SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: B | ARBAR SAM REVOCABLE TRUST | | |
|------------------|--|-----------------------------------|------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3726 072 | VACONT LOT | \$360.21 | 0.01% |
| | | Totals: \$360.21 | 0.01% |
| No, I do | not petition the Board of Supervisors to initiat | e special assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initiat | e special assessment proceedings. | |
| m | Mu | 3.14.2 | 018 |
| Signature of Own | ner or Authorized Representative | Date | |
| Sam | BARBAR TRUST | | |
| Print Name of O | wner or Authorized Representative | Representative Contact Phon | e or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: Ma | AC RICHARD H | | |
|------------------|---|---------------------------------|-----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3726 126 | 195 07TH | \$62.69 | 0.00% |
| | | Totals: \$62.69 | 0.00% |
| | tition the Board of Supervisors to initiate spe | | |
| | | | |
| SEL | I M | 4/1/18 | |
| Signature of Own | ner or Authorized Representative | Date | |
| Richa | d Mac | rich, m 10000 | Jahoo-com |
| Print Name of Ov | vner or Authorized Representative | Representative Contact Phone or | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------|---------------------------|-------------------|----------|
| 3726 149 | 195 07TH | \$65.95 | 0.00% |
| 3730 125 | 3 SUMNER | \$273.59 | 0.01% |
| | | Totals: \$339.54 | 0.01% |

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

wner or Authorized Representative

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel | Assessment | Parcel % |
|------------|--|---------------------------|------------|------------|
| 3726 165 | 563 MINNA | \$197.4 | 10 | 0.01% |
| | | Totals: \$197.4 | 10 | 0.01% |
| Yes, I pet | tition the Board of Supervisors to initiate sp | ecial assessment proceed | ings. | |
| | | | | |
| _ | | | | |
| _ | not petition the Board of Supervisors to init | | | |
| _ | | | | |
| _ | | | | |
| No, I do | not petition the Board of Supervisors to init | | | |
| No, I do | | | | |
| No, I do | not petition the Board of Supervisors to init | ate special assessment pr | | Na hoe com |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

L. Higa 563 Minna St. suite 3 San Francisco, CA 94103 Via email

SoMa West CBD P.O. Box 410805 San Francisco, CA 94141-0805

Attn: Aaron Aulenta at aaron@urbanplaceconsulting.com

I am writing to register my opposition to the creation of the SoMa West Community Benefit District due to its blithe failure to address and decision to ignore issues of economic inequality and lack of equity.

I am a low-income senior and a person of color. I have been a resident of San Francisco and a homeowner for nearly 30 years; in SoMa for 16 years. I have also been an officer of my homeowners association for 16 years.*

I do not think "taxing" or treating homeowners like an ATM machine whenever City Hall can't figure out how to solve a problem is the right way. Nor will a nonprofit CBD extorting money from property owners solve the socio-economic issues driving homelessness, intravenous drug use, crime, unsafe and filthy streets.

As a low-income senior I protest the unfairness of forced payment of hundreds of extra dollars a year to pay for redundant services proposed by the SoMa CBD. I have been paying and continue to pay thousands of extra dollars annually in property tax assessments for the past 27 years for SFUSD, teacher salaries, City College of San Francisco, etc. etc. I do not have children so I am not a high utilizer of school district and community college services.

I have seen the quality of life decline precipitously over the decades in SoMa. The city already spends hundreds of millions of dollars of taxpayer money on the homeless; sidewalk, gutter cleaning & sweeping; graffiti & trash removal (I as a property owner already pay for these services out of my own pocket); landscaping; public art and enhanced bike, car and foot patrols.

Sad to say, the public art, street improvements and open spaces created by the City in my SoMa neighborhood often cause more problems than they solve and do nothing to enhance quality of life. In fact they've had the opposite effect. They attract homeless campers, street people, drug addicts who defecate, urinate and leave colossal mounds of trash behind, while degrading property values and marring the peace, quiet & well-being that residents are entitled to.

Nowhere in the CBD marketing and promotional literature have I seen any mention of pro-rated assessments based on income or ability to pay. If the CBD would enact a tiered approach to collecting assessments, I might consider supporting it. Until such time as a more equitable method of extracting money from residents of SoMa for redundant services is put forth, I actively oppose the creation of the CBD.

Sincerely.

Lori Higa, vice president & fmr treasurer

563 Minna Homeowners Assn.

^{*}My opinions are my own and do not represent those of 563 Minna HOA.

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| Legal Owner: STI | EIL VAL PEREIRA AMANDA M | | |
|------------------|---|-------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3727 038 | 623 NATOMA | \$700.46 | 0.02% |
| | | Totals: \$700.46 | 0.02% |
| Yes, I pe | tition the Board of Supervisors to initiate spo | ecial assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| 0.1 | 1 C MASI | 02/22/20 | 10 |
| Signature of Own | er or Authorized Representative | 03/22/20 Date | 10 |
| Amai | de (tei) | 415-712-9 | 689 |
| Print Name of Ow | mer or Authorized Representative | Representative Contact Phone | or Email |
| Val C | iliel | | |
| | | N BY APRIL 20, 2018 TO: | |
| 1/11 | | Ma West CBD | |
| ITTU | 7/1/1/1/2 | . BOX 410805 | |

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| NPN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel 9 |
|-----------|--|------------------|--------------------|-------------|
| 3727 043 | 612 NATOMA | | \$593.45 | 0.02% |
| | | Totals: | \$593.45 | 0.02% |
| Yes, I pe | etition the Board of Supervisors to initiate spe | cial assessment | nroceedings | |
| | | ciai assessinent | procedungs. | |
| No Ido | | | | |
| No, I do | not petition the Board of Supervisors to initia | | | |
| No, I do | | | | |
| Faer | not petition the Board of Supervisors to initia | | sment proceedings. | 18 |
| Faer | | | | 18 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: SA | M WAI HONG WONG TR SAM WAI HON | NG WONG | |
|--------------------------|--|--|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3727 163 | 180 07TH | \$222.94 | 0.01% |
| | | Totals: \$222.94 | 0.01% |
| | tition the Board of Supervisors to initiate sp | ar nemes de areado de historia de cambino de Mario de Sala de Nova de de Mario de Mario de Mario de Mario de M O mario de Mario de Mario de Mario de Mario de Mario de Sala de Nova de Mario de Mario de Mario de Mario de Ma | |
| WIGM Signature of Own | ulu er or A thorized Representative | APR. 17. 201 | 8 |
| Print Name of Ov | vner or Authorized Representative | Representative Contact Phone or En | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: BUZ | Z PROPERTIES LLC MATTHEW J BUZZE | LL III | |
|-------------------|---|------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3728 002 | 120 08TH | \$4,263.88 | 0.11% |
| | | Totals: \$4,263.88 | 0.11% |
| Pi | ition the Board of Supervisors to initiate spot petition the Board of Supervisors to init | | |
| Signature of Owne | or Authorized Representative | 3/21/2018 Date | <u> </u> |
| Matthe | w Buzzell | 450-245- | 730 \ |
| Print Name of Own | ner or Authorized Representative | Representative Contact Phone or Em | nail |

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Connect! This is another property and San Franciso

Taxon business. Taxes should coon these expenses,

currently, Adding more staff with mot help.

SoMa West COMMUNITY BENEFIT DISTRICT

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MANORIO MAIGUATI IL T.O. GUOVELL

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|---|-------------------------------------|----------|
| 3728 011 | 1220 HOWARD | \$1,581.16 | 0.04% |
| | | Totals: \$1,581.16 | 0.04% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | ecial assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | ate special assessment proceedings. | |
| | | | |
| Mal | and thumas | 3-19-18 | |
| Signature of Own | er or Authorized Representative | Date | |
| Michiga | of Lyone | | |
| Print Name of Ow | vner or Authorized Representative | Representative Contact Phone or En | nail |

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SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: Ro | ckwell Cismowski Family Livi | | | |
|------------------|---|--------------------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3728 099 | 7410 NATOMA | | \$245,84 | 0.01% |
| | | Totals: | \$245.84 | 0.01% |
| | tition the Board of Supervisors to initiate spo | | | |
| No, I do | not petition the Board of Supervisors to initi | ate special assess | ment proceedings. | |
| 11 , | | | | |
| My the | ree on Ruelial | | 3/30/18 | |
| Signature of Own | er or Authorized Representative | | Date | |
| John Sku | en Rocksell | | (415) 553-868 | 0 |
| | yner or Authorized Representative | Represe | entative Contact Phone or Er | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: DA | ADDARIO DEREK | | | | |
|---------------------------|---|---|------------------|-------|------------|
| APN | Parcel Address (if known) | | Parcel Assessmen | t Par | rcel % |
| 3728 144 | 1234 HOWARD | | \$144.98 | 0.00% | |
| | | Totals: | \$144.98 | 0.00% | |
| | tition the Board of Supervisors to initiate spe | | | | |
| | Le D'QQQque per or Authorized Representative | | 3/19/1 Date | 8 | |
| Derek Print Name of Ov | niAddario vner or Authorized Representative | A Proposition of the Contract | addari | | gmail. com |

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: HA | NAOKA KRISTIN | | |
|------------------|---|-------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3728 172 | 121 09TH | \$139.95 | 0.00% |
| | | Totals: \$139.95 | 0.00% |
| - | tition the Board of Supervisors to initiate spe | | |
| No, I do | not petition the Board of Supervisors to initia | ate special assessment proceedings. | |
| NA | Als | 2/23/ | 2018 |
| Signature of Own | er or Authorized Representative | Date | |
| Kristin | Hanacka | 7205301 | 0858 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: LR | S SOMA INVESTMENT GROUP L | | | |
|----------------------|--|---------------------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3729 017 1264 FOLSOM | | | \$1,450.66 | 0.04% |
| | | Totals: | \$1,450.66 | 0.04% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | sment proceedings. | |
| | 1 1 | | | |
| /101. | May | | 3/20/2018 | |
| Signature of Own | er or Authorized Representative | Α. | Date | |
| Peter | - Schaelfer | | 530 893-5 | 779 |
| | vner or Authorized Representative | Represe | entative Contact Phone or Er | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: SC | ANTLEBURY GLEN & PHILLIPS | | | |
|--------------------------|--|-------------------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3729 022 | 1286 FOLSOM | | \$724.85 | 0.02% |
| | | Totals: | \$724.85 | 0.02% |
| $\overline{\mathcal{L}}$ | tition the Board of Supervisors to initiate spec | | | |
| No, I do | not petition the Board of Supervisors to initia | te special assess | sment proceedings. | |
| Jak | Las Allin | | 3/23/ | 215- |
| ignature of Own | er or Authorized Representative | *********** | Date | 70/8 |
| 6/81 | n Scantleburg | | 32-819-0 | 896 |
| Print Name of Ou | uner or Authorized Representative | Renress | entative Contact Phone or Fr | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: BIL | L & WING INVESTMENTS LLCWILLIAM CHA | IN | | |
|------------------|--|---------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3729 023 | 279 09TH | | \$2,199.84 | 0.06% |
| | | Totals: | \$2,199.84 | 0.06% |
| processing . | tition the Board of Supervisors to initiate sp | | | |
| Signature of Own | er or Authorized Representative | 3. | _27 <i>-201€</i> | 3 |
| WILLIE | In all | 413 | 5-531-8 | 3118 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: CRUZ 4 | LLC KARNA GOTTDENER | | | |
|---------------------|---|---------|-----------------|-----------|
| APN | Parcel Address (if known) | | Parcel Assessme | nt Parcel |
| 3729 054 | 776 CLEMENTINA | | \$847.94 | 0.02% |
| | | | | |
| | | Totals: | \$847.94 | 0.02% |
| | | | | |
| Xana. | Statt dinen) | X | IARCH 1 | + 2018 |
| gnature of Owner or | | | Date | |
| | Authorized Representative | | | |
| 1 1 | Authorized Representative | | , | |
| KARNA G | Authorized Representative OTTDENER or Authorized Representative | _3, | 10-874- | 3232 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: JOHN T & JOAN C OROURKE LVGJOAN O'ROURKE

Trustees for the John T. or Joan C.

