Form (LCC-106 (10/15))

Please let me know if you need any additional material or support for the application and I look forward to hearing from you.

Very truly yours,



Albert Balewski

PAYMENT DATE
09/27/2023

COLLECTION STATION
Clerk-Front Counter Printer

RECEIVED FROM
Conlin McKenney &
Philbrick PC

City of Ann Arbor
301 E. Huron
PO Box 8647
Ann Arbor, MI 48107
(734) 794-6320

BATCH NO.
2024-00001640

RECEIPT NO.
2024-00013415

CASHIER
Rachel Weinberg

DESCRIPTION
Michigan Theater Foundation, Inc. Redevelopment Liquor License Application Fee

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
CLERK18	LIQUOR-Application Fee-New	\$150.00
Payments:	<u>Type</u> <u>Detail</u> <u>Amount</u>	
	Check 30858	\$150.00

OLD NATIONAL BANK
oldnational.com

30858

CONLIN MCKENNEY & PHILBRICK, P.C.
ATTORNEYS AT LAW #38-2772489
COST ACCOUNT
350 S MAIN STE 400
ANN ARBOR, MI 48104-2131

11/04

71-1/863

PAY TO THE
ORDER OF

City of Ann Arbor

09/14/2023

\$

**150.00

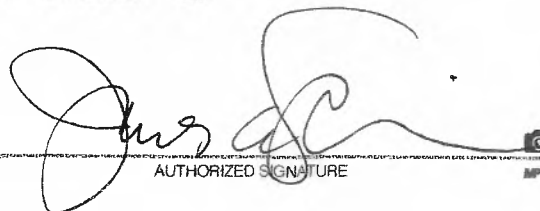
DOLLARS

ONE HUNDRED AND FIFTY AND 00/100 DOLLARS

City of Ann Arbor

MEMO

Application Fee



AUTHORIZED SIGNATURE

⑈030858⑈ ⑆086300012⑆ 1018005145⑈

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Total Amount:

\$150.00

Customer Copy



CITY OF ANN ARBOR REDEVELOPMENT LIQUOR LICENSE PRE-APPLICATION QUESTIONNAIRE

Instructions to Applicants: If you are applying for a City of Ann Arbor Development District License, within the Downtown Development Authority Area (see map), this form must be completed prior to filling out the City of Ann Arbor New Liquor License Application Form. The new application form will not be accepted without a completed pre-application questionnaire. **Please include copies of two pieces of personal identification.**

Please indicate, by checking YES or NO, if your establishment meets the following criteria.

1. Is the business to be licensed within the geographic boundaries of the City of Ann Arbor Downtown Development Authority District? **Yes** **No** (Please indicate proposed location on the attached map.)

Michigan Theater Foundation, Inc.

Complete name and address of business to be licensed 603 E. Liberty, Ann Arbor, MI 48104

Personal Property ID (for existing businesses) N/A

2. Applicants for development district licenses, must demonstrate to City of Ann Arbor and the Michigan Liquor Control Commission (MLCC), at the time of investigation, that the amount expended for the rehabilitation or restoration of the building that houses the licensed premises shall be not less than \$75,000 over a period of the preceding five years or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license. At the time of application, can your business demonstrate this requirement? **Yes** **No** (Please attach supporting financial information for verification.)

3. Will the licensed business engage in dining, entertainment or recreation, that is open to the general public, with a seating capacity of not less than 25 persons? **Yes** **No** (Please attach current or proposed floor plan that supports seating capacity.)

4. Will the licensed business generate 50% or more of its revenue from food and non-alcoholic drink sales? **Yes** **No**

5. What type of on-premise sales are you interested in applying for? Check all that apply. (Checking the boxes does not guarantee award of any or all categories.) **Beer** **Wine** **Spirits (hard liquor)**

6. Please describe (on an attached sheet) how your business will do the following, if issued a license:
i. Prevent deterioration in the DDA district and promote economic growth by:
a. creating new employment opportunities
b. adding new tax value through the purchase of new equipment and/or building improvements
ii. Represents a desired land use as determined by the City's area master plan and zoning requirements.
iii. Contribute to the mix of dining/drinking, entertainment and recreational existing establishments (describe unique characteristics)

8/18/23

Steven Ouelette

Signature of Applicant

Date

Printed Name

If any of the above questions have been answered NO, the applicant is not eligible to apply for a Development District License as designated under Michigan State Law (Public Act 501 of 2006). Applicants that cannot meet the minimum criteria will not be considered by the City of Ann Arbor. Do NOT fill out an application.

If all of the above questions have been answered YES, the applicant is eligible to apply for a Development District License. The next step in the application process is to fill out the City of Ann Arbor application form. Attach this completed form to the application and submit with \$150 application fee to the Ann Arbor City Clerk, 301 E. Huron St, Ann Arbor, MI 48104. Fax Number – 734-994-8296. Phone No. – 734-794-6140. A \$600 license fee is due upon approval.

To inquire about other licensing opportunities, including transfers of existing Class C licenses, please contact the Michigan Liquor Control Commission directly. All transferred licenses begin at the State level. MLCC On-Premises Licensing Division - 517-322-1400.

Revised 3/26/15



DEVELOPMENT DISTRICT LIQUOR LICENSES FACT SHEET

Public Act 501 of 2006 amended the Michigan Liquor Control Code, effective December 29, 2006, to allow the Liquor Control Commission (MLCC) to issue public on-premises licenses, in addition to the population-based quota licenses allowed under the Code, to businesses engaged in activities related to dining, entertainment, and recreation, and located in city development districts.

The City Council of Ann Arbor adopted Resolution R-08-024 on February 4, 2008 establishing the Ann Arbor Downtown Development District as a development district for liquor licensing in accordance with the requirements of Public Act 501 of 2006 and the MLCC. The City of Ann Arbor has filed all required documentation for the certification of the development district by the MLCC (certified copy of Resolution R-08-024, the required map reflecting and outlining the designated development district within the boundaries of the City, and an affidavit from the City Assessor, certified by the City Clerk, stating the total amount of investment in real and personal property within the development district during the preceding five years.) and been advised that it has met the monetary threshold for 807 licenses.

To receive a Development District Liquor License an applicant must be approved by the City and the MLCC. An application for a license will not be authorized for investigation until the MLCC has received a City resolution which approves the applicant at a specific location "above all others."

Applicants must complete a City application and file it with the City Clerk with all required supplemental documentation and the City application fee. Application fees are established by resolution of City Council and the application package can be obtained from the City Clerk's office. The City will review the application and make a determination as to whether the applicant is approved "above all others" at the designed premises. The City may make investigations it considers proper in connection with the approval process or as required by City ordinances.

Upon receipt of the documentation from the City, and all necessary MLCC application forms, other required documents and inspection fees, the application will be authorized for investigation by the MLCC. The initial enhanced license fee for development district licenses is \$20,000.

Applicants for development district licenses must demonstrate, at the time of the investigation by the MLCC, that:

- The amount expended for the rehabilitation or restoration of the building that houses the licensed premises shall be not less than \$75,000 over a period of the preceding five years or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license.
- That the licensed business is engaging in dining, entertainment or recreation, that is open to the general public, with a seating capacity of not less than 25 persons.

Individuals considering applying for a development district liquor license should be aware of the following restrictions.

- A licensee may transfer ownership of the license; however, this type of license may not be transferred to another location.
- If the licensee goes out of business, the licensee must surrender the license to the MLCC. The City may approve another applicant within the development district to replace the licensee who has surrendered the license to the MLCC.
- The applicant must state and demonstrate that an attempt to secure an appropriate on-premises escrowed license or quota license which may be available within the city in which the applicant proposes to operate.

This fact sheet has been prepared for informational purposes only. Individuals considering applying for a development district liquor license are advised to contact a lawyer for advice on the application process. General informational inquiries can also be directed to the Michigan Liquor Control Commission.

Effective Date: April 30, 2008

Prepared by: City of Ann Arbor, City Attorney's Office



CITY OF ANN ARBOR
APPLICATION FOR NEW LICENSES

Date: 8/8/2023

Instructions: This application must be completed and returned with a \$150 application fee for each license before it can be considered. All answers must be typed or printed. Sign the completed form in ink and return to the City Clerk, 301 E. Huron St., Ann Arbor, Michigan 48104. MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO THE CITY OF ANN ARBOR, MICHIGAN.

1. Applicant identification-all applicants
Name of individual, partnership, corporation or limited liability company who will hold the license: MICHIGAN THEATER FOUNDATION, INC.
Contact Person Name: Steven Ouellette
Business Street Address: 603 E. Liberty
Street Address: 603 E. Liberty
City/State/Zip Code: Ann Arbor, MI 48104
City/State/Zip Code: Ann Arbor, MI 48104
Township:
Business Phone: No. (734) 668-8397
Home Phone No. ()

2. Nature of Application - (Check all that apply)
[X] Retail Applicants
[] Manufacturer or Wholesale Applicants

3. Retail Applicants - (Please identify all permits being applied for with this license application)
3a. Check Type of License
[] SDM
[] Class C
[] A-Hotel
[] B-Hotel
[] Tavern
[] Club
[] SDD
[X] Redevelopment
[] Other:
3b. Check Type of Permits
[X] Sunday Sales
[] Add Bar
[] Entertainment Sales
[] Outdoor Sales
[] Before / After Hours For:

4. New Manufacturer or Wholesale Applicants
[] Wine Maker
[] Small Wine Maker
[] Wine Maker Tasting Room
[] Micro Brewer
[] Small Distiller
[] Manufacturer of Spirits
[] Industrial Manufacturer
[] Warehouse
[] Brewpub
[] Outstate Seller of Mixed Spirit Drinks
[] Outstate Seller of Wine
[] Outstate Seller of Beer
[] Other:

5. Proposed Licensed Address:
603 E. Liberty, Ann Arbor, MI 48104

6. Briefly describe the business, for example - Drug Store, Restaurant, Party Store, Wholesaler, Wine Maker, etc.
The Michigan Theater is a historic theater that has provided cultural and entertainment value to the City of Ann Arbor for over 95 years.

7. This proposed licensed business will be owned by: (check one)

- Me as the individual owner The named corporation The named liability company

The following partners (indicate limited partners with an "L" before their name)

Partnership Information: (attach additional sheet if necessary)

Name of Partners	Home Address	Telephone Number

* All partners may be required to complete and submit additional information as part of the application review process, by completing this application applicant agrees to comply with any such requests.

8. Personal Information – Individual Applicants and Partnership Members Only

Date of Birth _____ (required to confirm applicant is over 21 years of age)

If you are not a US Citizen – Are you a registered alien? Yes No Or, do you have a Visa? Yes No

Full name of spouse: _____

Have you ever legally changed your name? Yes No If Yes, from _____ to _____

Have you been known by other names? Yes No List Names: _____

Have you ever been convicted of a criminal offense, including alcohol related infractions (exclude traffic citations)?

Yes No If Yes, please list charge, date of conviction, location and disposition below.

(Use additional sheet if necessary.)

CHARGE	DATE	PLACE	DESCRIPTION
_____	_____	_____	_____
_____	_____	_____	_____

List your former occupations for the past 3 years:

DATE (to/from)	OCCUPATION	EMPLOYER NAME AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

I or my spouse previously held or now hold interest in the following licenses for sale of alcoholic beverages as sole licensee, partner or corporation:

NAME OF LICENSE	TYPE OF LICENSE	LOCATION	DATE
_____	_____	_____	_____
_____	_____	_____	_____

Do you or your spouse hold any law enforcement powers including powers of arrest? Yes No

9. Limited Partnership Applicants Only – is the limited partnership authorized to do business under the laws of Michigan?

Yes No Date authorized: _____

10. Corporate & Limited Liability Company Applicants Only -

Attach copy filed or proposed Articles of Incorporation, last annual report/statement filed & attach copy of stock options.

Corporate/LLC Name: Michigan Theater Foundation, Inc.	Incorporation/Organization date: 02/27/1979
--	--

Incorporated/Organized in what State? Michigan	Michigan Authorization date: Not Applicable.
---	---

Name, Address, Phone Number of Resident Agent:
 Russel B. Collins
 603 E. Liberty, Ann Arbor, MI 48104

(Check one of each) Profit or Nonprofit Public or Private Corporation

Date last annual report/statement filed with Michigan Corporation and Securities:

Corporate Officers	Name	Address	Phone Number
President	See Attached	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

11. Corporations and Limited Liability Companies – List all persons, companies and other entities that hold or will hold stock interest or membership in applicant entity.

Name	Address	Phone Number	%Interest
1. <u>Not Applicable Michigan Theater, Inc. is organized as a non-profit corporation</u>	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

12. Denial of Application/Revocation of License

(A) Have you, prior to this application, made application(s) for a similar or other license on premises other than described in this application?

Yes No

If yes, please list date, place and disposition of such application(s).

Class C-DDA License for State Theater located at 225 S State St. approved and issued on 1/18/2018

(B) Have you, prior to this application, been disqualified to receive approval for a license under the laws of the State of Michigan?

Yes No

If yes, please explain.

(C) Have you ever held a liquor license which has been revoked or not renewed?

Yes No

If yes, please state reason.

13. Financial Details – All applicants

(A) Source of funds used to establish business, or which will be used to purchase this business, list name, address and amount of all money lenders.

Name	Address	Amount
Not applicable. Existing business using existing capital.		\$
		\$
		\$

(B) Attorney or representative

Albert Balewski, Esq.

Conlin, McKenney & Philbrick, P.C. 350 S. Main St. Ste 400, Ann Arbor, MI 48104

734-761-9000

Name

Address

Phone Number

14. Premises (Answer either A, B, or C.) Applicant shall attach a building and grounds layout diagram (8-1/2 x 11) showing the entire structure, premises, and grounds, and in particular the specific areas where the license is to be utilized. Plans shall demonstrate adequate off-street parking, lighting, refuse disposal facilities, and where appropriate, adequate plans for screening and notice control.

(A) New Construction

Do you need to build a facility at the residence that will hold the license? Yes No

If yes, do you have building permits? Yes No

If no, when do you plan to get them? _____

If yes, when do you expect construction will begin? _____

If yes, when do you expect construction to be completed? _____

If yes, what is the estimated cost of construction of the facility? \$ _____

When is your anticipated occupancy date/open for business date? _____

Would you build the facility at this location if you do not get a license? Yes No

(B) Existing Facility-No Renovation

Is the facility currently occupied? Yes No

If yes, do you intend to be licensed under the existing business at this location? Yes No

If yes, do you intend to be licensed under the same management? Yes No

How long has the existing business be at the location? 95 years

Are you currently associated with the business operation on site? Yes No

If yes, in what capacity are you associated? Michigan Theater has been in operation at this location for 95 years.

If no, will you be purchasing the premises? _____

(C) Existing Facility-Renovation

Do you plan to renovate an existing facility? Yes No
If yes, what is the estimated cost of the renovation? \$ _____
If yes, when do you expect construction will begin? _____
If yes, when do you expect the construction to be completed? _____
When is your anticipated occupancy date/open for business date? _____
Is the facility currently occupied? Yes No
If yes, are you currently associated with the business operation on site? Yes No
If yes, in what capacity are you associated? _____
Will it be necessary to temporarily close the facility for renovation? Yes No
If yes, how long will the facility be closed? _____
Are you going to renovate the facility if you do not get a license? Yes No

15. Employment – (All applicants must complete either A or B section)

(A) Existing Business

How large is the current staff? (i.e. 1 full-time bartender)

Number	Full	or	Part-time	Position
<u>2</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<u>Manager</u>
<u>7</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Shift Leaders</u>
<u>25</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Concessionaires</u>
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____

Will you be retaining current staffing levels, expanding current staffing levels, or decreasing current staffing levels if you receive the license? Explain. _____

Potentially increasing staffing levels as audience levels return to pre-pandemic numbers.

(B) New Business

How large of a staff do you plan to have? (i.e. 1 full-time bartender)

Number	Full	or	Part-time	Position
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____

16. Operating Statement – Attach a general operation statement outlining the proposed manner in which the business for which the license being proposed will be operated, including a schedule of the hours of operation, food services, crowd control, and use of facilities.

The Michigan Theater is a stage/live entertainment and film exhibition space that will operate between the hours of Noon and Midnight, 7 days a week. The Michigan Theater has one stage and two screen and will serve traditional movie concessions such as popcorn and candy and also alcoholic beverages. Staff will consist of management, concession staff, customer service staff, projectionists, stage laborers, and janitorial staff.

17. Personal Statement – (App applicants must complete this requirement)

Please describe how this business will enhance the City of Ann Arbor community. What special considerations should we take into account in evaluating your application? PLEASE LIMIT YOUR ANSWER TO 200 WORDS OR LESS. Please attach a separate sheet of paper if necessary.

The Michigan Theater has served Ann Arbor for over 95 years, with on-stage and cinema programming that brings over 250,000 people to the theater annually. The City of Ann Arbor should take into consideration Michigan Theater's importance to the surrounding businesses which see increased foot traffic due to performances at the Michigan Theater, Michigan Theater's non-profit status, the financial burden associated with a Class-C license and the unavailability of Class-C licenses in Washtenaw County.

I have read all of the above answers and they are true. I agree to provide all requested information and to fully cooperate with all City Service Areas requesting any and all additional information provided in this application or any attachment thereto. Any changes that occur after the date of this application, applicant will notify the City Clerk, in writing, within 14-days of such change. I understand that the falsification of the information on this form or any false statements made during investigations may constitute grounds for denial of a license.