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------|---------------------------|--------------------|----------|
| 3730 026 | 1182 FOLSOM | \$1,793.16 | 0.05% |
| 3729 024 | 271 09TH | \$4,370.31 | 0.12% |
| 3756 037 | 1265 FOLSOM | \$2,867.05 | 0.08% |
| 3756 028 | 70 RINGOLD | \$603.88 | 0.02% |
| | | Totals: \$9,634.40 | 0.26% |

| Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. | | | | | | |
|--|---|--|--|--|--|--|
| John T. O Romke + Joan C. O Rawke, signature of Owner or Authorized Representative HTES | 5-1-18 Date | | | | | |
| Print Name of Owner or Authorized Representative | 650 – 961–5064 Representative Contact Phone or Email | | | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: J [| AW REVOCABLE TRUST TEPPER JESSE TRUSTE | | |
|------------------|---|-------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3730 041 | 6 SUMNER | \$599.10 | 0.02% |
| | | Totals: \$599.10 | 0.02% |
| | etition the Board of Supervisors to initiate special a not petition the Board of Supervisors to initiate sp | | |
| Signature of Owr | Mon trusta JDAW trust | 4/2/19 Date | \$ |
| Vess | vner or Authorized Representative | JesseTep LL B A | OL, COM |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: KII | ELY PHILIP | | | |
|-----------------------------|--|---------------------|--------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3730 096 | 34 VLANGTON | | \$441.91 | 0.01% |
| 3730 095 | 30 LANGTON | | \$604.14 | 0.02% |
| | | Totals: | \$1,046.05 | 0.03% |
| No, I do | not petition the Board of Supervisors to initi | iate special assess | sment proceedings. | |
| Philips Signature of Own | a Rully er or Authorized Representative | M | arch 25, 18 | |
| | | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: AY | OOB FAMILY LVG TR %AYOOB WILLIAN | I P & ANNETTE | |
|------------------|--|-----------------------------|-------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3730 108 | 73 LANGTON | \$889.80 | 0.02% |
| | | Totals: \$889.80 | 0.02% |
| | tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init | | |
| 1, 1, 10 | The Constant of the Constant o | 3-13-10 | |
| Signature of Own | er or Authorized Representative | | |
| Wibbl | AM AYOOB | 650-75 | 9-5093 |
| Print Name of Ow | ner or Authorized Representative | Representative Contact Phor | ne or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: DONALD W MACDONALD 2015 FMLDONALD W MACDONALD

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------|---------------------------|-------------------|----------|
| 3730 124 | 1 SUMNER | \$273.59 | 0.01% |
| 3730 126 | 5 SUMNER | \$205.68 | 0.01% |
| 3755 141 | 41 HALLAM | \$219.36 | 0.01% |
| 3755 142 | 43 HALLAM | \$214.54 | 0.01% |
| 3755 144 | 61 HALLAM | \$217.63 | 0.01% |

Totals: \$1,130.79 0.03%

N

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative

MAR 31/18.

DONALD MACDONALD

Print Name of Owner or Authorized Representative

456269100

Representative Contact Phone or Email

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: PO | WER OF APPOINTMENT TRUST MANJUBER | M PATEL TRUST | EE_ | |
|------------------|--|---------------|-----------------------------|-------------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 145 | 915 FOLSOM | | \$3,053.59 | 0.08% |
| | | Totals: | \$3,053.59 | 0.08% |
| | tition the Board of Supervisors to initiate sp | | | |
| Signature of Own | er or Authorized Representative | | 7/9/18 Date | |
| M.Ra | itu) | i d | 115-310-5315 | - (D. Patel |
| Print Name of Ow | vner or Authorized Representative | | entative Contact Phone or E | - |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: JOHN PAUL SCOTT 2012 TRUST JOHN PAUL SCOTT TRUSTEE

| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|---|----------|----------------------------|-----------|
| 3730 166 | 73 SUMNER | | \$206.54 | 0.01% |
| | | Totals: | \$206.54 | 0.01% |
| | ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initiate | | | |
| | | | | |
| Signatur O Own | er or Authorized Representative | | APPUL C | 2018 |
| JOHN! | PAUL Scott | dF | COVE 19 | 320 COHAI |
| Print Name of Ow | ner or Authorized Representative | Represen | tative Contact Phone or Er | mail Cons |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: JO | HN W DUNLAP REVOC LVG TR | | | |
|------------------|---|----------------------------|-----------|----------|
| APN | Parcel Address (if known) | Parcel A | ssessment | Parcel % |
| 3730 167 | 73 SUMNER | \$281.73 | | 0.01% |
| | | Totals: \$281.73 | | 0.01% |
| Yes, I pe | etition the Board of Supervisors to initiate sp | ecial assessment proceedin | gs. | |
| 100,1 pc | tition the Board of Supervisors to limitate sp | cour assessment proceeding | | |
| No, I do | not petition the Board of Supervisors to init | ate special assessment pro | ceedings. | |
| | | | | |
| 10 | | | | |
| MN | 3 | 4/1/ | ulis | |
| Signature of Own | ner or Authorized Representative | - 111 | Date | |
| | | | | |
| 1.6. 0 | 40/0 | | | |
| JOHN D | | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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Legal Owner: KLEINSCHMIDT DAVID

| APN | Parcel Address (if known) | Parcel Ass | sessment | Parcel % |
|------------------|--|--|----------------------|------------|
| 3730 215 | 60 RAUSCH | \$202.73 | | 0.01% |
| | | Totals: \$202.73 | | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment proceedings | s. | |
| No, I do | not petition the Board of Supervisors to init | ate special assessment proce | eedings. | |
| DIVI | · 1 · H | 3- | 15-18 | |
| Signature of Own | er or Authorized Representative | NOT THE REAL PROPERTY OF THE PARTY OF THE PA | Date | |
| Davidk | leinschmidt | david.k | : leinschmid | tegnal.com |
| Print Name of Ov | oner or Authorized Representative | Representative Cor | ntact Phone or Email | 0 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: LEI | FFERS TRUST MATHEW P LEFFERS | | | |
|------------------|--|---------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3731 069 | 23 MOSS | | \$679.06 | 0.02% |
| 3731 053 | 62 MOSS | | \$924.72 | 0.02% |
| | | Totals: | \$1,603.79 | 0.04% |
| | tition the Board of Supervisors to initiate spec | | | |
| | | | | |
| | | | ment proceedings. | S |
| No, I do | | | | 8 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: CB | E INVESTMENTS LLC | | | |
|-----------------|---|----------|---|-------------|
| APN | Parcel Address (if known) | 1 | Parcel Assessment | Parcel % |
| 3731 093 | 151 RUSS | | \$1,017.77 | 0.03% |
| | | Totals: | \$1,017.77 | 0.03% |
| | tition the Board of Supervisors to initiate specing not petition the Board of Supervisors to initia | | | |
| | | | | |
| OBC. | wars | | 3/14/2018 | |
| | er or Authorized Representative | e | Date Vans Conce rectwor attive Contact Phone or Er | 2 aol.com |
| Cheryl | Breetwor-Evans | chi | reetwore. | speglobalin |
| rint Name of Ow | ner or Authorized Representative | Represen | tative Contact Phone or Er | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: LE | E DAISY | | 31 22 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25 |
|-----------------|--|------------------------------|---|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3731 127 | 14 MOSS | \$790.58 | 0.02% |
| | | Totals: \$790.58 | 0.02% |
| | etition the Board of Supervisors to initiate spo o not petition the Board of Supervisors to initi | | |
| Jag | For July | March, 23, | 2018 |
| 0 | der dr Authorized Representative | Date / | |
| Print Name of O | wner or Authorized Representative | Representative Contact Phone | or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: SA | ANKARAN ARVIND | | |
|------------------|---|-------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3731 177 | 1026 FOLSOM | \$224.31 | 0.01% |
| | Totals: \$224.31 | 0.01% | |
| Yes, I pe | etition the Board of Supervisors to initiate sp | ecial assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to init | ate special assessment proceedings. | |
| 8.8 | Aurind | 03/24/2 | 018 |
| Signature of Owi | ner or Authorized Representative | Date | |
| Arvind | Sankaran | 217-766-58 | 25 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: DO | DMENECH GABRIEL | | | |
|------------------|--|-------------------|--------------------|-------------|
| APN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel % |
| 3731 187 | 68 HARRIET | | \$173.59 | 0.00% |
| | | Totals: | \$173.59 | 0.00% |
| - | tition the Board of Supervisors to initiate spec | | | |
| No, I do | not petition the Board of Supervisors to initia | te special assess | sment proceedings. | |
| - Qu | meneel | | March | 22,2017 |
| Signature of Own | ner or Authorized Representative | | Date | 1 |
| Gabi | riel Domenech | | 415-86 | 4-2396 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| PN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel % |
|-----------|---|--------------------|------------------|--------------------|
| 760 137 | 712 BRYANT | | \$480.24 | 0.01% |
| | | Totals: | \$480.24 | 0.01% |
| Yes I pet | tition the Board of Supervisors to initiate spe | orial assessment r | proceedings | |
| 100/160 | the state of paper tisers to initiate spe | ciai assessinent | orocceumgs. | |
| 7 | | | | |
| 7 | not petition the Board of Supervisors to initia | | | |
| 7 | | | | 12018 |
| No, I do | | | | 12018 |
| No, I do | not petition the Board of Supervisors to initia | ate special assess | ment proceedings | 12018 WILLA.CON |

PLEASE RETURN TO:
SoMa West CBD
P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|---------------------------|--|--|------------|
| 3760 128 | 451 06TH | \$2,683.79 . | 0.07% |
| | | Totals: \$2,683.79 | 0.07% |
| Yes, I pe | tition the Board of Supervisors to initiate spec | cial assessment proceedings. | |
| | | | |
| | | | |
| No, I do | not petition the Board of Supervisors to initia | te special assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | te special assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | te special assessment proceedings. 9-14-14 | |
| Inich | al Cutons | 9-24-18 | |
| Inich | not petition the Board of Supervisors to initia | te special assessment proceedings. 9-2-4-18 Date | |
| Drich gignature of Own | al Cutons | 9-24-18 | RODIE V. N |

PLEASE RETURN TO:
SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|--|--------------------|-------------------|----------|
| 3525 035 | 215 DORE | | \$657.97 | 0.02% |
| | | Totals: | \$657.97 | 0.02% |
| =/ | etition the Board of Supervisors to initiate spe | | | |
| No, I do | not petition the Board of Supervisors to initi | ate special assess | ment proceedings. | |
| . 7 | 1, | | | |
| Signature of own | er of Authorized Representative | | 9/24/18 Date | * |
| // | er of Authorized Representative | | 1 | |
| // | AZZ A Duraw | | 9/24/18 MERMS | O GAR |

PLEASE RETURN TO:

SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|--------------------------|--|---|----------|
| 3517 020 | 75 KISSLING | \$586.58 | 0.02% |
| | | Totals: \$586.58 | 0.02% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | pecial assessment proceedings. | |
| No. I do | not petition the Board of Supervisors to ini | tiate special assessment proceedings. | |
| 110,140 | the petition the board of supervisors to in | ciace special assessificate broadcamillar | |
| | | | |
| | 2 | | |
| Sall | 21 Langer | 9-23-2 | 018 |
| Sall Signature of Owr | Law En | 9-23-2 Date | 018 |
| Sall Signature of Owr | Law Energy Authorized Representative | | 018 |
| Sall Signature of Owr | Law En | | 018 |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|---|---------------------------------|----------|
| 3756 005 | 393 09TH | \$1,085.56 | 0.03% |
| | out in 31 volume | Totals: \$1,085.56 | 0.03% |
| Yes, I pe | etition the Board of Supervisors to initiate specia | al assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initiate | special assessment proceedings. | |
| | | | |
| | | | |
| Grun | teras | 09/25/2018 | |
| Signature of Own | Let a X ner or Aethorized Representative | 09 /25/2018 Date | |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: NI | NTH STREET LODGING LLC % ANISH KHIMA | ANI | | |
|----------------------------|--|---------|---|--|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3756 006 | 385 09TH | | \$1,655.47 | 0.04% |
| | | Totals: | \$1,655.47 | 0.04% |
| \equiv | tition the Board of Supervisors to initiate sp | | | |
| | | | | |
| Signature of Own | ANUTALE TO Authorized Representative | | 09/25/2018 Date | |
| GIRLIE Print Name of Ow | MONTENEGRO vner or Authorized Representative | | TUNTING PROPILER entative Contact Phone or Em | A SECURE OF THE PARTY OF THE PA |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assess | ment Parcel % | |
|-----------|---|---------------------------------|----------------|-----|
| 3727 174 | 638 MINNA | \$252.40 | 0.01% | |
| | | Totals: \$252.40 | 0.01% | |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment proceedings. | | |
| | | | | |
| No, I do | not petition the Board of Supervisors to initia | ite special assessment proceedi | ngs. | |
| No, I do | not petition the Board of Supervisors to initia | its job. I | ngs. | |
| Th | | ite special assessment proceedi | profiling from | He: |
| Th | e city should do | its job. I | profiling from | He: |
| Th | e city should do | its job. I | Profiling from | He: |
| Th | e city should do | its indicate is | Profiling from | Ha: |

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.)

Loue one else making money off the city's failure to do its job.

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Legal Owner: PIERMARINI DONALD

| APN | Parcel Address (if known) | Parcel Assessmer | nt Parcel % |
|------------|--|---------------------------------|-----------------|
| 3779 102 | 324 HARRIET | \$709.98 | 0.02% |
| | | Totals: \$709.98 | 0.02% |
| Yes, I pet | tition the Board of Supervisors to initiate specia | Lassessment proceedings | |
| 1,000 | tition the board of Supervisors to mittate specia | rassessment proceedings. | |
| | not petition the Board of Supervisors to initiate | | |
| | | | |
| | | | 18 |
| No, I do | | | 118 |
| No, I do | not petition the Board of Supervisors to initiate | special assessment proceedings. | VI PSBCGLOBAL A |

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------------------------|---|---|----------|
| 3784 054 | 424 HARRIET | \$2,417.33 | 0.06% |
| | | | |
| | | Totals: \$2,417.33 | 0.06% |
| Van Laa | Airi Ab Dood of Commission to initiate | v . | |
| Yes, Tpe | tition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| | | | |
| XX No, I do | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| XX No, I do | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| XX No, I do | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| a Osan | not petition the Board of Supervisors to initi | ate special assessment proceedings. 9/26/18 | |
| a Com | not petition the Board of Supervisors to initi | | |
| a Com | Ray Stone Cas | 9/26/18 | |
| ACS(I) Signature of Own | Ray Stone Cas | 9/26/18 | |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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| Legal Owne r: RC | DBINSON JAMES M | | | |
|------------------|--|----------------------|----------------------|--|
| APN | Parœl Addre ss(if known) | | Parce I Asse same nt | Parcel % |
| 3731 173 | 1026 FOLSOM | | \$191.73 | 0.01% |
| | | Totals: | \$19173 | 0.01 % |
| | etition the Board of Supervisors to initiate s | | | |
| No, I do | not petition the Board of Supervisors to in | tiate special assess | sment proceedings. | |
| Jan | n Dolmson | | 9-24-2018 | <i>-</i> |
| Signature of Own | ner or Authorized Representative | | Date | |
| | | | | The same of the sa |

PLEASE RETURN TO:

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| Legal Owner: GO | ORMAN MARK T | | |
|------------------|--|--------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3730 211 | 60 RAUSCH | \$284.30 | 0.01% |
| | | Totals: \$284.30 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment proceedings. | |
| No. I do | not petition the Board of Supervisors to init | iate special assessment proceedings. | |
| US | ETHE KATSHTS | [ALREADY PAY! | 1.1 |
| Muxto | Vm- | 9-25-18 | |
| Signature of Own | er or Authorized Representative | Date | |
| 0.0 | | | |
| 1 / Kork | 18000 | | |
| Print Name of Ov | vner or Authorized Representative | Representative Contact Phone of | or Email |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|----------------|---|--------------------|-------------------|----------|
| 3731 224 | 75 MOSS | | \$188.20 | 0.00% |
| | | Totals: | \$188.20 | 0.00% |
| Yes, I petitio | on the Board of Supervisors to initiate spe | ecial assessment p | proceedings. | |
| | | | | |
| | | | | |
| No, I do not | petition the Board of Supervisors to initi | ate special assess | ment proceedings. | |
| No, I do not | petition the Board of Supervisors to initi | ate special assess | ment proceedings. | |
| No, I do not | petition the Board of Supervisors to initi | ate special assess | ment proceedings. | |
| No, I do not | petition the Board of Supervisors to initi | ate special assess | | O/ |
| De | σω | ate special assess | 9.25.1 | Y |
| De | petition the Board of Supervisors to initi | ate special assess | | Ý |
| De | σω | ate special assess | 9.25.1 | Y |
| De | σω | ate special assess | 9.25.1 | <u> </u> |

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San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: MAHMOUD LARIZADEH REVOC LVGLARIZADEH MAHMOUD TRUSTEE APN Parcel Address (if known) **Parcel Assessment** Parcel % 3522 053 56 ISIS \$636.90 0.02% 3522 054 70 13TH \$1,540.72 0.04% Totals: \$2,177.62 0.06% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. Representative Contact Phone or Email

PLEASE RETURN TO:

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| Legal Owner: MA | AHMOUD LARIZADEH REVOC LVG | | | |
|------------------|---|--------------|------------------------------|------------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3518 018 | 255 10TH | | \$4,525.80 | 0.12% |
| | | Totals: | \$4,525.80 | 0.12% |
| Yes, I pe | tition the Board of Supervisors to initiate special | assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initiate s | pecial asses | sment proceedings. | 0.1 |
| | No more | M | Pay gendy & TAX | Spunton us |
| | 11/2 | | 9/21/18 | |
| Signature of Own | er or Authorized Representative | | Date | |
| MAHMOUN | LARIZAGELL | | 415-51 | 15-4837 |
| 7 | wher or Authorized Representative | Renres | entative Contact Phone or Er | |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|---|--------------------------------------|----------|
| 3726 087 | 573 MINNA | \$384.03 | 0.01% |
| | | Totals: \$384.03 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate spo | ecial assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | iate special assessment proceedings. | |
| | | | |
| Thomas as | Buil | 9/24/.0 | |
| Signature of Own | er or Authorized Representative | Date | |
| Thona | o A, BARTO | | |
| | vner or Authorized Representative | Representative Contact Phone or Er | mail |

PLEASE RETURN TO:

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San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| NPN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|-----------|---|--------------------|----------------------------------|----------|
| 3517 027 | 62 KISSLING | | \$437.70 | 0.01% |
| | | Totals: | \$437.70 | 0.01% |
| Yes, I pe | etition the Board of Supervisors to initiate spe | cial assessment | proceedings. | |
| | | | | |
| No, I do | not petition the Board of Supervisors to initia | ite special assess | sment proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | ite special assess | sment proceedings. | |
| No, I do | o not petition the Board of Supervisors to initia | ite special assess | 9/29/19 | |
| Phi | not petition the Board of Supervisors to initia | ite special assess | ment proceedings. 9/29/18 Date | |
| Phi | ir/ / terman | ite special assess | 9/29/18 | |

PLEASE RETURN TO:

SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

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| APN | Parcel Address (if known) | | Parcel Assessment | | Parcel % |
|------------|--|---|-------------------|--------|----------|
| 3779 108 | 350 HARRIET | | \$759.51 | 0.02% | |
| 3779 107 | 344 HARRIET | | \$954.93 | 0.03% | |
| 3779 109 | 356 VHARRIET | | \$384.22 | 0.01% | |
| | | | | | |
| | | Totals: | \$2,098.66 | | 0.06% |
| Yes, I pet | ition the Board of Supervisors to initiate spe | | | | 0.06% |
| Yes, I pet | ition the Board of Supervisors to initiate spe | | | | 0.06% |
| | ition the Board of Supervisors to initiate spe | cial assessment | proceedings. | | 0.06% |
| | | cial assessment | proceedings. | | 0.06% |
| | | cial assessment | proceedings. | · Q | 0.06% |
| | | cial assessment ate special assess | proceedings. | · P | 0.06% |

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805

San Francisco, CA 94141-0805

(415)3)8-0056
Representative Contact Phone or Email

ONG NING CHU

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | | Parcel Assessment | Parcel % |
|---------------------|--|--------------------|-------|-------------------|----------|
| 3755 097 | 1137 FOLSOM | | | \$2,336.17 | 0.06% |
| | | To | tals: | \$2,336.17 | 0.06% |
| Yes, I pe | tition the Board of Supervisors to initiate | special assessm | ent | proceedings. | |
| = | not petition the Board of Supervisors to | | | | |
| No, 1 do | not petition the Board of Supervisors to | initiate special a | ssess | ment proceedings. | |
| | | | | | |
| | | | | | |
| myrie > | Kran Mong | | 0 | 1/30/2018 | |
| Me Signature of Own | XIAM WONG | _ | C | 1/30/2018 Date | |
| Signature of Own | Yram Wong er or Authorized Representative | _ | | Date | 2-1 |
| Yue X | Nan Wong ner or Authorized Representative Van Wong van or Authorized Representative | _ | (| | |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| APN | Parcel Address (if known) | Parcel Asse | essment Par | cel % |
|------------|---|-----------------------------|-------------|-------|
| 3753 207 | 249 SHIPLEY | \$258.25 | 0.0 | 1% |
| | | Totals: \$258.25 | 0.0 | 1% |
| Yes, I per | tition the Board of Supervisors to initiate spe | cial assessment proceedings | | |
| | | | | |
| | not petition the Board of Supervisors to initia | | | |
| | | | | |
| No, I do | | | edings. | |