I warrant that I am not disqualified to receive a liquor license under the ordinances of the City of Ann Arbor or the laws of the State of Michigan. If granted a liquor license I will not violate any federal or state laws or any ordinance of the City of Ann Arbor in the conduct of business.

Attested to:

8/8/23
Date of Application



Signature of Applicant Authorized Representative Name of person completing this
(if applicant is a corporation, include title form if not the applicant
of signor)



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 734 662-3141

PO BOX 8081, ANN ARBOR, MICHIGAN 48107 8081 FAX: (734) 662-6084
 COMMERCIAL • RESIDENTIAL • AIR QUALITY • ENERGY SAVING PRODUCTS • GENERATORS

Bill To: MICHIGAN THEATER FOUNDATION 603 E LIBERTY ANN ARBOR, MI 48104 Attn: ACCOUNTS PAYABLE		Invoice Date: 08/31/2022	Invoice #: 370032
		Job #: C00554	Job Site: MICHIGAN THEATER 603 E LIBERTY ANN ARBOR, MI 48104 Contact: RUSSELL COLLINGS/ STEVE CROWLEY
WO #: 370032	PO No:	Cust. # MICH05	Terms: EMAIL 5% MATERIAL ONLY

Description of Work:

08/15/22 HVAC

REPLACING ENERGY RECOVERY WHEELS
 THE DESICCANT CONTAINED WITHIN THE WHEELS HAS AN EFFECTIVE LIFE BEFORE IT LOSES EFFICIENCY AND IS LONG LONGER EFFECTIVE IN TRANSFERRING ENERGY FROM THE EXHAUST AIR TO THE SUPPLY AIR. TYPICAL LIFE OF THESE WHEELS IS 12-14 YEARS BEFORE IT BEGINS A SHARP DECLINE, DUE TO THESE WHEELS BEING 22 YEARS OLD THEY ARE NO LONGER CAPABLE OF PROVIDING THE ADDITIONAL CAPACITY AT THE HIGHER VENTILATION RATES AS THEY WERE ONCE INTENDED. IT IS RECOMMENDED THAT THE ENERGY RECOVERY WHEELS BE REPLACED WITH NEW AND THE MINIMUM OUTSIDE AIR RATES BE INCREASED DURING OCCUPIED HOURS.

MATERIAL/EQUIPMENT: \$65,000.00
 LABOR: \$32,000.00

MODULATING ECONOMIZER ACTUATORS
 THE EXISTING RTU HAD THREE POSITION ECONOMIZER/OUTSIDE AIR DAMPERS; CLOSED, MINIMUM POSITION, 100% OPEN. RTU 1 AND 3 HAVE BEEN UPDATED TO FULLY MODULATING DURING A RECENT EQUIPMENT REPAIRS, RTU 2 REMAINS THREE POSITION. THE EXISTING ACTUATORS DO NOT ALLOW FOR THE FLEXIBILITY TO TAKE FULL ADVANTAGE OF HIGHER VENTILATION RATES IF THE OUTSIDE AIR CONDITIONS ALLOW FOR IT. IN ORDER TO GO GREATER THAN 50% OPEN, THE SPACE MUST BE WARM ENOUGH TO REQUIRE COOLING YET COLD ENOUGH OUTSIDE SUCH THAT THE OUTSIDE AIR COULD BE USED TO COOL THE SPACE. THIS IS NOT OFTEN ACHIEVABLE, HOWEVER THERE ARE MORE SITUATIONS WHERE THE DAMPERS COULD BE SET TO 60-70% AND STILL BE WITHIN COMFORTABLE TEMPERATURES INSIDE.

MATERIAL/EQUIPMENT: \$1,300.00
 LABOR: \$2,000.00

REPAIRING ENERGY RECOVERY WHEEL BYPASS DAMPER
 RTU 2 HAS A BROKEN BYPASS DAMPER WHICH ALLOWS FOR AIR TO BYPASS THE ENERGY RECOVERY SECTION IF SPACE AND OUTDOOR CONDITIONS ALLOW. THIS IS CURRENTLY NOT FUNCTIONING AND MECHANICALLY FROZEN IN AN OPEN POSITION. SINCE THE DAMPER IS STUCK OPEN, WE ARE NOT ABLE TO ACHIEVE AS MUCH AIR THROUGH THE ENERGY RECOVERY VENTILATOR

(continue ...)



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Bill To: MICHIGAN THEATER FOUNDATION 603 E LIBERTY ANN ARBOR, MI 48104 Attn: ACCOUNTS PAYABLE		Invoice Date: 08/31/2022	Invoice #: 370032
		Job #: C00554	Job Site: MICHIGAN THEATER 603 E LIBERTY ANN ARBOR, MI 48104 Contact: RUSSELL COLLINGS/ STEVE CROWLEY
WO #: 370032	PO No:	Cust. # MICH05	Terms: EMAIL 5% MATERIAL ONLY

WHICH WOULD CAUSE A REDUCTION IN OVERALL VENTILATION RATES ONCE THE WHEELS WERE REPLACED.

MATERIAL: \$3,500.00
 LABOR: \$4,000.00

POST REPAIR AIR BALANCE AND DDC CONTROL ADJUSTMENTS
 ONCE THE NEEDED REPAIRS AND UPDATES ARE COMPLETED AN AIR BALANCE SHOULD BE PERFORMED BY AN NEBB CERTIFIED CONTRACTOR ALONG WITH THE TEMPERATURE CONTROL CONTRACTOR TO SET SUPPLY AND RETURN FAN SPEEDS, ERV SPEEDS AND AIR SIDE ECONOMIZER DAMPER POSITIONS.

LABOR: \$5,500.00

PORTABLE HEPA AIR SCRUBBERS FOR HIGH DENSITY AREAS WITH MINIMAL TO NO VENTILATION AIR THE AREAS BEHIND THE STAGE ARE CURRENTLY HEATED BY HOT WATER RADIATORS AND COOLED BY DUCTLESS MINI SPLIT SYSTEMS WITH MINIMAL OR NO VENTILATION AIR. THESE AREAS ARE DRESSING ROOMS ON THE FIRST AND SECOND FLOORS AND A KITCHENETTE AND GATHERING AREA IN THE BASEMENT. IN ADDITION TO THE SPACES MENTIONED ABOVE, THERE ARE BATHROOMS WITH SINGLE WATER CLOSETS WHICH HAVE INDIVIDUAL BATHROOM FANS. THERE IS NO PRACTICAL WAY TO GET ADDITIONAL VENTILATION AIR FROM THE MAIN AIR HANDLERS INTO THESE SPACES, HOWEVER AIR SCRUBBERS WITH HEPA FILTERS CAN BE UTILIZED TO REDUCE THE AMOUNT OF DUST, POLLEN, DANDER, MOLD AND VIRUSES IN THE ACTIVE BREATHING ZONE. WE RECOMMEND INSTALLING THESE IN THE DRESSING ROOMS, KITCHENETTE AND GATHERING AREA, WE DO NOT FEEL THERE IS BENEFIT TO ADDING THESE TO THE BATHROOMS SINCE THERE WOULD BE ONLY ONE PERSON IN THE BATHROOM AT A GIVEN TIME AND THERE IS LOCAL EXHAUST IN EACH BATHROOM WHICH PROVIDES ADEQUATE AIR CHANGES PER HOUR. A TOTAL OF (8) 600 CFM SCRUBBERS WOULD BE INSTALLED

EQUIPMENT/MATERIAL: \$31,000.00
 LABOR: \$1,900.00

EACH AIR SCRUBBER WOULD NEED A GROUNDED 115V OUTLET NEARBY TO PLUG INTO

(continue ...)



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 www.rob-mor.com
 734 662-3141

PO BOX 8081, ANN ARBOR, MICHIGAN 48107-8081 FAX: [734] 662-6084
 COMMERCIAL • RESIDENTIAL • AIR QUALITY • ENERGY SAVING PRODUCTS • GENERATORS

Bill To: MICHIGAN THEATER FOUNDATION 603 E LIBERTY ANN ARBOR, MI 48104 Attn: ACCOUNTS PAYABLE		Invoice Date: 08/31/2022	Invoice #: 370032
		Job #: C00554	Job Site: MICHIGAN THEATER 603 E LIBERTY ANN ARBOR, MI 48104 Contact: RUSSELL COLLINGS/ STEVE CROWLEY
WO #: 370032	PO No:	Cust. # MICH05	Terms: EMAIL 5% MATERIAL ONLY

NEW BATHROOMS BEING BUILT BY LANDMARK NORTH OF THE THEATER
 THE PERMIT SET OF DRAWINGS FOR THIS BATHROOM HAS A DEDICATED OUTDOOR AIR UNIT
 SCHEDULED TO SERVE THE BATHROOMS, MEANING 100% OF THE SUPPLY AIR DELIVERED TO THE
 NEW BATHROOMS IS OUTDOOR AIR. DUE TO THE HIGH OUTDOOR AIR VOLUME SCHEDULED,
 SUPPLEMENTARY AIR PURIFICATION IS NOT REQUIRED.

Amt This Invoice: \$146,200.00
Invoice Total: \$146,200.00

Amount Due: \$146,200.00

SALES TAX INCLUDED
 For questions or information email info@rob-mor.com

Online payments: www.rob-mor.com/online-payments

OSLER
MILLING
GUINN
EVANS
ARCHITECTS

A JOINT VENTURE

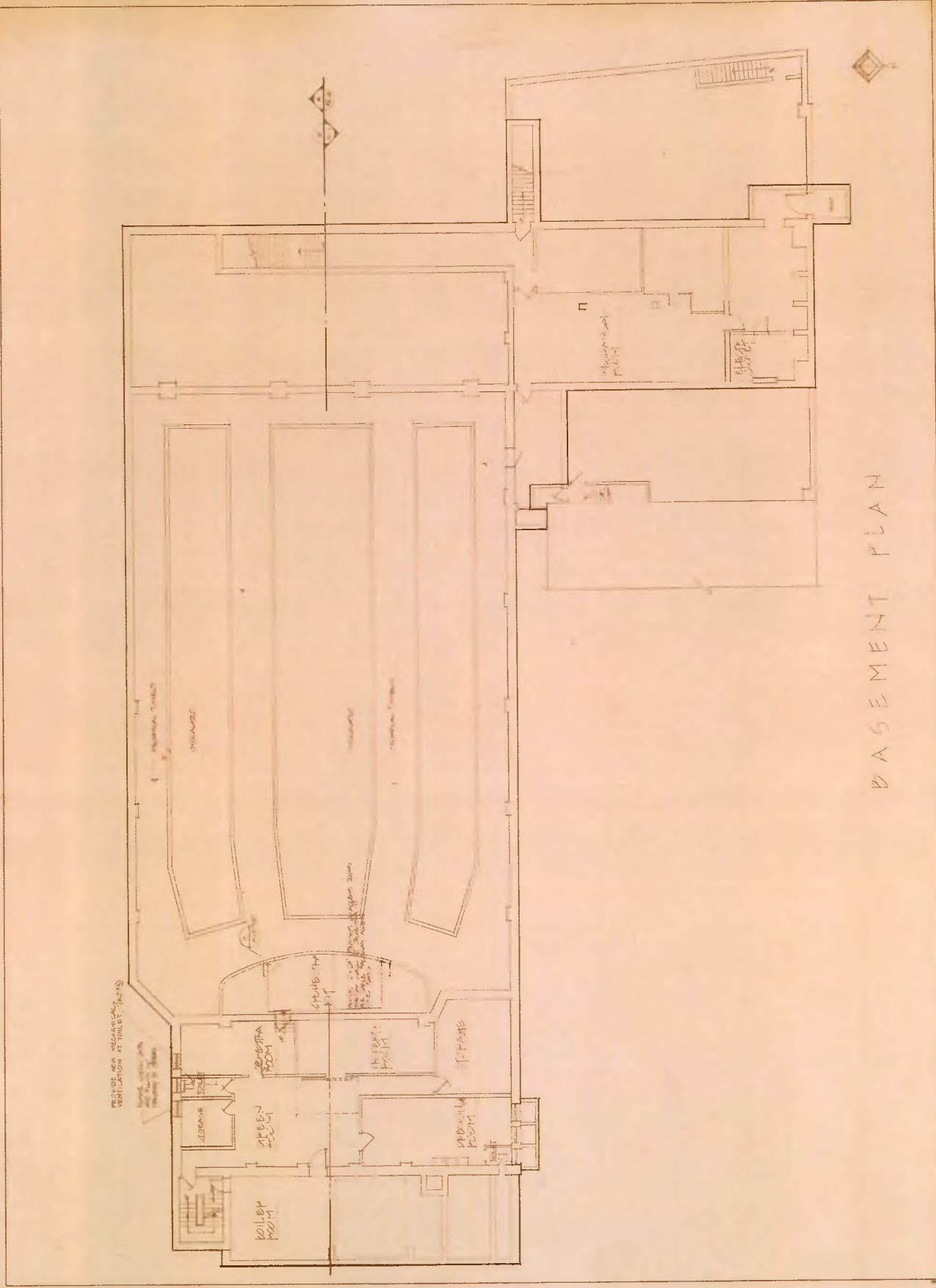
MICHIGAN
THEATER
ANN ARBOR,
MICHIGAN
RESTORATION/
RENOVATION
PHASE II

OWNER:
MICHIGAN THEATER
FOUNDATION, INC.

DATE: 11/11/81
DRAWN BY: [unclear]

SCALE: AS SHOWN
EXCEPT AS NOTED

AS/



B A S E M E N T P L A N

OSLER
MILLING
QUINN
EVANS
ARCHITECTS

A. JOHN VENTURA

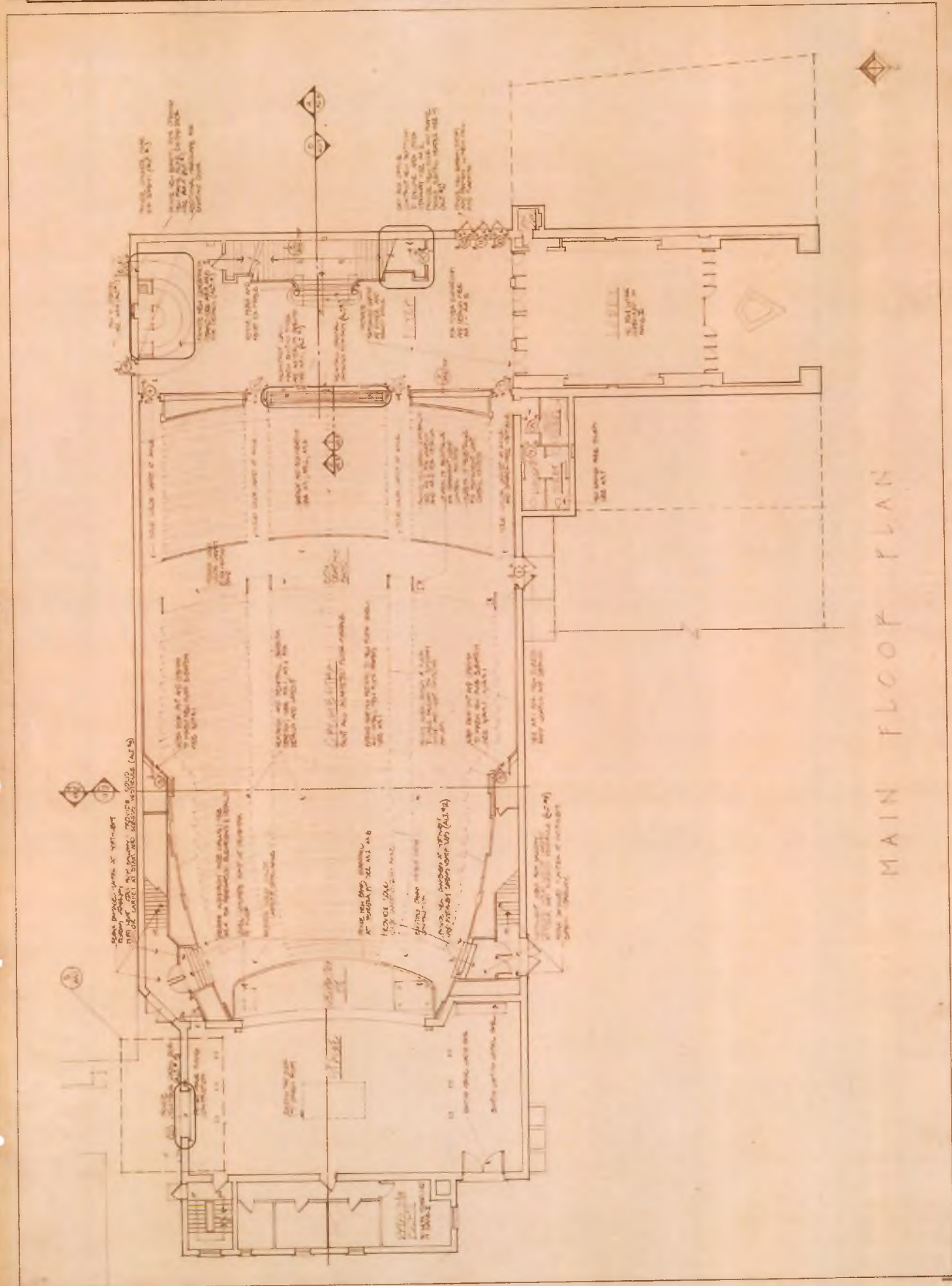
MICHIGAN
THEATER
ANN ARBOR,
MICHIGAN
RESTORATION/
RENOVATION
PHASE II

OWNER:
MICHIGAN THEATER
FOUNDATION, INC.