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|----------------|---|---------|-------------------|----------|
| 3510 012 | 1434 HOWARD | | \$2,623.00 | 0.07% |
| 3510 029 | 0 NATOMA | | \$603.88 | 0.02% |
| * | | Totals: | \$3,226.88 | 0.09% |
| 1,00,1,00 | tition the Board of Supervisors to initiate spe | | | |
| No, I do | not petition the Board of Supervisors to initia | | | |
| | not petition the Board of Supervisors to initia | | ment proceedings. | |
| | not petition the Board of Supervisors to initia | | ment proceedings. | |
| | | | | |
| Havward HAVWAR | not petition the Board of Supervisors to initia | | ment proceedings. | |

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| Legal Owner: W | EHRENBERG CHARLES C | | | |
|--------------------------|--|---------------------|---|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3517 028 | 72 KISSLING | | \$564.56 | 0.01% |
| | | Totals: | \$564.56 | 0.01% |
| Yes, I pe | etition the Board of Supervisors to initiate spe | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | iate special assess | sment proceedings. | |
| Signature of Own | We henher y | | 1 Oct 2 | 018 |
| Signature of Own | ier of Authorized Representative | | | |
| CHAALES Print Name of Ov | WEHLENBERG wner or Authorized Representative | Represe | harlie Solo solo entative Contact Phone or Er | Tose com |

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| Legal Owner: IRV | /IN A & BARBARA R WILLAT | | |
|-------------------|---|---------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3731 043 | 1077 HOWARD | \$2,795.58 | 0.07% |
| | PE 584 - PE 464 P | Totals: \$2,795.58 | 0.07% |
| | 3 Stu - 8 | 987年五日 (1988年) (1988年) | |
| Yes, I pet | tition the Board of Supervisors to initiate spe | ecial-assessment-proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | iate special assessment proceedings. | |
| | | | |
| Bul | Mula | C. 4 28 20 | 10 |
| Signature of Own | er or Authorized Representative | Jen 1 29. 20 | (8) |
| Signature di Owii | er of Authorized Representative | Jace | |
| 1/Zre | May wring | 831 375 456 | 7 |
| Print Name of Ow | vner or Authorized Representative | Representative Contact Phone or Email | |

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------|--|--------------------|----------|
| 3727 136 | 627 VMINNA | \$1,498.45 | 0.04% |
| | Totals: | \$1,498.45 | 0.04% |
| | | | |
| | ition the Board of Supervisors to initiate special assessment not petition the Board of Supervisors to initiate special asses | | |
| | not petition the Board of Supervisors to initiate special asses | sment proceedings. | |
| | | | |

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| Legal Owner: ELI | ZABETH HAUBER LVG TR | | | |
|------------------|---|---------------|-------------------|-------------|
| APN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel % |
| 3727 072A | 655 VMINNA | | \$768.44 | 0.02% |
| | | Totals: | \$768.44 | 0.02% |
| Yes, I per | tition the Board of Supervisors to initiate special | assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initiate s | pecial assess | sment proceedings | |
| | | | | |
| lked | Set Hanker truste | re | 10/1 | 18 |
| Signature of Own | er or Authorized Representative | | Date | |
| ELIZA | ABETH HAUBER | | | |
| Print Name of Ow | | | | |

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| Legal Owner: NG | SUYEN JONATHAN LEE WENDY | | | |
|------------------|--|---------------------|------------------------------|-----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3727 164 | 180 07TH | | \$135.77 | 0.00% |
| | | Totals: | \$135.77 | 0.00% |
| Ves Ine | tition the Board of Supervisors to initiate sp | ecial assessment | proceedings | |
| L res, i pe | tition the board of Supervisors to initiate sp | eciai assessifierit | proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | sment proceedings. | |
| | | | | |
| | | | | |
| 11 | 1 | | 9/21/2018 | |
| Jul | v. M | | 9/30/2018 | |
| Signature of Own | er or Authorized Representative | | / Date | - |
| | | | | |
| Jonat | han Ngnyen | joi | n.xit.nguyen a | amail com |
| | vner or Authorized Representative | Represe | entative Contact Phone of Er | wail |

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Legal Owner: PORERT & MIREVA WALLEMIN TROBERT & MIREVA P WALL

| APN | Parœl Address(if known) | | Parce I Asse same nt | Parœl % |
|------------|---|---------------------|----------------------|--------------|
| 3731 115 | 19 HARRIET | | \$827.61 | 0.02% |
| | | Totals: | \$827.61 | 0.02 % |
| Yes, I pet | cition the Board of Supervisors to initiate spe | ecial assessment pr | oceedings. | |
| | | | | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessn | nent proceedings. | |
| No, I do r | not petition the Board of Supervisors to initi | ate special assessn | nent proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | | nent proceedings. | |
| | not petition the Board of Supervisors to initi | | 1.1,0 | |
| | | | 0/1/18 | STATE @ AOC. |

PLEASE RETURN TO:

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The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

of PAY ENOUGH TAKES ... CITY SHOULD JUST DO THEFATOR NO TUX FOR MORE BILLING

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Legal Owner: FRIEDMAN-JOY ASSOCIATES

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|----------|---------------------------|--------------------|----------|
| 3782 013 | 670 08TH | \$267.09 | 0.01% |
| 3782 012 | 670 08TH | \$267.09 | 0.01% |
| 3782 017 | 670 08TH | \$336.15 | 0.01% |
| 3782 019 | 670 08TH | \$364.17 | 0.01% |
| 3782 021 | 670 08TH | \$268.00 | 0.01% |
| 3782 022 | 670 08TH | \$268.00 | 0.01% |
| 3782 023 | 670 08TH | \$268.00 | 0.01% |
| 3782 024 | 670 08TH | \$235.17 | 0.01% |
| 3782 014 | 670 08TH | \$391.92 | 0.01% |
| 3782 016 | 670 08TH | \$335.76 | 0.01% |
| 3782 018 | 670 08TH | \$335.50 | 0.01% |
| 3782 020 | 670 08TH | \$352.31 | 0.01% |
| 3782 015 | 670 08TH | \$337.19 | 0.01% |
| | | Totals: \$4,026.35 | 0.11% |

| Yes, I petition the Board of Supervisors to initiate specific No, I do not petition the Board of Supervisors to initiate specific No. | |
|---|---------------------------------------|
| | 10/1/18 |
| Signature of Owner or Authorized Representative | Date |
| SEAN JO7 | 630BTH STLLC@ginail.com |
| Print Name of Owner or Authorized Representative | Representative Contact Phone or Email |

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| Legal Owner: ZA | VALETA OSCAR | | | |
|-----------------------|--|---------|---|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 028 | 984 HARRISON | | \$907.96 | 0.02% |
| | | Totals: | \$907.96 | 0.02% |
| | not petition the Board of Supervisors to initiate sp | | | |
| STET PROTE OF OWN | er of Authorized Representative | | Sept 25, 2 | 018 |
| DSCA Print Name of Ow | Zavaleta vner or Authorized Representative | Represe | ABO 602 entartive Contact Phone or E | mail |

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|---------------------|--|----------------|-------------------|----------|
| 3755 160 | 7 HALLAM | | \$196.38 | 0.01% |
| | | Totals: | \$196.38 | 0.01% |
| Voc Localition the | Doord of Consensions to initiate annuin | | | |
| Yes, I petition the | Board of Supervisors to initiate special | assessment | proceedings. | |
| | | | | |
| No I do not netit | ion the Board of Supervisors to initiate | special assess | ment proceedings | |
| No, I do not petit | ion the Board of Supervisors to initiate | special assess | ment proceedings. | |
| No, I do not petit | ion the Board of Supervisors to initiate | special assess | ment proceedings. | |
| No, I do not petit | ion the Board of Supervisors to initiate | special assess | | |
| No, I do not petit | ion the Board of Supervisors to initiate | special assess | | 8 |
| No, I do not petit | 1 | special assess | 9/25/1 | 8 |

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AAAUUFI O JOSEFINA DIZON DEVENION AAAUUFI O JOSEFINA TOU

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------------------------|--|------------------------------------|----------|
| 3727 154 | . , 180 07TH, | \$141.89 | 0.00% |
| | | Totals: \$141.89 | 0.00% |
| Yes, I pe | tition the Board of Supervisors to initiate spec | ial assessment proceedings. | |
| | | | |
| No, I do | not petition the Board of Supervisors to initial | te special assessment proceedings. | |
| | | | |
| | | | |
| (| | | |
| 200 | Δ. | in take! | |
| Warman . | Δ. | 10[3]18 | |
| Warman Signature of Own | Δ. | 10 /3/18/ Date | |
| | of B. Degin | 10/3/18 | |
| Signature of Own | of B. Degin | 10/3/18 | |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: LEE TO | NY H & YOUSUN SUNNY | | |
|-----------------------|--|------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3511 019 | 1556 HOWARD | \$806.88 | 0.02% |
| | Smalt: aaron@ | | 0.02% |
| | n the Board of Supervisors to initiate spec petition the Board of Supervisors to initia | | |
| Signature of Owner of | r Authorized Representative | 10 5 | 18_ |
| Print Name of Owner | y Ul or Authorized Representative | Representative Contact Phone or En | ,64-3127 |

PLEASE RETURN TO:
SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|---------------------|--|------------------|-------------------|----------|
| 3727 065A 683 MINNA | | \$541.35 | 0.01% | |
| | | Totals: | \$541.35 | 0.01% |
| Yes, I pet | ition the Board of Supervisors to initiate spe | ecial assessment | proceedings. | |
| | | | | |
| | | | | |
| | not petition the Board of Supervisors to initi | | | |
| | | | ment proceedings. | |
| | | | ment proceedings. | |
| No, I do n | | | | |
| No, I do n | not petition the Board of Supervisors to inition the Board of Supervisors th | | ment proceedings. | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: BP | R HOSPITALITY INC | | | |
|------------------|---|------------------|-------------------|-----------------|
| APN | Parcel Address (if known) | Parcel A | Assessment | Parcel % |
| 3728 053 | 761 MINNA | \$1,134. | 11 | 0.03% |
| | | Totals: \$1,134. | 11 | 0.03% |
| | not petition the Board of Supervisors to initiate spo | | | |
| Signature of Own | her or Authorized Representative | | 9. 23- | 18 |
| | | | The second second | and the same of |

PLEASE RETURN TO:

SoMa West CBD P.O, BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: GR | SIFFITH 1995 TR GRIFFITH DONALD P 8 | & MARJORI | | |
|----------------------------|--|-----------|-------------------|--------------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3756 036 | 1275 FOLSOM | | \$2,867.05 | 0.08% |
| | | Totals: | \$2,867.05 | 0.08% |
| - | tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init | | | |
| Signature of Own | Supply the second secon | | 9/26/18 Date | |
| Julis Brint Name of Own | & Griffilh | Popros | griffano3@5 | BLGlobal net |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: G | EGENHEIMER JON JR | | | |
|-----------------|--|------------------|--------------------|---------------|
| APN | Parcel Address (if known) | | Parcel Assessme | ent Parcel % |
| 3730 207 | 60 RAUSCH | | \$289.38 | 0.01% |
| | The same | Totals: | \$289.38 | 0.01% |
| Yes, I p | etition the Board of Supervisors to initiate spec | ial assessment | proceedings. | |
| No, I do | o not petition the Board of Supervisors to initial | e special assess | ment proceeding | S. |
| | | | | |
| 1/ | All | | 9/28/ | 18 |
| Signature of Ow | rier or Authorized Representative | | / Date / | |
| Print Name of O | wner or Authorized Representative | Represe | entative Contact P | hone or Email |

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel 9 |
|---------------------|--|-----------------|-------------------|----------|
| 3511 112 1025 MINNA | | | \$268.06 | 0.01% |
| | | Totals: | \$268.06 | 0.01% |
| | | | | |
| Yes, I peti | tion the Board of Supervisors to initiate spec | cial assessment | proceedings. | |
| | tion the Board of Supervisors to initiate spec | | | |
| | | | | |
| | | | ment proceedings. | 2018 |
| No, I do n | | | | 2018 |

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parœl Address(if known) | Parce I Asse same nt | Parœl % |
|------------------|--|-------------------------------------|---------|
| 3729 001 | 1201 HOWARD | \$1,998.39 | 0.05% |
| | | Totals: \$1,99839 | 0.05 % |
| Yes, I pe | tition the Board of Supervisors to initiate spo | ecial assessment proceedings. | |
| No Ide | not polition the Board of Supervisors to initi | into special assessment proceedings | |
| W 10,140 | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| 4 | Africa | 16/8/18 | |
| Simple of Own | STATE OF THE STATE | 1 3/1 3 | |
| signature of Own | er or Authorized Representative | Date | |
| MA | my y) | | |
| Print Name of Ow | vner or Authorized Representative | Representative Contact Phone or Ema | il |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: CALIF STATE - STATE LANDS

| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|----------|---------------------------|---------|-------------------|----------|
| 3526 001 | 1111 Bryant | | \$4,988.06 | 0.13% |
| 3526 017 | 384 Dore | | \$14,216.84 | 0.37% |
| 3527 002 | | | \$1,012.47 | 0.03% |
| 3758 126 | | | \$79,7245.04 | 2.09% |
| 3758 129 | 10 | | \$16,877.54 | 0.45% |
| 3758 130 | 450 7 th St | | \$16,877.54 | 0.44% |
| 3759 040 | 1009 Harrison | | \$24,589.24 | 0.65% |
| 3759 041 | | | \$370.63 | 0.01% |
| 3760 116 | | | \$8,703.06 | 0.23% |
| 3760 117 | * * | | \$7,469.54 | 0.20% |
| 3760 120 | | | \$5,473.86 | 0.14% |
| 3760 124 | | | \$7,830.66 | 0.21% |
| 3781 007 | 522 8 th St | 18 | \$8,464.53 | 0.22% |
| 3782 002 | | | \$10,453.56 | 0.27% |
| 3782 004 | | 3 | \$7,507.55 | 0.20% |
| | | Totals: | \$214,654.35 | 5.63% |

| 3782 002 | | \$10,453.56 | 0.27% |
|---|--|---|--|
| 3782 004 | | \$7,507.55 | 0.20% |
| | Totals: | \$214,654.35 | 5.63% |
| Yes, I petition the Board of Supervisors to initiate | e special assessment p | proceedings. | |
| No, I do not petition the Board of Supervisors to The State land at issue is operating highway right of way ar no special benefit from the proposed assessment. | initiate special assess nd a CHP facility, over w | ment proceedings. hich the State has authority a | nd responsibility, and the State will derive |
| 1 avang | × 1 | 10/3/18 | R |
| Signature of Owner or Authorized Representative | | Date | |
| Tony Tavares | ai . | (510) 286-5900 | |
| Print Name of Owner or Authorized Representative | Represe | entative Contact Phone or | Email |
| | | | |

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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Legal Owner: STATE PROPERTY Parcel Assessment Parcel Address (if known) Parcel % APN 0.10% 3780 014 501 8TH ST \$3,819.16 3528 003 \$5,321.81 0.14% Totals: \$9,140.97 0.24% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. The State land at issue is operating highway right of way and a CHP facility, over which the State has authority and responsibility, and the State will derive no special benefit from the proposed assessment. Signature of Owner or Authorized Representative Tony Tavares (510) 286-5900 Print Name of Owner or Authorized Representative Representative Contact Phone or Email

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % | |
|------------------------|--|------------------------|---------------------------------|--------------------------|---------|
| 3523 005 | | | \$13.11 | 0.00% | |
| 3528 003 | | | \$10,928.53 | 0.29% | |
| | Totals: | \$10,941.64 | 0.29% | | |
| X No, I do | etition the Board of Supervisors to initiate spoon onot petition the Board of Supervisors to initi | | <u></u> | | |
| The State land at iss | sue is operating highway right of way and a CHP fac | | | ibility, and the State w | ill der |
| | sue is operating highway right of way and a CHP fac om the proposed assessment. | | | ibility, and the State w | ill der |
| | The state of the s | | | ibility, and the State w | ill der |
| no special benefit fro | om the proposed assessment. | | | ibility, and the State w | ill dei |
| no special benefit fro | ner or Authorized Representative | illity, over which the | State has authority and respons | ibility, and the State w | ill de |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: RO | BERT J CART MARITAL TRUST | | |
|----------------------------|---|---------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3509 011 | 1380 HOWARD | \$16,022.10 | 0.42% |
| | | Totals: \$16,022.10 | 0.42% |
| 24 | tition the Board of Supervisors to initiate spo | | |
| Alla C Signature of Own | er or Authorized Representative | 3/29/18 Date | |
| VERA | CORT | 415 730 5578 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: FOF | RMAN WILLIAM CASH | | | |
|--------------------|--|---------------------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3509 015B | 135 10TH | | \$3,521.31 | 0.09% |
| | | Totals: | \$3,521.31 | 0.09% |
| No, I do r | not petition the Board of Supervisors to initi | iate special assess | ment proceedings. | |
| Signature of owner | er or Authorized Representative | | 3/17/18 Date | |
| William | Cash Forman | | f15.999959 | 3 |
| Print Name of Ow | ner or Authorized Representative | Represe | entative Contact Phone or Er | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
- We are or represent the persons and/or entities that would be obligated to pay the special assessments for the services, improvements and activities as described in the Plan. If the proposed District is established by the Board of Supervisors following the ballot election and public hearing, assessments would be collected for the first 15 years (July 1, 2018 - June 30, 2033). Expenditure of those collected assessments for up to 6 months after the end of the assessment collection period (December 31, 2033), at which point the District would terminate if not renewed.
- 3. We petition the Board of Supervisors to initiate special assessment district proceedings in accordance with applicable state and local laws (California Streets and Highways Code Sections 36600 et sq. "Property and Business Improvement District Law of 1994" as augmented by the City and County of San Francisco Business and Tax Regulation Code Article 15 "Business Improvement District Procedure Code").
- 4. We understand that upon receipt of this petition signed by property owners (or authorized representative of property owners) who will pay more than thirty percent (30%) of the proposed assessments, the Board of Supervisors may initiate proceedings to renew and expand the District. These proceedings will include balloting of property owners under which majority of weighted property owners who return a ballot may authorize the Board of Supervisors to renew and expand the District. This petition does not represent a final decision.

| APN | Parcel Address (if known) | Parc | cel Assessment | Parcel % |
|------------|--|------------------------|----------------|----------|
| 3509 023 | 30 WASHBURN | \$1,1 | .85.26 | 0.039 |
| | | Totals: \$1,1 | 85.26 | 0.03% |
| Yes, I pet | tition the Board of Supervisors to initiate sp | ecial assessment proce | edings. | |
| | | | | |
| | not petition the Board of Supervisors to init | | | |
| | | | | |
| | | | | |
| No, I do | | | | |
| No, I do | not petition the Board of Supervisors to init | | t proceedings. | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| ADAL | David Address (if Imaura) | Понос | I Accomment | Dansel 9/ |
|-----------------|--|------------------------|--------------|-----------------------|
| APN 3509 072 | Parcel Address (if known) 61 GRACE | \$221 | .93 | <u>Parcel %</u> 0.01% |
| | | Totals: \$221 | .93 | 0.01% |
| | etition the Board of Supervisors to initiate spe | cial assessment procee | dings. | |
| No, I do | o not petition the Board of Supervisors to initi | ate special assessment | proceedings. | VO 1 |
| | o not petition the Board of Supervisors to initi | ate special assessment | Date | VO 1 8 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: Wo | OO FAMILY TRUST 1990 THE % HARVEY J W | 00 | | |
|------------------|---|---------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3510 008 | 154 10TH | | \$1,889.57 | 0.05% |
| | | Totals: | \$1,889.57 | 0.05% |
| | tition the Board of Supervisors to initiate spe | | | |
| Signature of Own | er or Authorized Representative | | 3-30-18 Date | |
| HARVE | Y J. WOO | (4) | 5) 348-97 | 91 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: DO | DUGLAS F SWEET 2004 FMLY R | | | |
|------------------|---|--------------------|---------------------|-----------------|
| APN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel % |
| 3510 019 | 1480 HOWARD | | \$907.59 | 0.02% |
| | | Totals: | \$907.59 | 0.02% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assess | sment proceedings | |
| | 1.10 | | Same All Said | |
| Du | not knight | | 3/29/18 | |
| Signature of Ow | er or Authorized Representative | | Date | |
| Douglas | F, Sweet, hus the | Bi | op the men he | Hing @ HOL. Com |
| Print Name of Ov | vner or Authorized Representative | Represe | entative Contact Ph | none or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: FO | LDENAUER CARLENE | | | |
|-------------------|----------------------------------|--------------------|--|-----------|
| APN | Parcel Address (if known) | Parcel As | sessment | Parcel % |
| 3779 092 | 31 BOARDMAN | \$1,044.24 | 1 | 0.03% |
| | | | | |
| | | Totals: \$1,044.24 | 1 | 0.03% |
| 1 | | | 11/11/1 | |
| Signature of Duyo | er or Authorized Representative | | 94 / / / / / / / / / / / / / / / / / / / | 8 |
| | * | | , | |
| Carl | ene Foldonanov | Cfoldonal | wwweor | thlink ne |
| Print Name of Ow | ner or Authorized Representative | | ntact Phone or Em | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| 3779 131 3779 130 | P000 586 06TH | \$359.82 \$1,545.59 | 0.01% 0.04% |
|----------------------|---|-------------------------------------|----------------|
| 3779 130 | 586 06TH | \$1,545.59 | 0.04% |
| | | | |
| | | | |
| | | Totals: \$1,905.41 | 0.05% |
| No, I do not | petition the Board of Supervisors to initia | ate special assessment proceedings. | |
| | | | |
| 7. | · · | 3-16-1 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

415-777-1300 Representative Contact Phone or Email

P.O. BOX 410805

SAWICE M.