DATE: 10/1/81
PROJECT: Michigan Theater
PHASE II

NO.	DATE	DESCRIPTION

SCALE: 1/8" = 1'-0"



MAIN FLOOR PLAN

O S L E R
M I L L I N G
G U I N N
E V A N S
A R C H I T E C T S

A J O I N T V E N T U R E

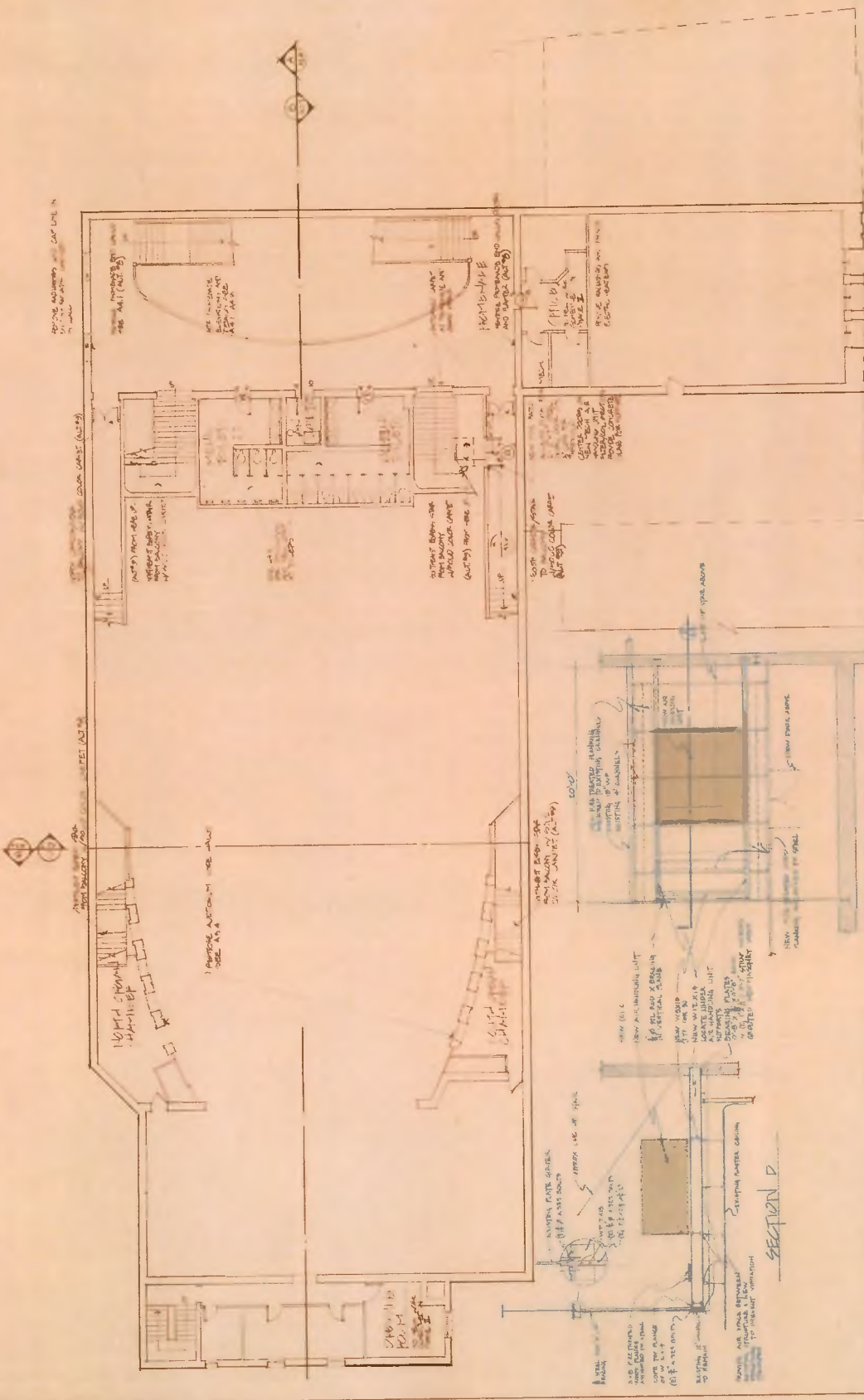
M I C H I G A N
T H E A T E R
A N N A R B O R,
M I C H I G A N
R E S T O R A T I O N /
R E N O V A T I O N
P H A S E I I

O W N E R
M I C H I G A N T H E A T E R
F O U N D A T I O N , I N C .

DATE: 11/11/10
BY: [Signature]

NO. 2106
CHECK REVIEW 11/11/10
DATE: 11/11/10
BY: [Signature]

SHEET NAME
AC. 9



M E Z Z A N I N E
P L A N

OSLER
MILLING
GUINN
EVANS
ARCHITECTS

A JOINT VENTURE

MICHIGAN
THEATER

ANN ARBOR,
MICHIGAN

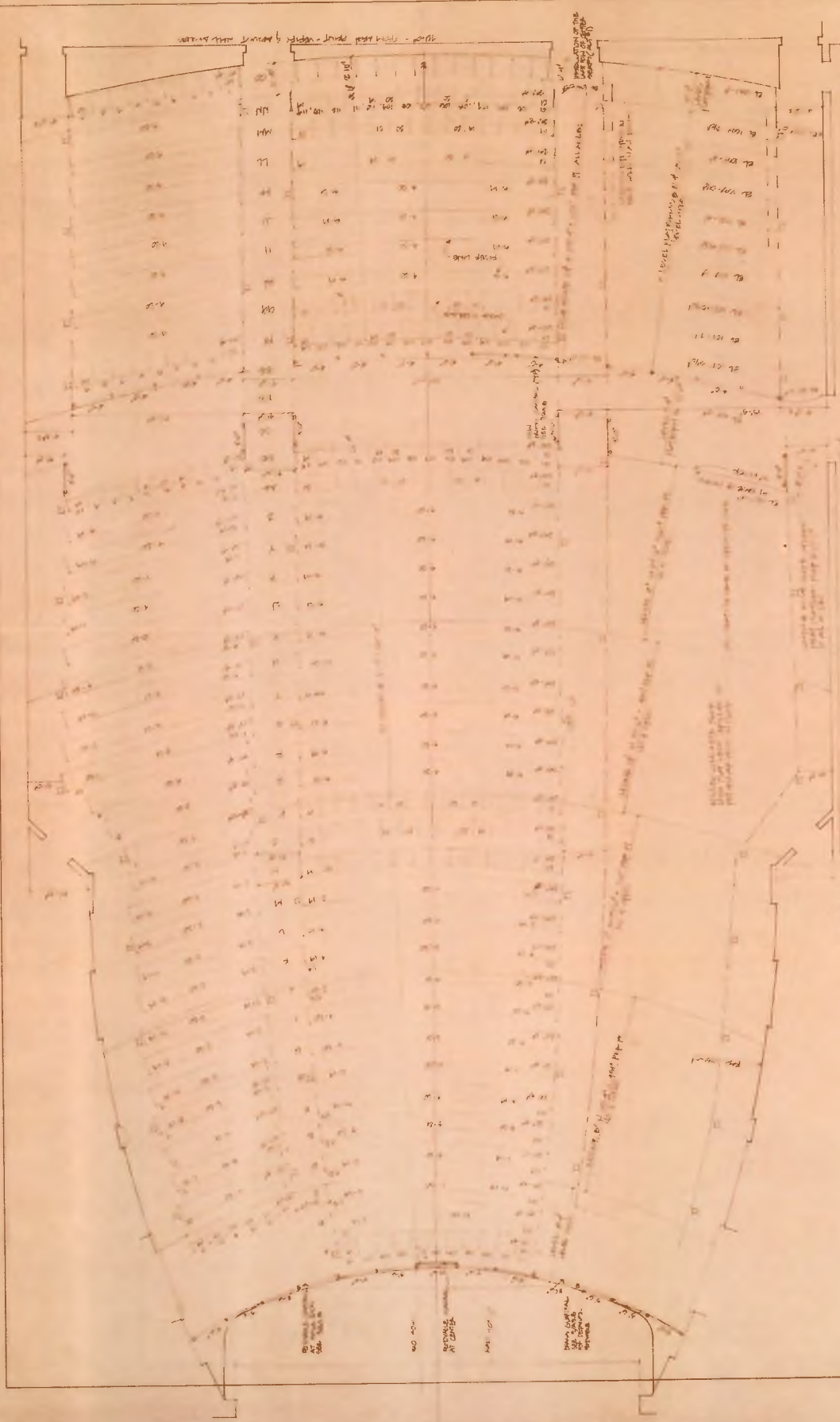
RESTORATION/
RENOVATION
PHASE II

OWNER
MICHIGAN THEATER
FOUNDATION, INC.

DATE PLOT
11/15/88
DRAWN BY
J. J. JONES

DATE
11/15/88
DRAWN BY
J. J. JONES

SCALE
AS SHOWN



ORCHESTRA SEATING SUMMARY (TOTAL SEATING)

SEAT TYPE	NO. OF SEATS	TOTAL SEATING
ORCHESTRA SEATING	100	100
MEZZANINE SEATING	100	200
BOX SEATING	100	300
STAIR SEATING	100	400
LOBBY SEATING	100	500
MEZ. BALCONY SEATING	100	600
MEZ. SEATING	100	700
MEZ. BALCONY SEATING	100	800
MEZ. SEATING	100	900
MEZ. BALCONY SEATING	100	1000
MEZ. SEATING	100	1100
MEZ. BALCONY SEATING	100	1200
MEZ. SEATING	100	1300
MEZ. BALCONY SEATING	100	1400
MEZ. SEATING	100	1500
MEZ. BALCONY SEATING	100	1600
MEZ. SEATING	100	1700
MEZ. BALCONY SEATING	100	1800
MEZ. SEATING	100	1900
MEZ. BALCONY SEATING	100	2000
MEZ. SEATING	100	2100
MEZ. BALCONY SEATING	100	2200
MEZ. SEATING	100	2300
MEZ. BALCONY SEATING	100	2400
MEZ. SEATING	100	2500
MEZ. BALCONY SEATING	100	2600
MEZ. SEATING	100	2700
MEZ. BALCONY SEATING	100	2800
MEZ. SEATING	100	2900
MEZ. BALCONY SEATING	100	3000
MEZ. SEATING	100	3100
MEZ. BALCONY SEATING	100	3200
MEZ. SEATING	100	3300
MEZ. BALCONY SEATING	100	3400
MEZ. SEATING	100	3500
MEZ. BALCONY SEATING	100	3600
MEZ. SEATING	100	3700
MEZ. BALCONY SEATING	100	3800
MEZ. SEATING	100	3900
MEZ. BALCONY SEATING	100	4000
MEZ. SEATING	100	4100
MEZ. BALCONY SEATING	100	4200
MEZ. SEATING	100	4300
MEZ. BALCONY SEATING	100	4400
MEZ. SEATING	100	4500
MEZ. BALCONY SEATING	100	4600
MEZ. SEATING	100	4700
MEZ. BALCONY SEATING	100	4800
MEZ. SEATING	100	4900
MEZ. BALCONY SEATING	100	5000

ORCHESTRA FLOOR SEATING LAYOUT

- GENERAL NOTES:
- REMOVE ALL EXISTING SEATING AT THEATRICAL SEATING LEVEL.
 - REPLACE EXISTING SEATING WITH NEW SEATING. SEATING SHALL BE 18" WIDE BY 30" DEEP. SEATING SHALL BE 18" WIDE BY 30" DEEP. SEATING SHALL BE 18" WIDE BY 30" DEEP.
 - REINFORCE EXISTING FLOOR SEATING IN LOBBY WITH NEW CONCRETE FLOOR.
 - NOTE SEATING CONDITIONS. INDICATION OF SEATING 500 SEATING (NOTES)

OSLER
MILLING
QUINN
EVANS
ARCHITECTS

A JOINT VENTURE

MICHIGAN
THEATER
ANN ARBOR,
MICHIGAN
RESTORATION/
RENOVATION
PHASE II

OWNER
MICHIGAN THEATER
FOUNDATION, INC.

WITH THE
BALCONY
SEATING LAYOUT

DATE: 11/10/93
BY: [Signature]

SCALE:
AS SHOWN



BALCONY SEATING SUMMARY	
360' x 100'	650' TOTAL
27' x 27'	738' TOTAL
ALL SEATING SET ON CONCRETE FLOORING (EXISTING)	
BALCONY SEATING SUMMARY (AS SHOWN)	
360'	100'
27'	27'
ABC	REAR WALL
DEF	MIDDLE WALL
GHI	FRONT WALL
JKL	STAGE WALL

BALCONY SEATING LAYOUT

GENERAL NOTES

- REMOVE ALL EXISTING SEATING AT BALCONY LEVEL
- REINFORCE BALCONY SLAB WITH CONCRETE WITH STEEL REINFORCEMENT (SEE DETAIL) - REMOVE EXISTING CONCRETE WITH STEEL REINFORCEMENT (SEE DETAIL)
- REINFORCE EXISTING CONCRETE WITH STEEL REINFORCEMENT (SEE DETAIL)
- RECONSTRUCT EXISTING WALLS WITH CONCRETE BLOCK (SEE DETAIL)
- INSTALLATION OF MASONRY DO STAIRWELL (SEE DETAIL)
- INSTALL LIGHT FIXTURES

ATTACHMENT TO
CITY OF ANN ARBOR REDEVELOPMENT LIQUOR LICENSE

Michigan Theater Foundation, Inc.

Pre-Application Questionnaire – Question 6

The Michigan Theater Foundation, Inc.'s renovation of the historic Michigan Theater, will prevent deterioration in the DDA district, and will promote economic growth in the following ways:

A. Preserving the historic elements of the downtown area, and the enhancement of businesses that drive traffic to the DDA district both support the City of Ann Arbor's master plan and zoning requirements.

B. The Michigan Theater is a vital member of the downtown entertainment and recreational landscape. Providing alcoholic beverages to cinema customers, who increasingly expect such amenities, will add significantly to the effectiveness of this marquee downtown business.

ATTACHMENT TO
CITY OF ANN ARBOR REDEVELOPMENT LIQUOR LICENSE

Michigan Theater Foundation, Inc.

Pre-Application Questionnaire – Verification of Attempt to Secure an Escrowed License

A. Applicant attempted to reach the owners of the escrowed licenses by mail. The first attempt was sent to the addresses on record with the Michigan Liquor Control Commission (“MLCC”) on August 2, 2023. Thirty (30) letters were sent certified mail, return receipt. Of those thirty (30) letters, we received eleven (11) return receipts back, fifteen (15) were returned and four (4) we did not get back and did not receive the return receipt to date. Copies of the Certified Mail, Return Receipts and returned envelopes are attached.

B. Since Michigan Theater Foundation, Inc’s letters did not appear to reach more than half of the escrowed holders at the address on file with MLCC, a second batch of letters were sent to the registered agents of seventeen (17) of the escrowed holders on August 10, 2023. Of those sent the second time, we received sixteen (16) of the return receipts back. Copies of the Certified Mail and Return Receipts are attached.