Print Name of Owner or Authorized Representative

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: 42 | 2 BOARDMAN PLACE LLC | | |
|-----------------|---|--------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3779 136 | 40 BOARDMAN | \$1,332.91 | 0.04% |
| | | Totals: \$1,332.91 | 0.04% |
| 7 | etition the Board of Supervisors to initiate special asses not petition the Board of Supervisors to initiate specia | | |
| Aniel Je | Jor 42 Boardman Place, LLC ner or Authorized Representative | 3/18/10 Date | > |
| 42 Boo | ardman Place, LLC | 415-862-0 | 309 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: SU | RVIVORS TRUST % GERRÍE A SCOTT | | | |
|-----------------|--|---------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3779 148 | 51 GILBERT | | \$241.80 | 0.01% |
| 3779 147 | 49 GILBERT | | \$260.44 | 0.01% |
| 3779 149 | 53 GILBERT | | \$221.48 | 0.01% |
| | | Totals: | \$723.72 | 0.02% |
| | ition the Board of Supervisors to initiate specia | | | |
| | tition the Board of Supervisors to initiate specia | | | |
| No, I do | | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: NI | CKERSON CHRISTOPHER W & | | |
|------------------|--|--------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3779 151 | 39 BOARDMAN | \$247.17 | 0.01% |
| | | Totals: \$247.17 | 0.01% |
| \equiv | not petition the Board of Supervisors to initiate sp | | |
| Signature of Own | ner or Authorized Representative | 20 MARCH 2018 Date | |
| HRISTOPHER | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Logal Owners BASS HEA

| APN | Parcel Address (if known) | Pare | cel Assessment | Parcel % |
|------------------|--|--|----------------|----------|
| 3779 158 | 39 BOARDMAN | \$20 | 3.00 | 0.01% |
| | | Totals: \$20 | 3.00 | 0.01% |
| | tition the Board of Supervisors to initiate spen | | | |
| 100,100 | not petition the Board of Supervisors to initi | ate special assessmen | proceedings. | |
| 1 | | The second section is a second section of the second section of the second section is a second section of the second section of the second section sec | | |
| 1 | | Ч | 6/18 | |
| Signature of Own | er or Authorized Representative | 4 | 6/18 Date | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessme | nt Parcel % |
|--|--|--------------------|-----------------|-------------|
| 3779 164 | 39 BOARDMAN | | \$221.76 | 0.01% |
| | | Totals: | \$221.76 | 0.01% |
| 100 to 10 | | | | |
| Yes, I petit | tion the Board of Supervisors to initiate spe | ecial assessment p | proceedings. | |
| | tion the Board of Supervisors to initiate spo ot petition the Board of Supervisors to initi | | | |
| | | | | |
| No, I do no | | ate special assess | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: HE | SS/SCOTT 1993 SURVIVORS T% GERRIE A S | сотт | |
|------------------|---|--|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3779 165 | 0 BOARDMAN | \$1,083.50 | 0.03% |
| | | Totals: \$1,083.50 | 0.03% |
| Yes, I pe | etition the Board of Supervisors to initiate sp | ecial assessment proceedings. | |
| | not petition the Board of Supervisors to init | | |
| Signature of Own | ner or Authorized Representative | 3/29/18 Date | |
| Gerr | vie A - Scott | 415 863-35 Representative Contact Phone or | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: SU | RVIVORS TRUST THE % GERRIE A SCOTT | | | |
|------------------|---|----------------------|------------------|----------|
| APN | Parcel Address (if known) | P | arcel Assessment | Parcel % |
| 3779 171 | 55 GILBERT | \$: | 272.54 | 0.01% |
| | | Totals: \$ | 272.54 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | ecial assessment pro | ceedings. | |
| | not petition the Board of Supervisors to initi | | | |
| | | | | |
| | | | | ~ |
| 18 | · CB - 11 | | 2101 | : 0 |
| | i CO cott | | 3/201 | 18 |
| Signature of Own | ner or Authorized Representative | | 3 20 Date | 18 |
| | | | | 18 |
| | rie A. Scott | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: SU | RVIVORS TRUST THE % GERRIE A SCO | σπ | |
|-----------------|---|---|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3779 172 | 57 GILBERT | \$298.21 | 0.01% |
| | | Totals: \$298.21 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate | special assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to in | nitiate special assessment proceedings. | |
| | | | |
| as. | Cocott | 3/20 | 10 |
| | per or Authorized Representative | Date | 18 |
| | a | Dute | |
| Ger | | | |
| | rie H. Scott | 415:863 | 3-3308 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|---|--------------------|--------------------|----------|
| 3779 173 | 59 GILBERT | | \$315.15 | 0.01% |
| | Supplied to the | Totals: | \$315.15 | 0.01% |
| | tition the Board of Supervisors to initiate spe | | | |
| No, I do | not petition the Board of Supervisors to initi | ate special assess | sment proceedings. | |
| | | | | |
| | | | | |
| | Contt | | 3/20/18 | |
| Signature of Own | COCH per or Authorized Representative | | 3/20/18 Date | |
| ~ | er or Authorized Representative | | Date | |
| ~ | | | | 3302 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: S | SURVIVORS TRUST THE % GERRIE A SCOTT | | |
|-----------------|---|----------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3779 174 | 61 GILBERT | \$219.38 | 0.01% |
| | | Totals: \$219.38 | 0.01% |
| Yes, I p | petition the Board of Supervisors to initiate speci | al assessment proceedings. | |
| | o not petition the Board of Supervisors to initiate | | |
| | | | |
| a) | Contr | 3/20/18 | |
| Signature of Ow | vner or Authorized Representative | Date | |
| Go | erne A-Scott | 415 863- | 3300 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|---|-------------------------------------|----------|
| 3779 183 | 520 6TH | \$235.61 | 0.01% |
| | | Totals: \$235.61 | 0.01% |
| Yes, I pet | tition the Board of Supervisors to initiate spe | ecial assessment proceedings. | |
| No. I do | not petition the Board of Supervisors to initia | ate special assessment proceedings | |
| No, ruo | for petition the board of supervisors to mile | are special assessment proceedings. | |
| 1. | & C. Januaril | 1 | / |
| don. | DC. Tambel | 3/20 | 18 |
| 11000 | | | |
| | er or Authorized Representative | Date | |
| Signature of Own | er or Authorized Representative | Date | |
| Signature of Own | | Date | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: EA | GLSTEIN WILLIAM & JANET | | |
|------------------|--|------------------------|--------------------|
| APN | Parcel Address (if known) | Parcel A | ssessment Parcel % |
| 3779 194 | 0 | \$336.47 | 0.01% |
| | | Totals: \$336.47 | 0.01% |
| = | tition the Board of Supervisors to initiate specia | | |
| | not petition the Board of Supervisors to initiate | special assessment pro | ceedings. |
| Faret | t Englitein | 1 | 1 |
| 1 | | 3/1 | 9/2018 |
| Signature or Owr | | | Date |
| | er or Authorized Representative | | |
| Villiam . | + Janet Eaglstein | cake | le @ aol. cor |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| APN | Parcel Address (if known) | | Parcel Assessmer | nt Parcel % |
|--------------------|--|-------------------------------|---------------------|--------------|
| 3779 206 | 590 06TH | | \$308.65 | 0.01% |
| | | Totals: | \$308.65 | 0.01% |
| Yes, I pet | ition the Board of Supervisors to initiate sp | ecial assessment _l | proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | iate special assess | ment proceedings. | |
| / | | | | |
| - | | | 3/19/ | 2018 |
| Signature of Owner | er or Authorized Representative | - | Date | |
| 0110 | C. 14 11 1 | 1. | 7 = | 7-0 |
| CHHIS. | GADWAY | (41 | 5)500- | 5503 |
| Print Name of Ow | ner or Authorized Representative | Represe | entative Contact Ph | one or Fmail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Land Owner LUDECK CUCAN

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------|---|-------------------------------------|------------|
| 3779 216 | 590 6TH | \$278.42 | 0.01% |
| | | Totals: \$278.42 | 0.01% |
| | tition the Board of Supervisors to initiate spe | | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| | | 5/27/ | 2018 |
| | er or Authorized Representative | Date / | |
| SUSA | W LIBECK | | |
| | yner or Authorized Representative | Representative Contact Phon | e or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|-----------|--|------------------|-------------------|----------|
| 3780 056A | 360 LANGTON | | \$5,200.26 | 0.14% |
| ŧ | | Totals: | \$5,200.26 | 0.14% |
| | | | | |
| Voc I not | ition the Reard of Supervicors to initiate see | acial accorement | orocoodinge | |
| | ition the Board of Supervisors to initiate spe | | - | |
| | ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi | | - | |
| | not petition the Board of Supervisors to initi | | - | |
| | not petition the Board of Supervisors to initi | | - | 18 |

PLEASE RETURN BY APRIL 20, 2018 TO:

LAURANCE O. MATHEUS

Print Name of Owner or Authorized Representative

MATHENS PROPERTIES CO-MOUL. COM

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: JOH | IN C WIGGINS RVC TR JOHN C WIGGINS | TRUSTEE | |
|--------------------|---|--------------------------------------|------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3780 098 | 321 LANGTON | \$298.64 | 0.01% |
| | | Totals: \$298.64 | 0.01% |
| Yes, I pet | ition the Board of Supervisors to initiate sp | ecial assessment proceedings. | |
| No, I do r | not petition the Board of Supervisors to init | iate special assessment proceedings. | |
| | | | |
| 0-6 | 2 C. Wixi | 3/20/18 | |
| Signature of Owner | er or Authorized Representative | Date | |
| 7 | | 1 | |
| JOHN | C. WIEGEINS | NA | |
| Print Name of Own | ner or Authorized Representative | Representative Contact Phon | e or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: TEKLEHAIN | MANOT AMAN | - 0 | 1/200 110 |), |
|--------------------------|---------------------------------|-----------------|---------------------------------|----------|
| APN | Parcel Address (if known) | γ / , | Parcel Assessment | Parcel % |
| 3780 099 | 321 LANGTON | 1/1 | \$211.98 | 0.01% |
| | | | + | 3.027 |
| | W , Wa | rl / | | |
| | 11 1000 | | Totals: \$211.98 | 0.01% |
| | Day | | | |
| Yes, I petition th | e Board of Supervisors to initi | iate special as | sessment proceedings | |
| | a soft a stable to the | iate openial as | P | 15 |
| No, I do not peti | tion the Board of Supervisors | to initiate spe | cial assessment proceedings. | |
| | | Ν). | W | |
| | | | 1 | |
| | 7 | 71 | 7// | |
| | | X1 | 3/21/201 | 5 |
| Signature of Owner or Au | thorized Representative | | \ | |
| | | 1 |) \ | |
| | | γ | | |
| Print Name of Owner or | Authorized Representative | | Representative Contact Phone or | Email |
| () | 16 | 4 | | |
| | | | | |
| // | PLEASE | | PRIL 20, 2018 TO: | |
| | 1/1 | SoMa Wes | | |
| | Sar | r.o. Box 4 | | |
| | | | aceconsulting.com | |

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: LEI | SANDRA | | | |
|------------------|---|---------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3784 017 | 787 BRANNAN | | \$2,701.71 | 0.07% |
| | | Totals: | \$2,701.71 | 0.07% |
| 20 | tition the Board of Supervisors to initiate spont of petition the Board of Supervisors to initiate. | | | |
| A | ente Le | | 4/3/18 | |
| Signature of Own | er or Authorized Representative | | Date | |
| San | dra lee | | | |
| Print Name of Ow | ner or Authorized Representative | Represe | entative Contact Phone or En | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | |
|--------------|---|-------------------------------------|-------------|
| 2704 200 | raicer Address (ii known) | Parcel Assessmen | t Parcel % |
| 3784 099 | 5000 LUCERNE | \$314.80 | 0.01% |
| | | Totals: \$314.80 | 0.01% |
| | on the Board of Supervisors to initiate spe | | |
| No, I do not | petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| al | ivier Hubert | 03/19/ | / 2218/ |
| | or Authorized Representative | Date | 2018 |
| | 11. | | 540925 |
| OLiv | (ett / D) () = | /1 15 / | 1 1 19 10 2 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: KO AMY

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|--|------------------------------------|----------------|
| 3784 138 | 125 GILBERT | \$237.63 | 0.01% |
| | | Totals: \$237.63 | 0.01% |
| | tition the Board of Supervisors to initiate spont petition the Board of Supervisors to initi | | |
| Signature of Own | er or Authorized Representative | 4)(()18 Date | |
| | Anny Ko vner or Authorized Representative | Representative Contact Phone or Er | anyko.us@guail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|--|--------------------------------------|----------|
| 3784 139 | 125 GILBERT | \$202.84 | 0.01% |
| | | Totals: \$202.84 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment proceedings. | |
| | | | |
| No, I do | not petition the Board of Supervisors to init | iate special assessment proceedings. | |
| // / | | | |
| | | | |
| I'ml & | 4 | 3/18/18 | |
| Signature of Own | ner or Authorized Representative | Date | * |
| | | | |
| 00 | Y | 1115 200 0205 | |
| PAUL MASOX | | 415-997-8205 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|---|------------------------------------|----------|
| 3784 181 | 30 LUCERNE | \$4,045.09 | 0.11% |
| | | Totals: \$4,045.09 | 0.11% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | te special assessment proceedings. | |
| | | | |
| Box | m D | 3/29/18 | |
| Signature of Own | er or Authorized Representative | bate / | |
| 1000 | of Horney | 415 865 | - (113 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| PN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------|---|------------------|-------------------|----------|
| 728 180 | 121 09TH | | \$117.67 | 0.00% |
| | | Totals: | \$117.67 | 0.00% |
| | | | | |
| Yes, I pet | tition the Board of Supervisors to initiate spe | ecial assessment | proceedings. | |
| | | | | |
| | tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi | | | |
| No, I do r | | | | nß_ |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parœl Addre ss(if known) | Parce I Asse same no | Parcel % |
|------------------|--|---------------------------------|----------------------|
| 3522 002 | 314 12TH | \$778.57 | 0.02% |
| | | Totals: \$778.57 | 0.02 % |
| Yes, I pe | tition the Board of Supervisors to initiate specia | assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initiate | special assessment proceedings. | |
| | | | |
| Jacque | eline Blaise | Oct. 7, . | 2018 |
| Signature of Own | eline Blaise ner or Authorized Representative | | 2018 |
| | eline Blaise Per or Authorized Representative ELINE BLAISE | Oct. 7, a | 2018 @hotmail.com |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: TIN | MBERLINE TRUST TIMOTHY S MEHAN | TRUSTEE | |
|------------------|--|--------------------------------------|------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3731 212 | 175 RUSS | \$259.05 | 0.01% |
| | | Totals: \$259.05 | 0.01% |
| | tition the Board of Supervisors to initiate sp | | |
| No, I do i | not petition the Board of Supervisors to init | iate special assessment proceedings. | |
| Limer | Is Mel | 3-16-18 | |
| Signature of Own | er or Authorized Representative | Date | |
| Timet | hy S. Mehan | (530) 318-08 | 84 |
| Print Name of Ow | ner or Authorized Representative | Representative Contact Phon | e or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: 970 | FOLSOM SF LLC | | |
|--------------------|--|-------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3732 026 | 970 Folsom St | \$1,419.05 | 0.04% |
| | | Totals: \$1,419.05 | 0.04% |
| | ition the Board of Supervisors to initiate spe | | |
| No, I do n | not petition the Board of Supervisors to initi | ate special assessment proceedings. | |
| Dea | | 3/13/1 | 8 |
| Signature of Owner | r or Authorized Representative | Date | |
| Isech | Horney | 415865611 | 13 |
| Print Name of Own | ner or Authorized Representative | Representative Contact Phone or Er | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: HORACE S GIANNINI REVOC TRU% HORACE S GIANNINI

| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|---|---------|-------------------|----------|
| 3732 151 | 974 Folsom St | | \$4,280.04 | 0.11% |
| | | Totals: | \$4,280.04 | 0.11% |
| | tition the Board of Supervisors to initiate spe | | | |
| 11 | 1010 | | | |
| | A Miannini | | 3-22-20 | 017 |
| Horace | - Sulling | | 0 0 | |
| Signature of Own | er or Authorized Representative | | Date | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessmen | t Parcel % |
|------------|---|---|------------|
| 3753 037 | 275 CLARA | \$815.70 | 0.02% |
| | | Totals: \$815.70 | 0.02% |
| Ves I not | tition the Board of Supervisors to initiate spe | rial assessment proceedings | |
| res, i per | ittion the board of Supervisors to initiate spe | ciai assessifient proceedings. | |
| | not petition the Board of Supervisors to initia | | |
| | | | |
| | | te special assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | te special assessment proceedings. | |
| No, I do s | | te special assessment proceedings. | |
| No, I do | er or Authorized Representative | te special assessment proceedings. 3 - 20-/ Date | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: GO | OLD REVOCABLE TRUST THE % RICHARD A&BE | VERLY G GOLD | |
|-----------------|--|-----------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3753 049 | 237 CLARA | \$644.83 | 0.02% |
| | | Totals: \$644.83 | 0.02% |
| | etition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate | | |
| Thing a | Self-Rough July leg / ner or Authorized Representative | <u>4-15-18</u> Date | V -11 |
| | A Gold - Rever 4 G 6016 When or Authorized Representative | Representative Contact Phone or I | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: PA | ARKER WILMA | | |
|------------------|---|------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3753 061 | 222 CLARA | \$796.33 | 0.02% |
| | | Totals: \$796.33 | 0.02% |
| | o not petition the Board of Supervisors to initiate spe | | Kooli |
| wen | ra Parler | 3/21/ | 18 |
| Signature of Owi | ner or Authorized Representative | Date | |
| | | | |
| Print Name of O | wner or Authorized Representative | Representative Contact Phone or Er | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
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APN Parcel Address (if known) Parcel Assessment Parcel %
3753 094 239 SHIPLEY \$892.23 0.02%

Totals: \$892.23 0.02%

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative Date

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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--! O..... ONDYN HEDCCHELLE 2002 TRUCT

| Legal Owner: ON | DYN HERSCHELLE 2003 TROST | | | |
|---------------------------|--|---|---|------------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 121 | 989 FOLSOM | | \$2,235.04 | 0.06% |
| | | Totals: | \$2,235.04 | 0.06% |
| | tition the Board of Supervisors to initiate spe | | | |
| No, I do | not petition the Board of Supervisors to initi | ate special asses | sment proceedings. | |
| O. He Signature of Own | ry Chelle er or Authorized Representative | | 4/14/18 Date | |
| Ondyn Print Name of Ow | Herschelle There or Authorized Representative | $\left(\frac{41}{\text{Repres}}\right)$ | 5) 240 - 92 entative Contact Phone or En | 44 mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: MI | RIAM OFER REVOCABLE TR | | | |
|------------------|--|---------------------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 129 | 981 FOLSOM | | \$725.43 | 0.02% |
| | | Totals: | \$725.43 | 0.02% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| _ | not petition the Board of Supervisors to init | | | |
| No, ruo | not petition the board of Supervisors to line | iate special assess | ment proceedings. | |
| 3 | · m | | 1 / | |
| mer | _ Ger | | 3/17/18 | |
| Signature of Own | er or Authorized Representative | 1 - 1 - 1 | Date | |
| | _ | | | |
| MIRIAM | OFER | | | |
| Print Name of Ow | vner or Authorized Representative | Represe | entative Contact Phone or Er | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: RL | JDELIC ROBERT A & SHERYL G | | | |
|------------------|---|---------|-----------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 185 | 920 HARRISON | | \$239.36 | 0.01% |
| | | Totals: | \$239.36 | 0.01% |
| | not petition the Board of Supervisors to initiate spe | | | |
| SHORAL | S& Bullei | | 3-22-20 | 18 |
| Signature of Own | ner or Authorized Representative | | Date | |
| SHERIL | -G.RUDEUC | | 415 65 | 5-359 |
| Print Name of Ov | wner or Authorized Representative | Represe | entative Contact Phone or E | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Asses | sment Parcel % |
|------------------|---|------------------------------|----------------|
| 3753 198 | 221 CLARA | \$242.95 | 0.01% |
| | | Totals: \$242.95 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| | | | |
| No Ida | not notition the Donad of Consulations to initi | | dtama |
| No, I do | not petition the Board of Supervisors to initia | te special assessment procee | dings. |
| No, I do | not petition the Board of Supervisors to initia | te special assessment procee | dings. |
| No, I do | not petition the Board of Supervisors to initia | | |
| | 4 | 3 <i> </i> 3 | 1/18 |
| | not petition the Board of Supervisors to initia | | 1/18 |
| Signature of Own | 4 | 3 <i> </i> 3 | 1/18 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|-------------------|--|--------------------|-------------------|------------------------------|
| 3753 222 | 236 CLARA | | \$234.06 | 0.01% |
| | | Totals: | \$234.06 | 0.01% |
| Yes, I peti | tion the Board of Supervisors to initiate spe | ecial assessment p | proceedings. | |
| | | | | |
| No, I do n | ot petition the Board of Supervisors to initia | ate special assess | ment proceedings. | |
| | | | | |
| \sim | | | | And the second second second |
| | | | | |
| | () cha | | 5-3-12 | |
| | 2 m an Oleva | 1 | 5-3-18 | - |
| | r or Authorized Representative | k | S - 3 - 18 Date | |
| Signature of Owne | | | | |
| | | | | - |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: JUI | NG BRIAN | | | |
|------------------|---|--------------------|--------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 223 | 236 CLARA | \$333.23 | | 0.01% |
| | | Totals: | \$333.23 | 0.01% |
| Yes, I pet | tition the Board of Supervisors to initiate spe | ecial assessment | proceedings. | |
| | not petition the Board of Supervisors to initia | | | |
| No,100 | not petition the Board of Supervisors to initia | ate special assess | ament proceedings. | |
| 1-12 | 11. | | 1 1 | |
| Thum | | | 3/23/18 | |
| Signature of Own | er or Authorized Representative | | Date | |
| 60 (An) | 1. 127 | ton | +Alfantinad | |
| 01011310 | 10100 | | MERCHANICAL | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: CO | RNWALL TREVEN & CHUENJAI | | | | |
|------------------|---|-------------|------------------|--|---|
| APN | Parcel Address (if known) | Pa | rcel Assessmen | t Parcel | % |
| 3753 232 | 965 FOLSOM | \$2 | 32.97 | 0.01% | |
| | | Totals: \$2 | 32.97 | 0.01% | - |
| | not petition the Board of Supervisors to initiate sponts petition the Board of Supervisors to initiate sponts are supervisors to initiate sponts. | | | | |
| Signature of Own | er or Authorized Representative | 3/3 | //18 Date | The state of the s | c |
| TREVEN | CORMACI | | | | |
| Print Name of Ow | ner or Authorized Representative | Representa | tive Contact Pho | one or Email | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: KH | AN SURINA & TERRY JENNIFE | | | |
|------------------|--|---------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 236 | 965 FOLSOM | | \$234.80 | 0.01% |
| | | Totals: | \$234.80 | 0.01% |
| | cition the Board of Supervisors to initiate spont petition the Board of Supervisors to initiate. | | | |
| Signature of Own | er or Authorized Representative | | 4/14/18 Date | |
| | Khan | SV | inakhan@me.co | m |
| Print Name of Ow | ner or Authorized Representative | Represe | entative Contact Phone or Er | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: W | DO HARVEY & SANDY | | | |
|------------------|--|-------------|----------------|----------|
| APN | Parcel Address (if known) | Pai | cel Assessment | Parcel % |
| 3753 302 | 210 SHIPLEY | \$28 | 38.42 | 0.01% |
| 3753 303 | 210 SHIPLEY | \$25 | 92.98 | 0.01% |
| 3753 304 | 210 SHIPLEY | \$25 | 92.98 | 0.01% |
| | | Totals: \$8 | 74.38 | 0.02% |
| | not petition the Board of Supervisors to initi | , | | |
| Signature of Own | | | 100 - 190 H | **** |
| | er or Authorized Representative | 3. | -30-18 Date | |
| | er or Authorized Representative | _3. | -30-18 Date | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Land Owner, DODERTO 7 & HONEYHETTE NA DERORERTO 7 & HONEYHETTE DE L