C. Of the thirty (30) Escrowed Licenses we inquired about, four (4) responded that the license was for sale. However agreeable terms could not be reached. In addition four (4) escrow license holders responded that their license was not for sale at this time. All others did not respond.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7022 0410 0000 9109 7068
7022 0410 0000 9109 7068

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee
\$ 4.35

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.55

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ 0.63

Total Postage and Fees
\$ 8.53

Sent To Corporate Creations Network, Inc. Resident Agent
Mongolian Operations Company, LLC. 80's Mongolian Barbeque
Street and Apt. No., or PO Box No. 28175 Haggerty Rd
City, State, ZIP+4® Novi, MI 48377

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Corporate Creations Network, Inc.
Resident Agent
Mongolian Operations Company, LLC
80's Mongolian Barbeque
28175 Haggerty Road
Novi, MI 48377



9590 9402 8101 2349 2339 67

2. Article Number (Transfer from service label)

7022 0410 0000 9109 7068

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent
 Addressee

B. (Received by (Printed Name)) J. Fikes C. Date of Delivery 8/14/03

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

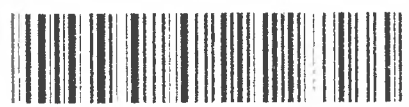
Registered Mail™

Registered Mail Restricted Delivery

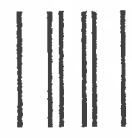
Signature Confirmation™

Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 8101 2349 2339 50



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

At MI Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7022 0410 0000 9109 7051
 7022 0410 0000 9109 7051

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.95	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Kim Barabas, Resident Agent Arbor Brewing Company, LLC dba Arbor Brewing Co	
Street and Apt. No., or PO Box No. 12050 Hubbard St	
City, State, ZIP+4® Livonia, MI 48150	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**Kim Barabas, Resident Agent
 Arbor Brewing Company, LLC
 dba Arbor Brewing Company
 12050 Hubbard St
 Livonia, MI 48150**

2. Article Number (Transfer from service label)
7022 0410 0000 9109 7051

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____


D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: Yes No
**603 E Liberty
 Ann Arbor, MI
 48104**

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#



9590 9402 8101 2349 2339 67



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

**Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131**

AB ME Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7022 0410 0000 9109 7044
7022 0410 0000 9109 7044

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.55 <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Yannis Christodoulou, Resident Agent Diongeos Bar & Grill, Inc dba Crossroads Bar & Grill <small>Street and Apt. No., or PO Box No.</small> 5841 West Michigan Ave <small>City, State, ZIP+4®</small> Ypsilanti, MI 48197	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Yannis Christodoulou, Resident Agent
Diongeos Bar & Grill, Inc.
dba Crossroads Bar & Grill
5841 West Michigan Ave.
Ypsilanti, MI 48197

2. Article Number (Transfer from service label)
7022 0410 0000 9109 7044

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
Riley Welch

C. Date of Delivery
9/12/23

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
603 Liberty St
Ann Arbor, MI 48104

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #

9590 9402 8101 2349 2339 43

9590 9402 8101 2349 2339 36

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

ME Thank - AB

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7022 0410 0000 9109 7037
 7022 0410 0000 9109 7037

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ **4.35**
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.55**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ **0.63**
 Total Postage and Fees
 \$ **8.53**

Sent To **Nicholas Manikas, Resident Agent, Jonathan's Family Restaurant, Inc. aka Classic Cup Cafe**
 Street and Apt. No., or PO Box No.
4389 Jackson Road
 City, State, ZIP+4®
Ann Arbor MI 48103

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p>Nicholas Manikas, Resident Agent Jonathan's Family Restaurant, Inc. aka Classic Cup Cafe 4389 Jackson Road Ann Arbor, MI 48103</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0000 9109 7037</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 8101 2349 2339 43

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131

AB-10-11-12-13

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7022 0410 0000 9109 7020
7022 0410 0000 9109 7020

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ 4.35	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.85	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Scott Kevin Fadden, Resident Agent Rexo LLC d/b/a Inverness Inn Street and Apt. No., or PO Box No. 11829 Westshore Dr. City, State, ZIP+4® Pinckney, MI 48169	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Scott Kevin Fadden, Resident Agent
Rexo LLC
d/b/a Inverness Inn
11829 Westshore Dr
Pinckney, MI 48169

9590 9402 8101 2349 2339 29

2. Article Number (Transfer from service label)
7022 0410 0000 9109 7020

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)
Scott Kevin Fadden

C. Date of Delivery
8-14-23

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 8101 2349 2339 12

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & PHIBICK, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AS-MI Tracker

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7022 0410 0000 9109 7013
 7022 0410 0000 9109 7013

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.75	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Robert Smoltz, Resident Agent	
Street and Apt. No., or PO Box No. Jackson Roadhouse LLC dba Bel-Mark Lanes	
City, State, ZIP+4® 23100 Van Born Dearborn Heights, MI 48125	

PS Form 3800, April 2015 PSN 530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Robert Smoltz, Resident Agent
Jackson Roadhouse LLC
dba Bel-Mark Lanes
23100 Van Born
Dearborn Heights, MI 48125



9590 9402 8101 2349 2339 12

2. Article Number (Transfer from service label)
 7022 0410 0000 9109 7013

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent Addressee

B. Received by (Printed Name) **Hannah D. 1/5** C. Date of Delivery **8/12/23**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #

9590 9402 8101 2349 2339 29



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

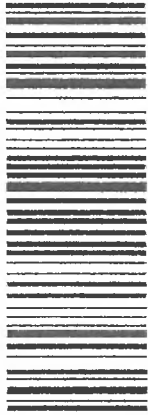
• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Tracker

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT DIVIDED LINE.

CERTIFIED MAIL®



7022 0410 0000 9109 6979
7022 0410 0000 9109 6979

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$ 4.35
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.55
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$ 0.63
Total Postage and Fees	\$ 8.53

Sent To: Fuhua Zhong, Resident Agent, YPBOR YAN
 LLC dba YPBOR Yan Restaurant
 Street and Apt. No., or PO Box No.
 4905 Washkewau Ave
 City, State, ZIP+4®
 Ann Arbor, MI 48108

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fuhua Zhong, Resident Agent
 YPBOR Yan LLC
 dba YPBOR Yan Restaurant
 4905 Washkewau Ave
 Ann Arbor, MI 48108



9590 9402 8101 2349 2339 05

2. Article Number (Transfer from service label)

7022 0410 0000 9109 6979

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 8101 2349 2336 62



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7022 0410 0000 9109 6962
 7022 0410 0000 9109 6962

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.65	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	Postage \$ 0.63
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Total Postage and Fees \$ 8.53	
Sent To Mark S Schostak, Resident Agent, TSPR Apple Venture LLC d/b/a Apple's Neighborhood Grill & Bar Street and Apt. No., or PO Box No. 17800 Laurel Park Dr. North, Suite 200C #8079 City, State, ZIP+4® Livonia, MI 48152	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mark S Schostak, Resident Agent
TSPR Apple Venture LLC
d/b/a Apple's Neighborhood Grill & Bar
17800 Laurel Park Drive North, #8079
Suite 200C
Livonia, MI 48152



9590 9402 8101 2349 2338 82

2. Article Number (Transfer from service label)
 7022 0410 0000 9109 6962

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Debra A. Lawson Agent
 Addressee

B. Received by (Printed Name) **DEBRA A. LAWSON**

C. Date of Delivery **8-14-2023**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #



9590 9402 8101 2349 2339 05



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AR MI Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7022 0410 0000 9109 6931
 7022 0410 0000 9109 6931

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee
 \$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

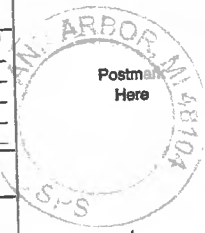
Adult Signature Restricted Delivery \$ _____

Postage
 \$ **0.63**

Total Postage and Fees
 \$ **8.53**

Sent To **Andrew Epstein, Resident Agent**
Abrazalo LLC d/b/a Dolores
 Street and Apt. No., or PO Box No.
4631 Midway Dr.
 City, State, ZIP+4®
Ann Arbor, MI 48103

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Andrew Epstein, Resident Agent
Abrazalo LLC
d/b/a Dolores
4631 Midway Dr.
Ann Arbor, MI 48103

2. Article Number (Transfer from service label)
 7022 0410 0000 9109 6931

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
Andrew Epstein

C. Date of Delivery
9/10/12

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #



9590 9402 8101 2349 2338 75

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

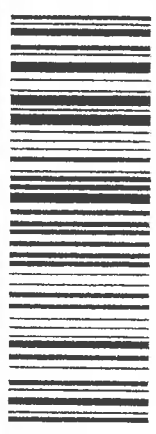
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB, MI Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7022 0410 0000 9108 8295
7022 0410 0000 9108 8295

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **2.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To **Darin Dingman, Resident Agent**
180 Ann Arbor, US dba Jim Brady's Detroit
Street and Apt. No., or PO Box No.
2801 Ridge Rd
City, State, ZIP+4®
White Lake, MI 48383

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darin Dingman, Resident Agent
180 Ann Arbor, LLC
dba Jim Brady's Detroit
2801 Ridge Rd
White Lake, MI 48383



2. Article Number (Transfer from service label)
7022 0410 0000 9108 8295

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

B. Received by (Printed Name) Date of Delivery

8/11/20

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #



9590 9402 8101 2349 2338 99

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB MI Thru

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. DO NOT DOT-DASH LINE.

CERTIFIED MAIL®



7022 0410 0000 9108 8271
7022 0410 0000 9108 8271

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

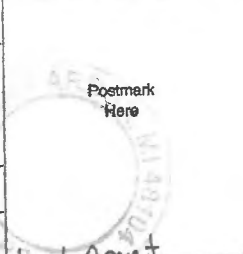
Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To **Bardhyl Mullalli, Resident Agent**
Mullalli, Bardhyl / Mullalli LLC dba Quickie Burger
Street and Apt. No., or PO Box No.
3190 John R Rd
City, State, ZIP+4®
Rochester Hills MI 48307

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Bardhyl Mullalli, Resident Agent
Mullalli, Bardhyl / Mullalli LLC
dba Quickie Burger
3190 John R Rd.
Rochester Hills, MI 48307

9590 9402 8101 2349 2338 68

2. Article Number (Transfer from service label)
7022 0410 0000 9108 8271

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Bardhyl Mullalli

B. Received by (Printed Name) **BARDHYL MULLALLI** C. Date of Delivery **08/16/23**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below

ROCHESTER HILLS MI 48308-9998

AUG 16 2023

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 8101 2349 2338 51

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD ON DOTTED LINE.

CERTIFIED MAIL®



7022 0410 0000 9108 8264
7022 0410 0000 9108 8264

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$ 4.35
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.55
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
\$ 0.63
Total Postage and Fees
\$ 8.53

Sent To George Verstraete, Resident Agent
MOPEPCO, LLC dba Craft BrewW City
Street and Apt. No., or PO Box No.
30115 Harper Ave
City, State, ZIP+4®
St. Clair Shores MI 48082
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
George Verstraete, Resident Agent
MOPEPCO, LLC
dba Craft BrewW City
30115 Harper Ave
St. Clair Shores MI 48082



9590 9402 8101 2349 2338 51

2. Article Number (Transfer from service label)
7022 0410 0000 9108 8264

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee
B. Received by (Printed Name) DGR C. Date of Delivery 8/14/23

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 8101 2349 2338 68



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB - Mr. Th...ster

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7022 0410 0000 9109 1226
 7022 0410 0000 9109 1226

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ **0.63**

Total Postage and Fees
 \$ **8.53**

Sent To **M. Clare Dunkel, Resident Agent**
Ventures, LLC
 Street and Apt. No., or PO Box No.
137 E. Michigan Ave, Suite B
 City, State, ZIP+4®
Saline, MI 48176

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M. Clare Dunkel, Resident Agent
Ventures, LLC
137 E. Michigan Ave, Suite B
Saline, MI 48176



9590 9402 8101 2349 2338 44

2. Article Number (Transfer from service label)

7022 0410 0000 9109 1226

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) Date of Delivery
Clare Dunkel **8/22/23**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Priority Mail Express®

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 8101 2349 2338 68

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI-Th...

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7022 0410 0000 9109 2117
7022 0410 0000 9109 2117

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To **Ray S Johnston, Resident Agent**
Dog Time, LLC dba Ray's Red Hots
Street and Apt. No., or PO Box No.
703 S Main St
City, State, ZIP+4®
Ann Arbor, MI 48104

PS Form 3800, April 2015 PSN 7.330-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Ray S. Johnston, Resident Agent
Dog Time, LLC
dba Ray's Red Hots
703 S. Main St
Ann Arbor, MI 48104



9590 9402 8101 2349 2338 37

2. Article Number (Transfer from service label)
7022 0410 0000 9109 2117

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Susan E Hayes Agent
 Addressee

B. Received by (Printed Name) **SUSAN L Hayes** C. Date of Delivery **8/19/23**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 8101 2349 2338 68



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Theaker

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7022 0410 0000 9109 1189
 7022 0410 0000 9109 1189

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee	\$ 4.35
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 0.63
Total Postage and Fees	\$ 8.53

Sent To: Melissa Demorest Ledue, Esq.,
Resident Agent, Cultivate Cafe, LLC
322 W. Lincoln Ave.
Royal Oak, MI 48067

PS Form 380C, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Melissa Demorest Ledue, Esq.,
 Resident Agent
 Cultivate Cafe, LLC
 322 W. Lincoln Ave
 Royal Oak, MI 48067

9590 9402 8101 2349 2338 20

2. Article Number (Transfer from service label)

7022 0410 0000 9109 1189

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X Kayla Hasecca

B. Received by (Printed Name) Kayla Hasecca

C. Date of Delivery 8/15

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

USPS TRACKING #

9590 9402 8101 2349 2338 68

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131

AB - Mc Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7022 0410 0000 9109 1172
7022 0410 0000 9109 1172

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fees as appropriate)

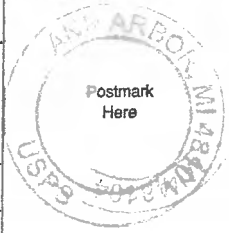
Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To **Sunny Chapel, Resident Agent**
Nori of Ann Arbor LLC
Street and Apt. No., or PO Box No.
4452 Lakeside Court
City, State, ZIP+4
Ann Arbor MI 48108

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Sunny Chapel, Resident Agent
Nori of Ann Arbor LLC
4452 Lakeside Court
Ann Arbor, MI 48108



9590 9402 8101 2349 2338 13

2. Article Number (Transfer from service label)
7022 0410 0000 9109 1172

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Alon Venks Agent
 Addressee

B. Received by (Printed Name)
Alon Venks

C. Date of Delivery

Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #



9590 9402 8101 2349 2338 68

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI-Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7022 0410 0000 9109 1165
 7022 0410 0000 9109 1165

**U.S. Postal Service™
 CERTIFIED MAIL® RECEIPT**
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee
 \$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

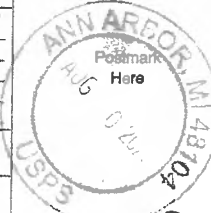
Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
 \$ **0.63**

Total Postage and Fees
 \$ **8.53**

Sent To **Jessica Hallmark, Resident Agent, Don Juan State Street LLC dba Don Juan Mexican Restaurant**

Street and Apt. No., or PO Box No.
39572 Woodward, Ste. 222

City, State, ZIP+4®
Bloomfield Hills, MI 48304

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Jessica Hallmark, Resident Agent
 Don Juan State Street, LLC
 dba Don Juan Mexican Restaurant
 39572 Woodward, Ste. 222
 Bloomfield Hills, MI 48304**



9590 9402 8101 2349 2338 06

2. Article Number (Transfer from service label)

7022 0410 0000 9109 1165

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) **X M Larue** C. Date of Delivery **8-14-23**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 8101 2349 2338 68

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

**Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131**

AB-MI Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



9589 0710 5270 0869 3945 21
9589 0710 5270 0869 3945 21

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.85**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To
C.A.T. INC. d/b/a Harvest Moon Cafe
Street and Apt. No., or PO Box No.
5484 W Michigan Ave
City, State, ZIP+4®
Ypsilanti, MI 48197-9213

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C.A.T., INC.
d/b/a Harvest Moon Cafe
5484 W Michigan Ave
Ypsilanti, MI 48197-9213



9590 9402 8326 3094 0055 78

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3945 21

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)
THEODORA

C. Date of Delivery
8/5/23

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

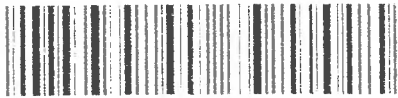
Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 85



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

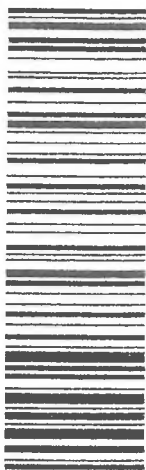
* Sender: Please print your name, address, and ZIP+4® in this box*

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-mckinney

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3945 38
9589 0710 5270 0869 3945 38

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate):
 Return Receipt (hardcopy) \$ **3.55**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To
S&R, Inc. d/b/a Paesano's
Street and Apt. No., or PO Box No.
3411 Washtenaw Ave.
City, State, ZIP+4®
Ann Arbor MI 48104-4205

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S&R, Inc.
d/b/a Paesano's
3411 Washtenaw Ave
Ann Arbor, MI 48104-4205



9590 9402 8326 3094 0055 85

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3945 38

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name) **Michael Ruggiero** C. Date of Delivery

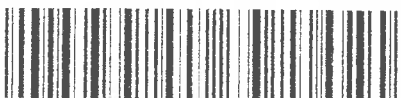
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 92

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Tracking

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

CERTIFIED MAIL®
 ATTACH TO THE TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS AND AT DOTTED LINE



9589 0710 5270 0869 3945 45
 9589 0710 5270 0869 3945 45

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee	\$ 4.35	Postmark Here
Extra Services & Fees (check box, add fees as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.80	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 0.63	
Total Postage and Fees	\$ 8.53	
Sent To	Chrisandy Inc. d/b/a Tower Inn Cafe	
Street and Apt. No. or PO Box No.	701 W Cross St	
City, State, ZIP+4®	Ypsilanti MI 48197-2503	

PS Form 3800, January 2023 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chrisandy Inc.
 d/b/a Tower Inn Cafe
 701 W Cross St
 Ypsilanti, MI 48197-2503

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3945 45

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Saw. de J 8-7-23

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

USPS TRACKING #

9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

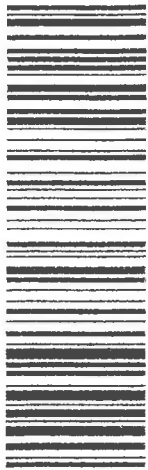
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131

AB-MI Treaty

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3945 52
 9589 0710 5270 0869 3945 52

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee	\$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.55	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 0.63	
Total Postage and Fees	\$ 8.53	

Sent To
 Ariston Inc. d/b/a Stivers
 Street and Apt. No., or PO Box No.
 11 S Fletcher Rd
 City, State, ZIP+4®
 Chelsea, MI 48118-9617

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ariston Inc.
 d/b/a Stivers
 11 S Fletcher Rd
 Chelsea, MI 48118-9617

2. Article Number (Transfer from service label)
 9589 0710 5270 0869 3945 52

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) L. Fuller
 C. Date of Delivery 2-4-23

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131

AB-MI-Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®

9589 0710 5270 0869 3945 69
9589 0710 5270 0869 3945 69

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.55	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Karl's Family Restaurant, Inc. d/b/a Karl's Family Restaurant Street and Apt. No., or PO Box No. 9779 N. Territorial Rd. City, State, ZIP+4® Plymouth, MI 48170-5045	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Phyllis Loggion</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Karl's Family Restaurant, Inc d/b/a Karl's Family Restaurant 9779 N. Territorial Rd. Plymouth, MI 48170-5045</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0869 3945 69</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 8326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

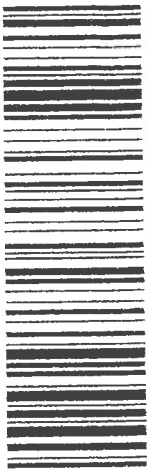
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Theatre

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3944 77
9589 0710 5270 0869 3944 77

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

Certified Mail Fee	\$ 4.35
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.00
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$ 0.63
Total Postage and Fees	\$ 8.53

Sent To Mongolian Operating Company, LLC
d/b/a B's Mongolian Barbeque
 Street and Apt. No., or PO Box No.
200 S Main St.
 City, State, ZIP+4®
Ann Arbor, MI 48104-2106

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Mongolian Operating Company, LLC
 d/b/a B's Mongolian Barbeque
 200 S Main St
 Ann Arbor, MI 48104-2106



9590 9402 8326 3094 0055 61

2. Article Number (Transfer from service label)
 9589 0710 5270 0869 3944 77

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

USPS TRACKING#



9590 9402 8326 3094 0055 16

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AG-MIT Theatry

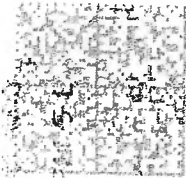
Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CELEBRATED MAIL



9589 0710 5270 0869 3944 77

Please sign return receipt, pt



POSTNET
First-Class Mail
ZIP 48104

MONGOLIAN OPERATING COMPANY, LLC
d/b/a BD'S MONGOLIAN BARBEQUE
200 S Main St
Ann Arbor, MI 48104-2106

Cr. M.

POSTAGE WILL BE PAID BY ADDRESSEE

NOT DELIVERABLE AS ADDRESSED

4810498210600 UZF EC: 48104200303 7853-02542-02-42

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3944 84
 9589 0710 5270 0869 3944 84

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee \$ 4.85	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.65	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Arbor Brewing Company, LLC 169 Arbor Brewing Company Street and Apt. No., or PO Box No. 120 E. Washington St. City, State, ZIP+4® Ann Arbor MI 48104-1905	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Arbor Brewing Company, LLC
169 Arbor Brewing Company
120 E. Washington St.
Ann Arbor, MI 48104-1905

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3944 84

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

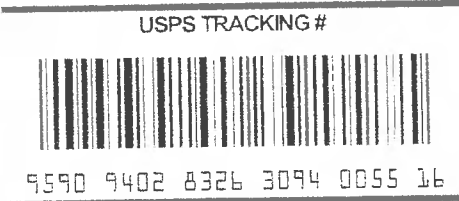
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AG-MI Theatv

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL



9589 0710 5270 0869 3944 B4

Please sign Return Receipt

POSTAGE
\$000.50
First-Class
ZIP 48104
0368 001191859

ARBOR BREWING COMPANY, LLC
d/b/a ARBOR BREWING COMPANY
120 E Washington St
Ann Arbor, MI 48104-1905

(5) 7

48104-1905 48104-1905 06/23

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
VISIBLE TO ADDRESSEE

UTC SC: 48104200303 *2853-02674-02-42

48104-1905 055

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3944 91
9589 0710 5270 0869 3944 91

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

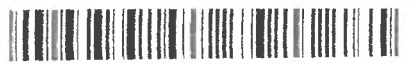
Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 4.55	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Diangoras Bar & Grill, Inc. dba Crossroads Bar & Grill Street and Apt. No., or PO Box No. 517 W Cross St City, State, ZIP+4® Ypsilanti, MI 48197-3234	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Diangoras Bar & Grill Inc.
dba Crossroads Bar & Grill
517 W Cross St
Ypsilanti, MI 48197-3234



9590 9402 8326 3094 0055 30

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3944 91

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

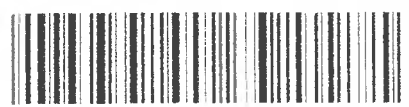
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI-Theory

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL



9589 0710 5270 0869 3944 91
Please Sign Return Receipt

POSTAGE
US POSTAGE
\$008.50
First-Class Mail
9589 0710 5270
ZIP 48104
0365 0011816397

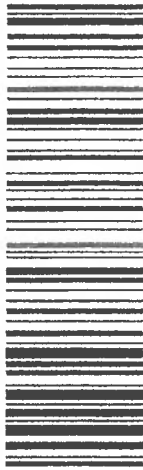
DIANGORAS BAR & GRILL INC.
d/b/a CROSSROAD'S BAR & GRILL
517 W Cross St
Ypsilanti, MI 48197-3234

MTF

MI X118 482 1
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD
BC: 48197-3234
1677
48197-3234

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



9589 0710 5270 0869 3945 07
 9589 0710 5270 0869 3945 07

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.55	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Jonathan's Family Restaurant, Inc.	
d/b/a Classic Cup Cafe	
Street and Apt. No., or PO Box No. 4389 Jackson Rd.	
City, State, ZIP+4® Ann Arbor, MI 48103-1831	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Jonathan's Family Restaurant, Inc.
d/b/a Classic Cup Cafe
4389 Jackson Rd
Ann Arbor, MI 48103-1831

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3945 07

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

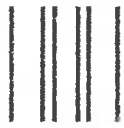
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI-theater

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL

METROPLEX MI 480



7022 0410 0000 9109 7037

Please sign Return Receipt

Handwritten notes:
Scan
JWD
381
JTS
JTS
948092089481070
48104

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
FIRST-CLASS PERMIT NO. 11818597
ANN ARBOR MI 48104

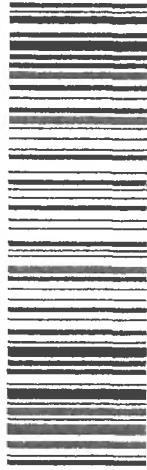
Nicholas Manikas, Resident Agent
JONATHAN'S FAMILY RESTAURANT, INC.
d/b/a CLASSIC CUP CAFE
4389 Jackson
Ann Arbor

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
FIRST-CLASS PERMIT NO. 11818597
ANN ARBOR MI 48104

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, TO THE DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3945 14
9589 0710 5270 0869 3945 14

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To
Rexo LLC d/b/a Inverness Inn
Street and Apt. No., or P.O. Box No.
13996 N Territorial Rd
City, State, ZIP+4®
Gregory, MI 48137-9639

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rexo LLC
d/b/a Inverness Inn
13996 N. Territorial Rd
Gregory, MI 48137-9639



9590 9402 8326 3094 0058 37

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3945 14

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Campbell

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

603 E. Liberty
Ann Arbor, MI
48104

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

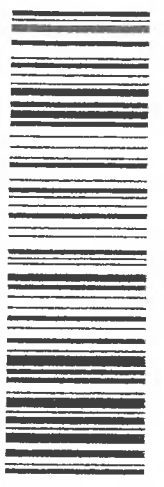
* Sender: Please print your name, address, and ZIP+4® in this box*

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Theatry

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3944 22
 9589 0710 5270 0869 3944 22

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
 \$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ **0.63**

Total Postage and Fees
 \$ **8.53**

Sent To **Jackson Roadhouse LLC**
d/b/a Bel-Mark Lanes
 Street and Apt. No., or PO Box No.
3530 Jackson Rd
 City, State, ZIP+4®
Ann Arbor MI 48103-1816

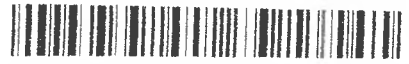
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jackson Roadhouse LLC
d/b/a Bel-Mark Lanes
3530 Jackson Rd
Ann Arbor, MI 48103-1816



9590 9402 8326 3094 0058 20

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3944 22

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

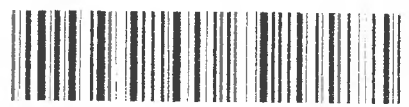
Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#



9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

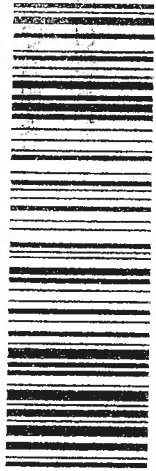
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

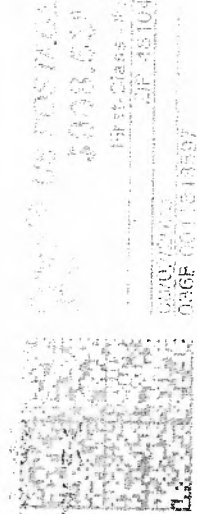
ab-mi-theater

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL



9589 0710 5270 0869 3944 22
Please sign Return Receipt

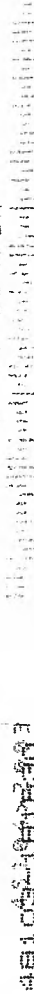


JACKSON ROADHOUSE LLC
d/b/a BEL-MARK LANES
3530 Jackson Rd
Ann Arbor, MI 48103-1816

482 N/E L 522108008/03/23
FORWARD TIME EXP RTN TO SEND
JACKSON ROADHOUSE LLC
3530 VAN BORN RD
DEARBORN MI 48103-2375

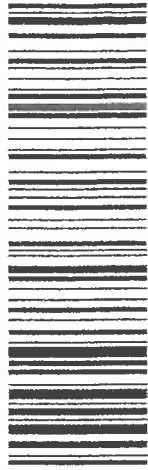
9589071052700869394422

RETURN TO SENDER



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



9589 0710 5270 0869 3944 39
9589 0710 5270 0869 3944 39

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee	\$ 4.35
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.55
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ 0.63
Total Postage and Fees	\$ 8.53

Postmark
Here

Sent To **BL Restaurant Operations, LLC dba Bar Louie**
Street and Apt. No., or PO Box No. **401 E Liberty St, Ste 200**
City, State, ZIP+4 **Ann Arbor MI 48104-2296**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**BL Restaurant Operations, LLC
dba Bar Louie
401 E Liberty St, Ste 200
Ann Arbor, MI 48104-2296**



9590 9402 8326 3094 0058 51

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3944 39

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4^c in this box*

**Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131**

AB-MI Theat

*Cert to withdraw
from state
Filed in
2021*

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL



9589 0710 5270 0869 3944 39

Please Sign Return Receipt

BL RESTAURANT OPERATIONS, LLC
d/b/a BAR LOUIE
401 E Liberty St, Ste 200
Ann Arbor, MI 48104-2296

OK



NO. X1E 452 41 1 0000700/24

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
POSTAGE TO FOLLOW

NO. 48104200303 253-02399-02-43



48104-2296

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3944 46
 9589 0710 5270 0869 3944 46

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

Certified Mail Fee
 \$ **4.85**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ **0.63**

Total Postage and Fees
 \$ **8.53**

Postmark Here

Sent To: **YPBOR Yan LLC**
d/b/a YPBOR Yan Restaurant
 Street and Apt. No., or PO Box No.
4905 Washkenaw Ave
 City, State, ZIP+4®
Ann Arbor, MI 48108-1413

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
YPBOR Yan LLC
d/b/a YPBOR Yan Restaurant
4905 Washkenaw Ave
Ann Arbor, MI 48108-1413

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3944 46

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Insured Mail

Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

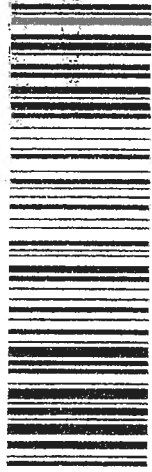
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AG-MI Treaty

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL



9589 0710 5270 0869 3944 46
Please sign Return Receipt



POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

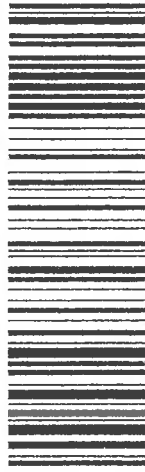
0368 601137857
ZIP 48104

YPBOR YAN LLC
d/b/a YPBOR YAN RESTAURANT
4905 Washtenaw Ave
Ann Arbor, MI 48108-1413

STATE MI 48108 ZIP 48108
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
UTR 481084413035
BC: 481084280103
481084413035

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3944 53
9589 0710 5270 0869 3944 53

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
\$ **4.35**
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.55**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**
Total Postage and Fees
\$ **8.53**

Sent To **T5FR Apple Venture LLC a/b/a
Applebee's Neighborhood Grill & Bar # 8079**
Street and Apt. No., or PO Box No.
2310 Green Rd
City, State, ZIP+4®
Ann Arbor MI 48105-2951

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**T5FR Apple Venture LLC
a/b/a Applebee's Neighborhood Grill & Bar #8079
2310 Green Rd
Ann Arbor, MI 48105-2951**



9590 9402 8326 3094 0058 75

2. Article Number (transfer from service label)
9589 0710 5270 0869 3944 53

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

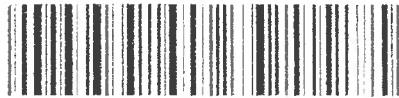
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

**Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131**

ab-mi-theater

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL



9589 0710 5270 0869 3944 53

METROPLEX MI 480

2023 PM 8 L

POST OFFICE BOX 2700
ANN ARBOR MI 48104

Post Office MI
ZIP 48104

0368 0011818537

IA

TSFR APPLE VENTURE LLC
d/b/a APPLEBEE'S NEIGHBORHOOD GRILL & BAR #8079
2310 Green Rd
Ann Arbor, MI 48105-2951

RECEIVED 48105-2951 0000100100

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
PLEASE TO FORWARD

JTF 48105-2951 0000100100 *2254-07391-001-42

48105-2951 0000100100

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3944 60
 9589 0710 5270 0869 3944 60

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
 \$ 4.35

Extra Services & Fees (check box, add fee as appropriate)

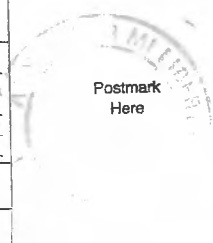
Return Receipt (hardcopy) \$ 3.55

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
 \$ 0.63

Total Postage and Fees
 \$ 8.53

Sent To
ABRAZALO LLC db/a Dolores
 Street and Apt. No., or PO Box No.
125 Washington St.
 City, State, ZIP+4®
Ypsilanti, MI 48197-5426

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ABRAZALO LLC
db/a Dolores
125 Washington St
Ypsilanti, MI 48197-5426



2. Article Number (Transfer from service label) _____
 9589 0710 5270 0869 3944 60

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-ME Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

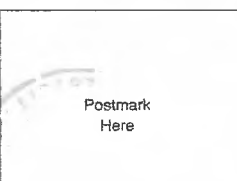


9589 0710 5270 0869 3943 78
9589 0710 5270 0869 3943 78

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee	\$ 4.35
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.55
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$ 0.63
Total Postage and Fees	\$ 8.53

Sent To **JBD Ann Arbor, LLC**
 d/b/a Jim Brady's Detroit
 Street and Apt. No., or PO Box No.
209 S. Main St
 City, State, ZIP+4®
Ann Arbor, MI 48104-2105

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JBD Ann Arbor, LLC
d/b/a Jim Brady's Detroit
209 S. Main St
Ann Arbor, MI 48104-2105



9590 9402 8326 3094 0058 99

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3943 78

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

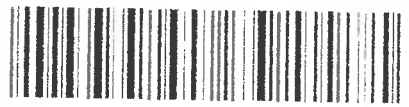
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

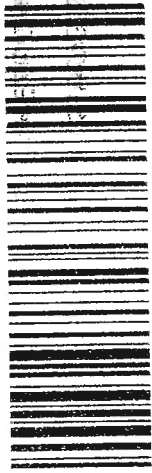
• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Theatr

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL

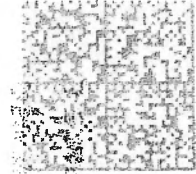


9589 0710 5270 0869 3943 78

Please sign Return Receipt

JBD ANN ARBOR, LLC
d/b/a JIM BRADY'S DETROIT
209 S Main St
Ann Arbor, MI 48104-2105

Handwritten initials/signature



US POSTAGE
\$008.53
First-Class Mail
ZIP 48104

PSN 48104
0566 P01418597

MIAMI 482 FEB 1 9909/06/23

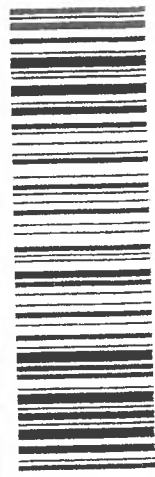
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNDELIVERABLE TO FORWARD

BC: 48104200303 *0890-09804-06-25

4810420030303

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



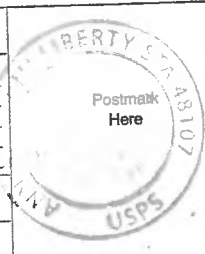
9589 0710 5270 0869 3943 85
9589 0710 5270 0869 3943 85

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee
\$ 4.35
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.55
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$ 0.63
Total Postage and Fees
\$ 8.53



Sent To
Toonerville Hospitality LLC
Street and Apt. No., or PO Box No.
1759 Plymouth Rd
City, State, ZIP+4®
Ann Arbor MI 48105-1827
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressee to:
Toonerville Hospitality LLC
1759 Plymouth Rd
Ann Arbor, MI 48105-1827



9590 9402 6326 3094 0059 12

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3943 85

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 6326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

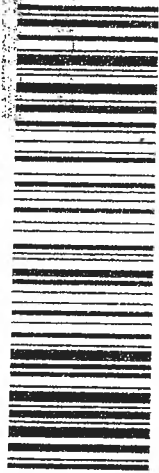
United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •
Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131
AB-MC Theatv

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

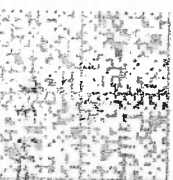
16

CERTIFIED MAIL



9589 0710 5270 0869 3943 85

Please sign Return Receipt



2025
NOV 15 POSTAGE
\$102.50
FIRST CLASS - IMR
ZIP 48104

0360 72024
0368 0011818597

TOONERVILLE HOSPITALITY LLC
1759 Plymouth Rd
Ann Arbor, MI 48105-1827

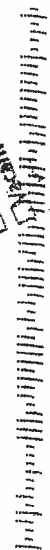
*NSN
8-2
C*



- Undeliverable as addressed
- Addressed, left No Address
- Moved, left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Receipts
- Deceased
- Vacant

- Undeliverable as addressed
- Addressed, left No Address
- Moved, left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Receipts
- Deceased
- Vacant

48105-182759



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL

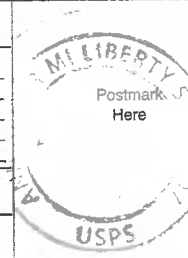


9589 0710 5270 0869 3943 92
9589 0710 5270 0869 3943 92

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee
\$ **4.85**
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.85**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage
\$ **0.63**
Total Postage and Fees
\$ **8.53**

Sent To **Mullalli, Bardhyl aka Quickie Burger**

Street and Apt. No., or PO Box No.
800 S State St
City, State, ZIP+4®
Ann Arbor MI 48104-3330

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Mullalli, Bardhyl
aka Quickie Burger
800 S State St
Ann Arbor, MI 48104-3330**



9590 9402 8326 3094 0059 05

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3943 92

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

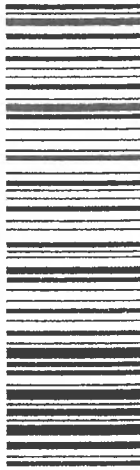
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI-Theory

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



9589 0710 5270 0869 3944 08
9589 0710 5270 0869 3944 08

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.53**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To **MOPEPCO, LLC**
d/b/a Craft Brew City
Street and Apt. No., or PO Box No.
640 Packard St
City, State, ZIP+4®
Ann Arbor MI 48104-3814

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MOPEPCO, LLC
d/b/a Craft Brew City
640 Packard St.
Ann Arbor, MI 48104-3814



9590 9402 8326 3094 0059 29

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3944 08

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

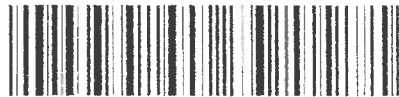
Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Insured Mail

Insured Mail Restricted Delivery (over \$500)

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS TRACKING #



9590 9402 8326 3094 0055 16

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AG-MI-Theory

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

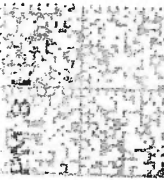
16

CERTIFIED MAIL

METROPLEX MI 480



2023



9589 0710 5270 0869 3944 08

Please Sign Return Receipt

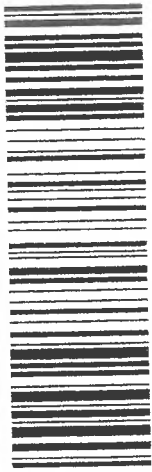
MOPECO, LLC
d/b/a CRAFT BREWERY CITY
640 Packard St
Ann Arbor, MI 48104-3314

John

UNABLE TO FORWARD FOR REVIEW
482 N C9999/98/21
C9999

48104-3314
48104-3314
48104-3314

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



9589 0710 5270 0869 3944 15
 9589 0710 5270 0869 3944 15

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee
 \$ **4.35**
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.15**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage
 \$ **0.63**
 Total Postage and Fees
 \$ **8.53**

Sent To
D.J. Jefferies Management LLC d/b/a Ziggy's
 Street and Apt. No., or PO Box No.
206 W. Michigan Ave
 City, State, ZIP+4®
Ypsilanti, MI 48197

PS Form 3800, January 2023 PSN 7530-02-000-9947 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
D.J. Jefferies Management LLC
d/b/a Ziggy's
206 W Michigan Ave
Ypsilanti, MI 48197



9590 9402 8326 3094 0059 43

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3944 15

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-ME Theatrical

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3946 51
 9589 0710 5270 0869 3946 51

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.85	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Qdoba Restaurant Corporation Alba Qdoba Mexican Eats Store #2250 <small>Street and Apt. No., or PO Box No.</small> 3279 Washtenaw Ave <small>City, State, ZIP+4®</small> Ann Arbor, MI 48104-4201	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Qdoba Restaurant Corporation
Alba Qdoba Mexican Eats Store #2250
3279 Washtenaw Ave
Ann Arbor, MI 48104-4201

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3946 51

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DWY McDinkin Addressee

B. Received by (Printed Name) **DWAY McDinkin** C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

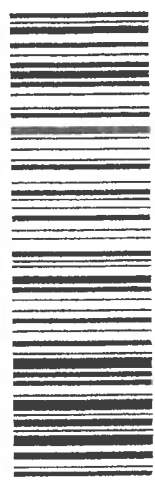
United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MT Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



9589 0710 5270 0869 3946 68
9589 0710 5270 0869 3946 68

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee
\$ **4.35**
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.55**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**
Total Postage and Fees
\$ **8.53**

Sent To: **Polo Fields Enterprises LLC**
4619 Polo Fields Golf and Country Club
Street and Apt. No., or PO Box No.
5200 Polo Fields Dr
City, State, ZIP+4®
Ann Arbor, MI 48103-9043

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Polo Fields Enterprises LLC
4619 Polo Fields Golf and Country Club
5200 Polo Fields Dr
Ann Arbor, MI 48103-9043



9590 9402 8326 3094 0059 50

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3946 68

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee
B. Received by (Printed Name) **Jordyn T. Adair** C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MT-Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3946 20
9589 0710 5270 0869 3946 20

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fees as appropriate)

- Return Receipt (hardcopy) \$ **3.85**
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**
Total Postage and Fees
\$ **8.53**

Sent To **Ventures, LLC**
Street and Apt. No., or PO Box No.
1235 S University Ave
City, State, ZIP+4®
Ann Arbor, MI 48104-2523

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ventures, LLC
1235 S University Ave
Ann Arbor, MI 48104-2523



9590 9402 8326 3094 0059 74

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3946 20

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 8326 3094 0055 16



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AG-MI Theatv

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL

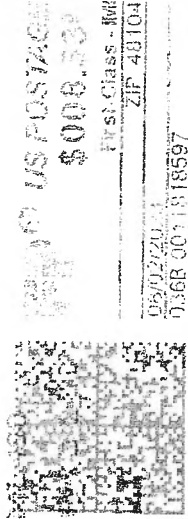


9589 0710 5270 0869 3946 20

Please Sign Return Receipt

VENTURES, LLC
1235 S University Ave
Ann Arbor, MI 48104-2523

*500123 en
11-14
18/12/18*



PAID BY US POSTAGE
\$008.53

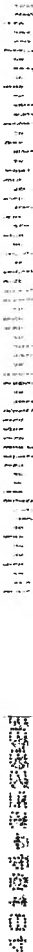
Post-Office - MI
ZIP 48104

02/02/20
036R 0011818597

MAIL PERMIT NO. 8088/1172

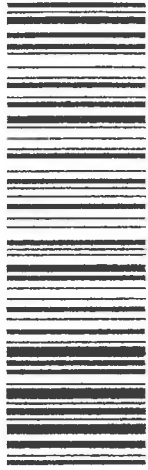
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 48104200303 70898-07374-11-34



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT DOTTED LINE.

CERTIFIED MAIL®



9589 0710 5270 0869 3946 37
9589 0710 5270 0869 3946 37

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent to **U.S. Lodge, L.L.C.**
dba A Victory Inn & Suites
Street and Apt. No., or PO Box No.
3750 Washtenaw Ave
City, State, ZIP+4®
Ann Arbor, MI 48104-5253

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
U.S. 23 Lodge, L.L.C.
dba A Victory Inn & Suites
3750 Washtenaw Ave
Ann Arbor, MI 48104-5253



9590 9402 8326 3094 0059 67

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3946 37

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Ejars** Agent Addressee

X

B. Received by (Printed Name) **Ejars** C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Signature Confirmation™
- Collect on Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING#



9590 9402 8326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

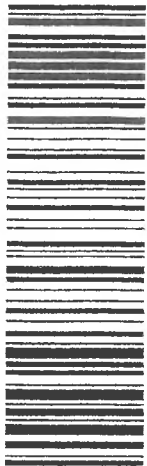
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Treaty

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3946 44
9589 0710 5270 0869 3946 44

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee \$ 4.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.55	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ 0.63	
Total Postage and Fees \$ 8.53	
Sent To Andy & Chris, Inc. d/b/a Andy & Chris Street and Apt. No., or PO Box No. 2800 Washtenaw Rd City, State, ZIP+4® Ypsilanti, MI 48197-1507	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Andy & Chris, Inc.
d/b/a Andy & Chris
2800 Washtenaw Rd
Ypsilanti, MI 48197-1507



9590 9402 8326 3094 0059 81

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3946 44

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

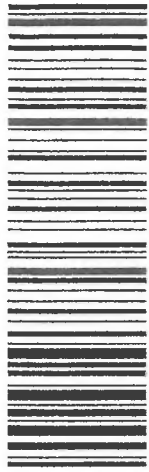
• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-ME Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



9589 0710 5270 0869 3946 06

9589 0710 5270 0869 3946 06

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

Certified Mail Fee
\$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ **0.63**

Total Postage and Fees
\$ **8.53**

Sent To
JD Dara, LLC
Street and Apt. No., or PO Box No.
555 Dancer Rd
City, State, ZIP+4®
Chelsea, MI 48118-9628

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JD DARA, LLC
555 Dancer Rd
Chelsea, MI 48118-9628

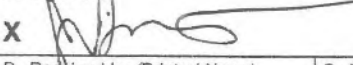


9590 9402 8326 3094 0059 98

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3946 06

COMPLETE THIS SECTION ON DELIVERY

A. Signature
  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 8326 3094 0055 16

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MITheatr

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3946 13
 9589 0710 5270 0869 3946 13

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee
 \$ **4.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **3.55**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ **0.63**

Total Postage and Fees
 \$ **8.53**

Sent To **DOG TIME, LLC**
d/b/k. Ray's Red Hots
 Street and Apt. No., or PO Box No.
629 E University Ave
 City, State, ZIP+4®
Ann Arbor, MI 48104-3006

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DOG TIME, LLC
d/b/k. Ray's Red Hots
629 E University Ave
Ann Arbor, MI 48104-3006



9590 9402 7496 2098 3241 43

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3946 13

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Signature Confirmation™
- Collect on Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #



9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

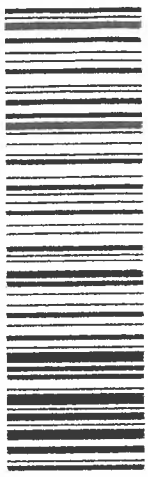
• Sender: Please print your name, address, and ZIP+4® in this box •

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-Mt. Theater

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3945 76
9589 0710 5270 0869 3945 76

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

Certified Mail Fee	\$ 4.35
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.50
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 0.63
Total Postage and Fees	\$ 8.53
Sent To	Cultivate Cafe, LLC
Street and Apt. No., P.O. Box No.	307 N. River St.
City, State, ZIP+4®	Ypsilanti, MI 48198-2800

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cultivate Cafe, LLC
 307 N. River St
 Ypsilanti, MI 48198-2800



9590 9402 8326 3094 0060 01

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3945 76

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

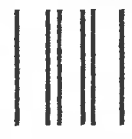
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

USPS TRACKING#



9590 9402 8326 3094 0055 16



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.®

Conlin, McKenney & Philbrick, P.C.
 350 South Main Street, Suite 400
 Ann Arbor, MI 48104-2131

AB-MI Theatrical

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL

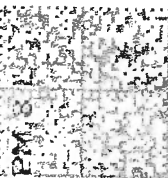


9589 0710 5270 0869 3945 76

Please Sign Return Receipt

CULTIVATE CAFE, LLC
307 N River St
Ypsilanti, MI 48198-2800

METROPLEX MI 480



08/02/2023
036B 001181 97
First-Class Mail
ZIP 48104

RECEIVED BY THE ADDRESSEE

NOT DELIVERABLE AS ADDRESSED
RETURN TO SENDER
UNDELIVERABLE TO ADDRESSEE

SC: 48104200302

48104-280007

72264-00271-02-43

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



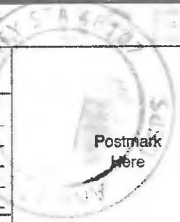
9589 0710 5270 0869 3945 90
9589 0710 5270 0869 3945 90

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
\$ **4.35**
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.95**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$ **0.63**
Total Postage and Fees
\$ **8.53**



Sent To **Nori of Ann Arbor LLC**
Street and Apt. No., or PO Box No. **1691 & 1701 Plymouth Rd, Ste A-14 & A-15**
City, State, ZIP+4® **Ann Arbor, MI 48104**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nori of Ann Arbor LLC
UNCLAIMED
1691 & 1701 Plymouth Rd, Ste A-14 & A-15
Ann Arbor, MI 48104



9590 9402 8326 3094 0055 16

2. Article Number (Transfer from service label)

9589 0710 5270 0869 3945 90

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Janie McDear Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

USPS TRACKING #



9590 9402 8326 3094 0060 18

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

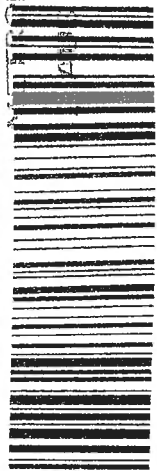
Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Throat

Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

WIP

REGISTERED MAIL



PLEX MI 480



2023

US POSTAGE
\$008.50

First-Class Mail
ZIP 48104
09/02/2023
036R 0011818597

9589 0710 5270 0869 3945 90

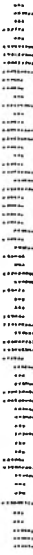
Please sign return receipt

NORI OF ANN ARBOR LLC
1691 & 1701 Plymouth RD, STE A-14 & A-15
Ann Arbor, MI 48104

BC
8-4
UNCLAIMED

UNCLAIMED

48105-182591



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 0869 3945 83
 9589 0710 5270 0869 3945 83

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee
 \$ **4.35**

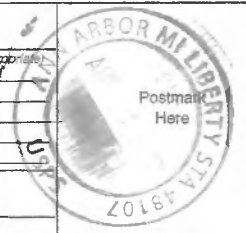
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.55**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ **0.63**

Total Postage and Fees
 \$ **8.53**

Sent To **Don Juan State Street, LLC**
Alba Don Juan Mexican Restaurant
 Street and Apt. No., or PO Box No.
3752 S State Rd
 City, State, ZIP+4®
Ann Arbor MI 48108-1661

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Don Juan State Street, LLC
Alba Don Juan Mexican Restaurant
3752 S State Rd
Ann Arbor, MI 48108-1661



9590 9402 8326 3094 0060 18

2. Article Number (Transfer from service label)
9589 0710 5270 0869 3945 83

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 8326 3094 0055 16

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Conlin, McKenney & Philbrick, P.C.
350 South Main Street, Suite 400
Ann Arbor, MI 48104-2131

AB-MI Treaty

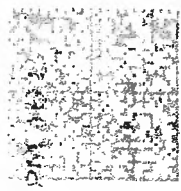
Michigan Theater Foundation, Inc.
603 E. Liberty
Ann Arbor, MI 48104

CERTIFIED MAIL



9589 0710 5270 0869 3945 83
Please sign return receipt

METROPLEX MI 4800



52/02/25/23
0366 001184657

DON JUAN STATE STREET, LLC
d/b/a DON JUAN MEXICAN RESTAURANT
3752 S State Rd
Ann Arbor, MI 48108-1661

WTF

48108-1661
UTF
800 48104200303 *2490-04220-02-42
NOT DELIVERABLE AS ADDRESSED
AVAILABLE TO FORWARD
0005707144



ACS-5812965-D-2007-6
Lawrence Kestenbaum, Washtenaw

L-4646 P-419

COPY

QUIT CLAIM DEED

The Grantor, **CITY OF ANN ARBOR**, a Michigan municipal corporation, whose address is 100 N. Fifth Avenue, Ann Arbor, MI 48104, quit claims to the Grantee, **MICHIGAN THEATER FOUNDATION, INC.**, a Michigan nonprofit corporation, whose address is 603 East Liberty Street, Ann Arbor, MI 48104, the premises in the City of Ann Arbor, Washtenaw County, Michigan, described as:

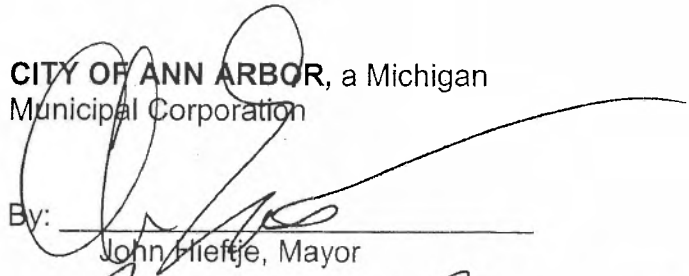
(Described in Exhibit A, which is attached and incorporated herein by reference)

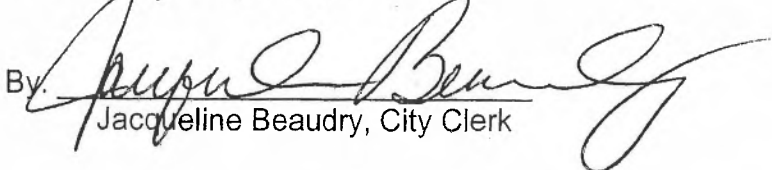
commonly known as the Michigan Theater, located at 603 East Liberty Street, for the full consideration of One Dollar (\$1.00) and other valuable consideration,

subject to easements and building and use restrictions of record including, but not limited to, certain covenants and restrictions benefiting the City of Ann Arbor, attached as Exhibit B, and incorporated herein by reference, and

subject to the City of Ann Arbor's reservation of easement rights for public utilities, including emergency access to operate, repair, replace and maintain the public utilities in, on and over the property described in Exhibit A herein.

This instrument is exempt from Transfer Taxes pursuant to MCL207.505(a)(h)(i) and MCL 207.526(a)(h)(i).

CITY OF ANN ARBOR, a Michigan
Municipal Corporation
By: 
John Hieftje, Mayor

By: 
Jacqueline Beaudry, City Clerk

STATE OF MICHIGAN
COUNTY OF WASHTENAW

The following instrument was acknowledged before me this
7th day of May, 2007 by John Hieftje and
Jacqueline Beaudry, Mayor and City Clerk, respectively, of the City of Ann
Arbor, a Michigan municipal corporation, on behalf of said corporation.

Marylou Zimmerman
Marylou Zimmerman, Notary Public
Washtenaw County, Michigan
Acting in Washtenaw County, MI
My Commission Expires: October 15, 2008

MARYLOU ZIMMERMAN
Notary Public, Washtenaw County, MI
My Commission Expires Oct. 15, 2008

Applies to Parcels 1-7

* Tax Parcel#: 09-29-108-023 and 09-29-108-025 and 09-29-108-174 *

*applies to
Parcel #8*

Drafted by and When Recorded Return To:

Kevin S. McDonald
City Attorney's Office
City of Ann Arbor
PO BOX 8647
Ann Arbor, MI 48107-8647
734-994-2670

EXHIBIT A

Legal Description

Parcel 1

Commencing at the East $\frac{1}{4}$ corner, Section 29, T2S, R6E, in the City of Ann Arbor, Washtenaw County, Michigan; thence North 41.75 feet along the east line of said section and the center line of State Street; thence N $85^{\circ} 46'$ W 240.43 feet along the centerline of East Liberty Street; thence N $4^{\circ} 14'$ E 33.0 feet for a PLACE OF BEGINNING; then N $85^{\circ} 46'$ W 32.06 feet along the north line of East Liberty Street; thence N $4^{\circ} 14'$ E 5.20 feet thence S $85^{\circ} 46'$ E 0.65 feet; thence N $4^{\circ} 15'$ E 52.92 feet; thence N $85^{\circ} 48' 30''$ W 170.60 feet; thence N $3^{\circ} 58' 30''$ E 74.82 feet along the west line of Lot 15 of Assessor's Plat No. 27 as recorded in Liber 9 of Plats, Page 18, Washtenaw County Records; thence S $85^{\circ} 46'$ E 203.77 feet along the north line of said lot; thence S $4^{\circ} 10' 30''$ W 75.00 feet; thence N $85^{\circ} 46'$ W 0.81 feet; then S $4^{\circ} 18'$ W 52.73 feet; thence N $85^{\circ} 46'$ W 0.7 feet; thence S $4^{\circ} 14'$ W 5.20 feet to the Place of Beginning.

Parcel 2

Commencing at the East $\frac{1}{4}$ corner, Section 29, T2S, R6E, in the City of Ann Arbor, Washtenaw County, Michigan; thence North 41.75 feet along the east line of said section and the centerline of State Street; thence N $85^{\circ} 46'$ W 240.43 feet along the centerline of East Liberty Street; thence N $4^{\circ} 14'$ E 33.0 feet; thence N $85^{\circ} 46'$ W 32.06 feet; thence N $4^{\circ} 14'$ E 5.20 feet; thence S $85^{\circ} 46'$ E 0.65 feet; thence N $4^{\circ} 15'$ E 43.82 feet for a PLACE OF BEGINNING; thence N $85^{\circ} 48' 30''$ W 22.32 feet; thence N $4^{\circ} 14'$ E 9.10 feet; thence S $85^{\circ} 48' 30''$ E 22.32 feet; thence S $4^{\circ} 15'$ W 9.10 feet to the Place of Beginning.

Parcel 3

Commencing at the East $\frac{1}{4}$ corner, Section 29, T2S, R6E, in the City of Ann Arbor, Washtenaw County, Michigan; thence North 41.75 feet along the east line of said section and the centerline of North State Street; thence N $85^{\circ} 46'$ W 240.43 feet along the centerline of East Liberty Street; thence N $4^{\circ} 14'$ E 38.20 feet; thence S $85^{\circ} 46'$ E 0.70 feet; thence N $4^{\circ} 18'$ E 48.51 feet for a PLACE OF BEGINNING; thence N $4^{\circ} 18'$ E 4.22 feet; thence S $85^{\circ} 46'$ E 0.81 feet; thence N $4^{\circ} 10' 30''$ E 0.68 feet; thence S $85^{\circ} 46'$ E 4.39 feet; thence S $4^{\circ} 18'$ W 4.90 feet; thence N $85^{\circ} 46'$ W 5.20 feet to the Place of Beginning.

Parcel 4

Commencing at the East $\frac{1}{4}$ corner, Section 29, T2S, R6E, in the City of Ann Arbor, Michigan; thence North 41.75 feet; thence N $85^{\circ} 46'$ W 240.43 feet along the centerline of East Liberty Street; thence N $4^{\circ} 14'$ E 33.00 feet for a PLACE OF BEGINNING; thence N $4^{\circ} 14'$ E 5.2 feet; thence S $85^{\circ} 46'$ E 0.70 feet; thence N $4^{\circ} 18'$ E 52.73 feet; thence S $85^{\circ} 46'$ E 0.81 feet; thence N $4^{\circ} 10' 30''$ E 75.00 feet; thence S $85^{\circ} 46'$ E 0.13 feet along the north line of said Lot 15; thence along the east line of said Lot 15, South 58.33 feet, S $85^{\circ} 46'$ E 23.5 feet

and South 75.00 feet; thence N 85 ° 46' W 34.77 feet along the north line of Liberty Street to the Place of Beginning. EXCEPTING the southerly 52.73 feet.

Granting an easement for ingress, egress and public utilities over the easterly 3.79 feet of the southerly 52.73 feet.

Parcel 5

ALSO granting an easement for entry and egress from the above described land as follows: Commencing at the East ¼ corner, Section 29, T2S, R6E, in the City of Ann Arbor, Washtenaw County, Michigan; thence North 41.75 feet along the east line of said section and the centerline of State Street; thence N 85° 46' W 442.17 feet along the centerline of East Liberty Street; thence N 4° 14' E 33.0 feet; thence N 3 ° 56' 30" E 52.00 feet along the west line of Lot 15 of Assessor's Plat No. 27 as recorded in Liber 9 of Plats, Page 18, Washtenaw County Records for a PLACE OF BEGINNING; thence N 3° 58' 30" E 6.00 feet; thence S 85° 48' 30" E 148.28 feet; thence S 4 ° 14' W 6.00 feet; thence N 85 ° 48' 30" W 148.25 feet to the Place of Beginning.

Parcel 6

ALSO granting an easement for entry and egress through that space lying above elevation 872.49 feet Ann Arbor City Datum and below elevation 886.53 feet Ann Arbor City Datum bounded as follows:

Commencing at the East ¼ corner, Section 29, T2S, R6E, in the City of Ann Arbor, Washtenaw County, Michigan; thence North 41.75 feet along the east line of said section and the centerline of State Street; thence N 85 ° 46' W 442.17 feet; thence N 4° 14' E 33.00 feet for a PLACE OF BEGINNING; thence N 3 ° 56' 30" E 52.00 feet; thence S 85 ° 48' 30" E 11.40 feet; thence S 3 ° 54' 30" W 52.00 feet; thence N 85 ° 46' W 11.43 feet along the north line of East Liberty Street to the Place of Beginning, all being part of Lot 15 of the Assessor's Plat No. 27.

Parcel 7

ALSO granting an easement for ingress and egress over Lot 9, Assessor's Plat No. 27, City of Ann Arbor, as recorded in Liber 9 of Plats Page 18, Washtenaw County Records.

Parcel 8

The southerly 20-feet of Lot 9, Assessor's Plat No. 27, City of Ann Arbor, as recorded in Liber 9 of Plats, Page 18, Washtenaw County Records.

EXHIBIT B

Covenants and Restrictions

These Covenants and Restrictions ("Covenants") are declared by the City of Ann Arbor, a Michigan municipal corporation ("City"), whose address is 100 North Main Street, Ann Arbor, Michigan 48104.

These Covenants apply to the Premises in the City of Ann Arbor, Washtenaw County, Michigan, described as:

(Described in Exhibit A, which is attached and incorporated herein by reference)

commonly known as the Michigan Theater, located at 603 East Liberty Street.

Purpose. The purpose of these Covenants is to have the premises remain a community theater in perpetuity for the benefit of the citizens of Ann Arbor, and to maintain the historic building without the option of removal and redevelopment of the building or property for a use other than as a theater, and to provide the City with occasional use of the property.

Restrictions. Grantor declares and establishes the following covenants and restrictions and this document provides record notice of these restrictions on the Premises:

1. The Premises shall be used solely as a community theater for the benefit of the citizens of the City of Ann Arbor and the surrounding community. Community theater uses shall include: staging performing arts events; exhibiting motion pictures; exhibiting events transmitted electronically to the theater; holding public or private meetings and events; and, accessory office uses for the management or operation of the theater.
2. The Premises shall be preserved as a historic building and maintained on the National Register of Historic Places. Preservation, replacement, repair, and reconstruction of the Premises shall be in accordance with the guidelines and recommendations of The United States Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings, as may be amended or replaced from time to time. Rehabilitation and restoration work on the exterior of the building shall be reviewed and approved by the City of Ann Arbor Historic District Commission, or other commission, board, service area, or individual as determined by the City Council.
3. The height of any building on the Premises shall not exceed the height of the existing building (which is six stories at its highest point).

4. The Premises shall be operated by the Michigan Theater Foundation, Inc., or a successor nonprofit corporation, whose purpose is to operate the theater in accordance with these Covenants. The City shall be granted the power to appoint two members of the Board of Trustees of the Michigan Theater Foundation, Inc., or a successor nonprofit corporation, and shall be granted additional appointments in the ratio of one additional trustee for every additional 10 trustees on the Board beyond 20 total trustees. The number of trustees that the City shall appoint shall not be less than two. The City may appoint members of City Council or other citizens of Ann Arbor to the Board.
5. In the event of an emergency or disaster, as defined and determined by Ann Arbor City Code or applicable state or federal laws, the Premises shall be used, at the City's request, as a site for emergency or disaster relief purposes and/or public shelter.
6. The Premises shall be used by the City up to 12 times per calendar year for meetings or events held by the City at no charge to the City.

Requirement of Title. Any and all future deeds, leases, and transfers of any interest in the premises shall be expressly made subject to all of the reservations, restrictions, and conditions contained in these Covenants. Compliance with the provisions of these Covenants shall be deemed to be a requirement of title.

Benefited Parties. These Covenants are made for the benefit of the City of Ann Arbor and its citizens and shall burden and run with the land.

Reversion of Premises. If, at any time, the Premises is not used in accordance with the these Covenants set forth herein, then the Premises shall revert to the City of Ann Arbor, or its heirs, successors, and assigns, and the City of Ann Arbor, its heirs, successors or assigns shall have all right, title, and interest in and to the Property.

Severability. If any provision of these Covenants shall be held by a court of proper jurisdiction to be invalid, illegal or unenforceable, the remaining provisions shall survive and their validity, legality or enforceability shall not in any way be affected or impaired.

(Please do not write in spaces below—for Department use)

712 968

MICHIGAN DEPARTMENT OF COMMERCE — CORPORATION AND SECURITIES BUREAU

Date Received

FEB 15 1979

FILED

Michigan Department of Commerce

FEB 27 1979

James W. Kelleys
DIRECTOR

(SEE INSTRUCTIONS ON REVERSE SIDE)

(Non-Profit Domestic Corporations)

ARTICLES OF INCORPORATION

These Articles of Incorporation are signed by the incorporators for the purpose of forming a non-profit corporation pursuant to the provisions of Act 327, Public Acts of 1931, as amended, and Act 284, Public Acts of 1972, as amended, as follows:

ARTICLE I.

The name of the corporation is MICHIGAN COMMUNITY THEATRE CORPORATION ✓

ARTICLE II.

The purpose or purposes for which the corporation is organized are as follows:
(See Part I of Instructions)

To operate a community theatre exclusively for educational, charitable, scientific and literary purposes and for the promotion and advancement of the arts including the right, by way of description and not by way of limitation, to acquire by sale, lease or otherwise, an historic theatre structure, for the purpose of housing the theatre and to do all acts necessary to preserve and maintain such structure, and to use such structure exclusively for the aforesaid purposes.

ARTICLE III.

Said corporation is organized upon a non-stock basis.
(Stock-share or non-stock)

(a)

(If upon a stock-share basis fill in the following)

The total number of shares of stock which the corporation shall have authority to issue is _____
of the par value of \$_____ per share.

A statement of all or any of the designations and the powers, preferences and rights, and the qualifications, limitations or restrictions thereof is as follows: _____

(b)

(If upon a non-stock basis strike out paragraph (a) above and fill in the following)
The amount of assets which said corporation possesses is:

*Real Property: None. (Corporation may purchase or lease an historic theatre building to carry out its purposes.)

*Personal Property: None.

*(Give description and value. If none, insert "none")

Said corporation is to be financed under the following general plan:

By contribution, bequests, devise, grant or gift to it, in trust or otherwise for any purpose or purposes herein stated.

ARTICLE IV.

(1) The address of the initial registered office is (See part 2 of Instructions)

1st Nat'l Bldg. - 10th Floor Ann Arbor Michigan 48104
201 S. Main Street (No. and Street) (Town or City) (Zip Code)

(2) The mailing address of the initial registered office is (need not be completed unless different from the above address—See part 2 of Instructions)

_____ Michigan _____
(No. and Street) (Town or City) (Zip Code)

(3) The name of the initial resident agent at the registered office is

CHARLES W. BORGS DORF

ARTICLE V.

The names and addresses of the incorporators are as follows:
(At least 3 incorporators are required, See Part 3 of Instructions)

Names	Residence or Business Address
John R. Hathaway	Ann Arbor, MI 48104
Louis D. Belcher	Ann Arbor, MI 48103
Richard L. Lotz	Ann Arbor, MI 48103
Henry B. Aldridge	Ann Arbor, MI 48103
Earl W. Greene	Ann Arbor, MI 48105

ARTICLE VI.

The names and addresses of the first board of directors (or trustees) are as follows:
(At least 3 directors or trustees are required; See Part 3 of Instructions)

Names	Residence or Business Address
John R. Hathaway	Ann Arbor, MI 48104
Louis D. Belcher	Ann Arbor, MI 48103
Richard L. Lotz	Ann Arbor, MI 48103
Henry B. Aldridge	Ann Arbor, MI 48103
Earl W. Greene	Ann Arbor, MI 48105

ARTICLE VII. No part of the net earnings of the corporation shall inure to the benefit of or be

(Here insert any desired additional provisions authorized by the Acts) distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distribution in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on by (a) a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code or any corresponding future section; or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code or any corresponding future section.

Upon dissolution of the corporation, the Board of Trustees shall, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized or operated exclusively for charitable, educational religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code or any corresponding future section; or to the City of Ann Arbor, Michigan, as the Board of Trustees shall determine any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

We, the incorporators of the above named corporation, hereby sign these Articles of Incorporation on this 9th day of

February 19 79.

John R. Hathaway
John R. Hathaway

Louis D. Belcher
Louis D. Belcher

Richard L. Lotz
Richard L. Lotz

Henry B. Aldridge
Henry B. Aldridge

Earl W. Greene
Earl W. Greene

INFORMATION AND INSTRUCTIONS

Articles of Incorporation—Non-Profit Corporations (Excluding Ecclesiastical Corporations)

- 1. Article II should state, in general terms, the specific purpose or object for which the corporation is organized.
2. Article IV—A post office box is not permitted to be designated as the address of the registered office in part 1 of Article IV. The mailing address in part 2 of Article IV may differ from the address of the registered office only if a post office box address in the same city as the registered office is designated as the mailing address.
3. Article V—At least three incorporators are required. Article VI—At least three directors (or trustees) are required. The addresses should include a street number and name (or other designation), in addition to the name of the city and state.
4. The duration of the corporation should be stated in the Articles only if the duration is not perpetual.
5. The Articles must be signed in ink by each incorporator. The names of the incorporators as set out in Article V should correspond with the signatures.
6. An effective date, not later than 90 days subsequent to the date of filing, may be stated in the Articles of Incorporation.
7. One original copy of the Articles is required. A true copy will be returned by the Corporation and Securities Bureau to the person submitting the Articles for filing.
8. FEES: \$10.00 filing plus \$10.00 franchise; total \$20.00. Checks or money orders should be made payable to the State of Michigan.
9. Mail Articles of Incorporation and fees to:

Michigan Department of Commerce
Corporation and Securities Bureau
Corporation Division
P. O. Box 30054
Lansing, Michigan 48909

MICHIGAN DEPARTMENT OF COMMERCE - CORPORATION AND SECURITIES BUREAU

<p>FILED</p> <p>Michigan Department of Commerce</p> <p>FEB 20 1980</p> <p><i>[Signature]</i></p> <p>DIRECTOR</p>	Date Received
	JAN 12 1980
	FEB 11 1980

(See Instructions on Reverse Side)

(For Use by Domestic Corporations)

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

The undersigned corporation executes the following Certificate of Amendment to its Articles of Incorporation pursuant to the provisions of Section 122, Act 327, Public Acts of 1931, as amended:

1. The name of the corporation is Michigan Community Theatre Corporation

2. The location of the registered office is
First Nat'l. Bldg., 10 Floor Ann Arbor, Michigan 48104
(No. and Street) (Town or City) (Zip Code)

3. The following amendment to the Articles of Incorporation was adopted on the 10th day of January, 1980. (Check one of the following)

() by the shareholders in accordance with Section 611 (2), Act 284, Public Acts of 1972, as amended. The necessary number of shares as required by statute were voted in favor of the amendment.

() by written consent of the shareholders having not less than the minimum number of votes required by statute in accordance with Section 407 (1) and (2), Act 284, Public Acts of 1972, as amended. Written notice to shareholders who have not consented in writing has been given. (Note: Written consent by less than all of the shareholders is permitted only if such provision appears in Articles of Incorporation.)

by written consent of all the members entitled to vote in accordance with Section 407 (3), Act 284, Public Acts of 1972, as amended.

II

Resolved, that Articles I & of the Articles of Incorporation be amended to read as follows: (Any article being amended is required to be set forth in its entirety.)

ARTICLE I: The name of the corporation is Michigan ^{Community} Theatre Foundation, Inc. <

ARTICLE II: The purposes for which the corporation is organized are as follows:

To receive and administer funds for educational or charitable purposes or for the public welfare and to operate a community theatre exclusively for educational, charitable, scientific and literary purposes and for the promotion and advancement of the arts including the right, by way of description and not by way of limitation, to acquire by sale, lease or otherwise, an historic theatre structure, for the purpose of housing the theatre and to do all acts necessary to preserve and maintain such structure, and to use such structure exclusively for the aforesaid purposes.

ARTICLE VIII: The initial membership of the corporation shall consist of the incorporators. Any person who demonstrates an interest in the purposes of the corporation and who is current in payment of dues to the corporation as they are established from time to time by the Board of Trustees, shall be a member in good standing of the corporation.

Signed this 14th day of January, 1980

BY: [Signature]
(Signature of President, Vice-President, Chairperson or Vice-Chairperson)

Johnson, President

MICHIGAN DEPARTMENT OF COMMERCE — CORPORATION AND SECURITIES BUREAU	
(FOR BUREAU USE ONLY)	FILED
	MAY 20 1991
	Administrator MICHIGAN DEPARTMENT OF COMMERCE Corporation & Securities Bureau
	Date Received MAR 25 1991

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION
For use by Domestic Corporations

(Please read information and instructions on last page)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporation executes the following Certificate:

1. The present name of the corporation is: Michigan Community Theatre Foundation, Inc.

2. The corporation identification number (CID) assigned by the Bureau is:

7	1	2	-	9	6	8
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3. The location of its registered office is:

603 East Liberty, Ann Arbor, _____, Michigan 48104
(Street Address) (City) (ZIP Code)

4. Article I of the Articles of Incorporation is hereby amended to read as follows: The name of the corporation is: Michigan Theater Foundation, Inc.

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5. COMPLETE SECTION (a) IF THE AMENDMENT WAS ADOPTED BY THE UNANIMOUS CONSENT OF THE INCORPORATOR(S) BEFORE THE FIRST MEETING OF THE BOARD OF DIRECTORS OR TRUSTEES; OTHERWISE, COMPLETE SECTION (b)

a. The foregoing amendment to the Articles of Incorporation was duly adopted on the _____ day of _____, 19____, in accordance with the provisions of the Act by the unanimous consent of the incorporator(s) before the first meeting of the board of directors or trustees.

Signed this _____ day of _____, 19____

(Signatures of all incorporators; type or print name under each signature)

b. The foregoing amendment to the Articles of Incorporation was duly adopted on the 7th day of February, 1991. The amendment: (check one of the following)

- was duly adopted in accordance with Section 611(2) of the Act by the vote of the shareholders if a profit corporation, or by the vote of the shareholders or members if a nonprofit corporation, or by the vote of the directors if a nonprofit corporation organized on a nonstock directorship basis. The necessary votes were cast in favor of the amendment.
- was duly adopted by the written consent of all the directors pursuant to Section 525 of the Act and the corporation is a nonprofit corporation organized on a nonstock directorship basis.
- was duly adopted by the written consent of the shareholders or members having not less than the minimum number of votes required by statute in accordance with Section 407(1) and (2) of the Act. Written notice to shareholders or members who have not consented in writing has been given. (Note: Written consent by less than all of the shareholders or members is permitted only if such provision appears in the Articles of Incorporation.)
- was duly adopted by the written consent of all the shareholders or members entitled to vote in accordance with Section 407(3) of the Act.

Signed this 7th day of February, 1991

By Robert F. Whitman
(Signature)

Robert Whitman, President

(Type or Print Name)

(Type or Print Title)

DOCUMENT WILL BE RETURNED TO NAME AND MAILING ADDRESS INDICATED IN THE BOX BELOW. Include name, street and number (or P.O. box), city, state and ZIP code.

Name of person or organization remitting fees:

Elizabeth M. Petoskey (P37369)
Conlin, McKenney & Philbrick, P.C.
700 City Center Building
Ann Arbor, MI 48104

Preparer's name and business telephone number:

Elizabeth M. Petoskey

(313) 761-9000

INFORMATION AND INSTRUCTIONS

1. The amendment cannot be filed until this form, or a comparable document, is submitted.
2. Submit one original copy of this document. Upon filing, a microfilm copy will be prepared for the records of the Corporation and Securities Bureau. The original copy will be returned to the address appearing in the box above as evidence of filing.
Since this document must be microfilmed, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
3. This document is to be used pursuant to the provisions of section 631 of the Act for the purpose of amending the articles of incorporation of a domestic profit or nonprofit corporation. Do not use this form for restated articles. A nonprofit corporation is one incorporated to carry out any lawful purpose or purposes not involving pecuniary profit or gain for its directors, officers, shareholders, or members. A nonprofit corporation organized on a nonstock directorship basis, as authorized by Section 302 of the Act, may or may not have members, but if it has members, the members are not entitled to vote.
4. Item 2 — Enter the identification number previously assigned by the Bureau. If this number is unknown, leave it blank.
5. Item 4 — The article being amended must be set forth in its entirety. However, if the article being amended is divided into separately identifiable sections, only the sections being amended need be included.
6. This document is effective on the date approved and filed by the Bureau. A later effective date, no more than 90 days after the date of delivery, may be stated.
7. If the amendment is adopted before the first meeting of the board of directors, item 5(a) must be completed and signed in ink by all of the incorporators listed in Article V of the Articles of Incorporation. If the amendment is otherwise adopted, item 5(b) must be completed and signed in ink by the president, vice-president, chairperson, or vice-chairperson of the corporation.
8. FEES: Filing fee (Make remittance payable to State of Michigan) \$10.00
Franchise fee for profit corporations (payable only if authorized capital stock has increased) — ½ mill (.0005) on each dollar of increase over highest previous authorized capital stock.
9. Mail form and fee to:
Michigan Department of Commerce
Corporation and Securities Bureau
Corporation Division
P.O. Box 30054
6546 Mercantile Way
Lansing, MI 48909
Telephone: (517) 334-6302

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
NONPROFIT CORPORATION ANNUAL REPORT

2022

86000-2 of LW RJ 13-03



Due October 1, 2022 File Online at www.michigan.gov/corpfileonline

Identification Number 800812158	Corporation name MICHIGAN THEATER FOUNDATION, INC.
Resident agent name and mailing address of the registered office <p style="text-align: right;">pg 1 of 2</p> <p style="text-align: center;">RECEIVED OCT 24 2022 LARA \$25.00</p> <p style="text-align: center;">FILED OCT 26 2022</p> <p>RUSSELL B. COLLINS 603 EAST LIBERTY ANN ARBOR, MI 48104</p>	
The address of the registered office 603 E. LIBERTY ST. ANN ARBOR, MI 48104	CORPORATIONS DIVISION

To certify there are **NO CHANGES** from the previously filed report, check this box and PROCEED TO ITEM 6 for signature. No other sections can be completed if box is checked

1 Mailing address of registered office in Michigan if changed (may be a P O Box)	2 Resident Agent if changed
3 The address of the registered office in Michigan if changed (a P O Box may not be designated as the address of the registered office)	
4 The purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report To joyfully bring diverse people together to build community, enhance understanding, advance ^{Public} storytelling and the arts, and protect our historic buildings	
5 NAME and BUSINESS OR RESIDENCE ADDRESS (Print legible and complete names and addresses)	
President	Agnes Moy-Sarns 2280 Gray Fox Ct Ann Arbor, MI 48103
If different than President	Secretary Russell B Collins 2585 Hollywood Dr Ann Arbor, MI 48103
	Treasurer Peter Schork 852 Sciomeadow Dr Ann Arbor MI 48103
If the corporation is a private foundation or formed to provide care to a dentally underserved population, check the following box. If box is checked the board shall consist of 1 or more directors. The board of all other corporations shall consist of 3 or more directors. <input type="checkbox"/>	
Required Director(s)	Director see attached
	Director
	Director
6. Signature of authorized officer or agent X	Title Executive Director
	Date 10-18-22
	Phone (Optional) 734-646-0528

FILE ONLINE AND SAVE time by going to www.michigan.gov/corpfileonline. You will get an immediate response and you can elect to receive future notices by email to the resident agent. The agent will also be sent an email when a document is filed or a CID/PIN is requested

Report due October 1, 2022.

Filing Fee \$20.00.

or mail your completed report with a check or money order payable to the State of Michigan, return to
Corporations Division
P O Box 30767
Lansing, MI 48909
(517) 241-6470

Michigan Theater Foundation, Inc. Board Members

Pg 2 of 2

Name	Position	Address	City	State	Zip
Beuche, Deborah			Ann Arbor	MI	48104
Buhr, Jamie			Ann Arbor	MI	48104
Collins, Russell B	Board Secretary		Ann Arbor	MI	48103
Cooper, Anne			Ann Arbor	MI	48104
Conlin, Christopher			Ann Arbor	MI	48105
Codero, Rik			Ann Arbor	MI	48104
Dworkin, Aaron			Ann Arbor	MI	48105
Freedman, Paul			Ann Arbor	MI	48104
Harris, Alan			Ann Arbor	MI	48103
Hassouneh, Rima			Ann Arbor	MI	48103
Margolis, Barry			Ypsilanti	MI	48198
Moy-Sarns, Agnes	Board President		Ann Arbor	MI	48103
Schork, Peter	Board Treasurer		Ann Arbor	MI	48103
Torres, Alicia			Ann Arbor	MI	48105
Trumbull, Kate			Ann Arbor	MI	48103
White, Kathy			Ann Arbor	MI	48106

MICHIGAN THEATER FOUNDATION BOARD OF TRUSTEES – OFFICERS

Agnes Moy-Sarns - Chair

[REDACTED]

Ann Arbor, MI 48103

[REDACTED]

Kathy White – Vice President

P.O. Box 1842

Ann Arbor, MI 48106

[REDACTED]

Peter Schork - Treasurer

[REDACTED]

Ann Arbor, MI 48103

[REDACTED]

Russ Collins - Secretary

[REDACTED]

Ann Arbor, MI 48103

[REDACTED]

**RESOLUTION OF THE
THE BOARD OF TRUSTEES OF THE
MICHIGAN THEATER FOUNDATION, INC.**

THE UNDERSIGNED, representing the majority of the present members of the Board of Trustees (“The Board”) of the Michigan Theater Foundation, Inc., a Michigan non-profit corporation, (the “Michigan Theater”), do hereby adopt the following resolutions:

WHEREAS, The Board conducted a meeting on September 13, 2023, in which quorum of the Board was present, either in person or by proxy pursuant to Article V, Section 11 of the By-Laws of the Michigan Theater;

WHEREAS, The Board has determined it is in the best interests of the Michigan Theater to obtain a liquor license for on-premises retail sale, as issued by the Michigan Liquor Control Commission;

THEREFORE, IT IS NOW RESOLVED, that Board approves submission to the City of Ann Arbor and the Michigan Liquor Control Commission (the “Governing Bodies”) an application for a liquor license and any supporting documentation requested by the Governing Bodies;

FURTHER RESOLVED, that the Board has appointed Steven Ouellette, in his capacity as the Director of Operations of the Michigan Theater, as an authorized agent pursuant to Article VI Section 1 of the By-Laws of the Michigan Theater to execute any applications for a liquor license to the Governing Bodies and related documents, on behalf of the Michigan Theater; and

FURTHER RESOLVED, that Steven Ouellette may appear before or respond to inquiries from the Governing Bodies in connection with the application of the liquor license as the representative of the Michigan Theater.

[Signature Page to Follow]

IN WITNESS WHEREOF, the undersigned have executed this document to be effective August 8, 2023.

Agnes Moy-Sarns

General Kathy White

Russell B. Collins

Peter Schork

Jamie Buhr

Jim Burnstein

Marianne James

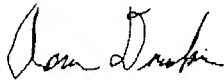
Mayor Christopher Taylor

Deborah Beuche

Anne Cooper

Christopher Conlin

Rik Codero



Aaron Dworkin

Paul Freedman

Alan Harris

Rima Hassounch

Chris Imwalle

Barry Margolis

Kate Trumbull

Karen Ufer

IN WITNESS WHEREOF, the undersigned have executed this document to be effective August 8, 2023.

Agnes Moy-Sarns

General Kathy White

Russell B. Collins

Peter Schork
Peter Schork

Jamie Buhr

Jim Burnstein

Marianne James

Mayor Christopher Taylor

Deborah Beuche

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Paul Freedman

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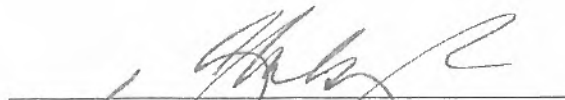
Chris Imwalle

Barry Margolis

Kate Trumbull

Karen Ufer

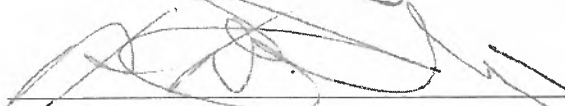
IN WITNESS WHEREOF, the undersigned have executed this document to be effective September 13, 2023.



Agnes Moy-Sarns



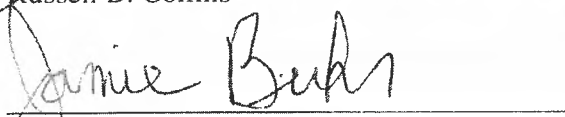
General Kathy White



Russell B. Collins

✓

Peter Schork




Jamie Buhr

Jim Burnstein




Marianne James

Mayor Christopher Taylor



Dharma Akmon

Anne Cooper

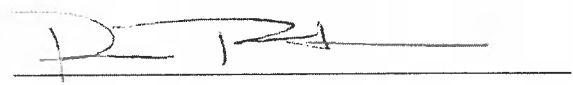


Christopher Conlin

Rik Codero

✓

Aaron Dworkin

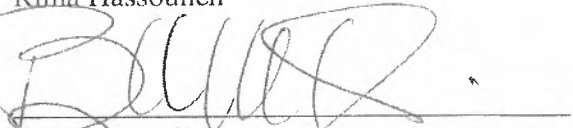


Paul Freedman

Alan Harris

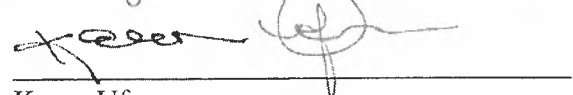
Rima Hassouneh

Chris Imwalle



Barry Margolis

Kate Trumbull



Karen Ufer



Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll Free: 866-813-0011 • www.michigan.gov/lcc

Business ID: _____

Request ID: _____

(For MLCC use only)

Local Government Approval
(Authorized by MCL 436.1501)

Instructions for Applicants:

- You must obtain a recommendation from the local legislative body for a new on-premises license application, certain types of license classification transfers, and/or a new banquet facility permit.

Instructions for Local Legislative Body:

- Complete this resolution or provide a resolution, along with certification from the clerk or adopted minutes from the meeting at which this request was considered.

At a _____ meeting of the _____ council/board
(regular or special) (township, city, village)

called to order by _____ on _____ at _____
(date) (time)

the following resolution was offered:

Moved by _____ and supported by _____

that the application from _____
(name of applicant - if a corporation or limited liability company, please state the company name)

for the following license(s): _____
(list specific licenses requested)

to be located at: _____

and the following permit, if applied for:

Banquet Facility Permit Address of Banquet Facility: _____

It is the consensus of this body that it _____ this application be considered for
(recommends/does not recommend)

approval by the Michigan Liquor Control Commission.

If disapproved, the reasons for disapproval are _____

Vote

Yeas: _____

Nays: _____

Absent: _____

I hereby certify that the foregoing is true and is a complete copy of the resolution offered and adopted by the _____
council/board at a _____ meeting held on _____ (township, city, village)
(regular or special) (date)

Print Name of Clerk

Signature of Clerk

Date

Under Article IV, Section 40, of the Constitution of Michigan (1963), the Commission shall exercise complete control of the alcoholic beverage traffic within this state, including the retail sales thereof, subject to statutory limitations. Further, the Commission shall have the sole right, power, and duty to control the alcoholic beverage traffic and traffic in other alcoholic liquor within this state, including the licensure of businesses and individuals.

Please return this completed form along with any corresponding documents to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933
Fax to: 517-763-0059