| Legal Owner: R | OBERTO Z & HONETLETTE IVI DEROBERTO Z | & HONETLETTE DE L | |
|-----------------|---|------------------------------|--------------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3753 338 | | \$169.02 | 0.00% |
| | | Totals: \$169.02 | 0.00% |
| | etition the Board of Supervisors to initiate sp | | |
| | ju- | 3/20/18 | |
| Signature of Ow | ner or Authorized Representative | Date | |
| ROBERTO | It was, M. | robert@world a | class freight, con |
| Print Name of O | wner or Authorized Representative | Representative Contact Phone | or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| 3754 001 1001 FOLSOM \$1,450.66 Totals: \$1,450.66 Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. | 0.04% |
|---|-------------|
| Yes, I petition the Board of Supervisors to initiate special assessment proceedings. | 0.04% |
| | |
| No, I do not petition the Board of Supervisors to initiate special assessment proceedings. | |
| | |
| | |
| Robert 1 Sens 3-19-18 | |
| Signature of Owner or Authorized Representative Date | |
| 21 75 | DACHELL. NE |
| Print Name of Owner or Authorized Representative Representative Contact Phone or E | MCDEUV. NE |

PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
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| Legal Owner: AD | ORA JANE SALA REVOC INTV C/O JOHN SA | LA | | |
|------------------|--|---------------------|----------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3754 002 | 316 06TH | | \$966.47 | 0.03% |
| | | Totals: | \$966.47 | 0.03% |
| Yes, I per | tition the Board of Supervisors to initiate sp | ecial assessment p | proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | ment proceedings. | |
| -A | | | | |
| While | | | 3-13-1 | 8 |
| Signature of Own | er or Authorized Representative | | Date | |
| 11 - | | | | |
| 1 Obli | SASALA | | JCARGOEI | HOL. BOT |
| Print Name of Ow | ner or Authorized Representative | Represe | ntative Contact Phone or E | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|---|---------------------|-------------------|----------|
| 3754 030 | 321 07TH | | \$1,696.92 | 0.04% |
| | | Totals: | \$1,696.92 | 0.04% |
| Yes, I pe | tition the Board of Supervisors to initiate spo | ecial assessment pr | roceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessn | nent proceedings. | |
| | | | | |
| RA | 21/00 | 13/ | 11/10 | |
| Signature of Own | er or Authorized Représentative | 03/1 | Date | |
| marine or own | D 11— — | / | , pare | |
| FAMIS- | Bettencourt | | | |
| - | | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| | ALKER FAMILY TR STEVEN R & SUSAN | n WALKER I | |
|----------|---|-------------------------------------|------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel 9 |
| 3754 065 | 1091 FOLSOM | \$1,532.76 | 0.04% |
| 3754 066 | 1091 FOLSOM | \$724.85 | 0.02% |
| | | Totals: \$2,257.61 | 0.06% |
| | tition the Board of Supervisors to initiate spont not petition the Board of Supervisors to initi | | |
| | | | |
| | | ate special assessment proceedings. | |
| No, I do | | | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessment proceedings. | baltix.com |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| APN away | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------------|---|------------------------------------|----------|
| 3754 084 | 155 HARRIET | \$224.84 | 0.01% |
| | | Totals: \$224.84 | 0.01% |
| Yes, I petitio | on the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| | | | |
| | | | |
| = | petition the Board of Supervisors to initia | | |
| = | | te special assessment proceedings. | |
| No, I do not | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: Lhe | eureux Aaron C S/auduong Raymond | | | |
|-----------------------------|---|--------------------|--|------------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3754 101 | 322 06TH | | \$337.38 | 0.01% |
| | | Totals: | \$337.38 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | ate special assess | sment proceedings. | |
| Signature of Own | er or Authorized Representative | | 4/4/10 Date | 8 |
| Raymo v Print Name of Ow | nd Audum uner or Authorized Representative | | ay, auduo ng entative Contact Phone o | @gmail.con |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MESCO 2 LLC

| 3755 012 362 07TH | Parcel Assessment | Parcel % |
|----------------------|---------------------|----------|
| 3/33 012 302 0/18 | \$690.52 | 0.02% |
| 3755 130 340 07TH | \$7,903.91 | 0.21% |
| 3755 005 314 07TH | \$644.83 | 0.02% |
| 3755 134 123 LANGTON | \$1,887.71 | 0.05% |
| | Totals: \$11,126.96 | 0.29% |

Signature of Owner or Authorized Representative

415-863-5000

3/26/2018

TOWN A, MALTBY MANAGING PARTNER

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

Print Name of Owner or Authorized Representati

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: CHOW KEVIN H & CHOW DAISY Q | • | |
|---|------------------------------------|-----------|
| APN Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3755 014 380 07TH | \$1,045.33 | 0.03% |
| | Totals: \$1,045.33 | 0.03% |
| Yes, I petition the Board of Supervisors to ini No, I do not petition the Board of Supervisor | | |
| Signature of Owner or Authorized Representative | 4/3/18 Date | |
| Print Name of Owner or Authorized Representative | Representative Contact Phone or Em | 7 Pail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: CHC | DW KEVIN HAN & DAISY HE | | |
|--------------------|--|------------------------|----------------|
| APN | Parcel Address (if known) | Parcel Assessm | ent Parcel % |
| 3755 015 | 384 07TH | \$684.36 | 0.02% |
| | | Totals: \$684.36 | 0.02% |
| | ition the Board of Supervisors to initiate special as: | | gs. |
| Signature of Owner | er or Authorized Representative | 4/3 ₎ | 178 |
| | | Date | |
| KEUIN | CHOW/ DAISTHE-CHOW | 415-723 | -1039 |
| Print Name of Own | ner or Authorized Representative | Representative Contact | Phone or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: BC | DNINI FAMILY LVG TR | | | | | |
|------------------|---|-------------------|-------------------|-----|----------|-------|
| APN | Parcel Address (if known) | | Parcel Assessment | | Parcel 9 | 6 |
| 3755 021 | 1124 HARRISON | | \$1,418.29 | | * * | 0.04% |
| | | Totals: | \$1,418.29 | | | 0.04% |
| Yes, I pe | etition the Board of Supervisors to initiate spec | cial assessment | proceedings. | | | |
| No, I do | not petition the Board of Supervisors to initia | te special assess | ment proceedings. | | | |
| | | | | | | |
| Janes | Sommi Molly | | 3/16/18 | | | |
| Signature of Owr | ner or Authorized Representative | Statement | Date | | | |
| Mul | Benjaj | 4 | 15-861-8 | 300 | 7 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: BE | LL WILLIAM | | |
|------------------|---|-------------------------------------|----------|
| APN | Parcel Address (if known) | - Parcel Assessment | Parcel % |
| 3755 022 | 1126 HARRISÓN - | \$721.51 | 0.02% |
| | | Totals: \$721.51 | 0.02% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| | and the board of baper thors to militate spe | alai assessment procedumgs | |
| No, I do | not petition the Board of Supervisors to initia | ate special assessment proceedings. | |
| | | | |
| | | | |
| | Mrs | 3/28/18 | |
| Signature of Own | er or Authorized Representative | Date | |
| | | | |
| WILLIA | an Ball | 4157109777 | |
| Print Name of Ov | vner or Authorized Representative | Representative Contact Phone or Em | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------|--|-------------------|-------------------|----------|
| 3755 050 | 361 08TH · | * | \$1,260.96 | 0.03% |
| | | Totals: | \$1,260.96 | 0.03% |
| L res, the | tition the Board of Supervisors to initiate spec | lai assessineiit | proceedings. | |
| | | | | |
| | not petition the Board of Supervisors to initia | | | |
| No, I do | not petition the Board of Supervisors to initia | | | |
| No, I do | not petition the Board of Supervisors to initia | | | 8 |
| No, I do | not petition the Board of Supervisors to initia | | | 8 |
| No, I do | not petition the Board of Supervisors to initia | te special assess | ment proceedings. | 8 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: - CH | RISTENSEN FAMILY TRUST | * | | |
|-------------------|---|------------------|---------------------|---------------|
| APN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel % |
| 755 074 | 1171 FOLSOM | | \$783.51 | 0.02% |
| | | Totals: | \$783.51 | 0.02% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | ecial assessment | proceedings. | |
| | not petition the Board of Supervisors to initi | | | |
| | | | | |
| | , (1) | | 1 (| |
| taulo | A. Christensen | | 3 13 1 | 8 |
| ignature of Own | er or Authorized Representative | | Date | |
| | ο. | | | |
| taula | A. Christenson | | 408-923- | L-788 |
| rint Name of Ov | vner or Authorized Representative | Represe | entative Contact Ph | none or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect,

please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

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| PN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|---------|--|---------|-------------------|----------|
| 755 078 | 1149 FOLSOM | | \$903.94 | 0.02% |
| 755 088 | 50 HALLAM | | \$845.45 | 0.02% |
| | | Totals: | \$1,749.40 | 0.05% |
| | ition the Board of Supervisors to initiate spe | | | |
| | ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi | | | |
| | | | | |
| | | | | |

GERALD K. WOLF

Print Name of Owner or Authorized Representative

WOIFGK @ earthlink, NET
Representative Contact Phone or Email
415-626-6650

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: NO | DBILI ROBERT R | | | |
|------------------|--|---------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3755 107 | 152 LANGTON | | \$898.27 | 0.02% |
| | | Totals: | \$898.27 | 0.02% |
| | tition the Board of Supervisors to initiate spen | | | |
| // | | | 3-19-1 | 8 |
| Signature of Own | er or Authorized Representative | | Date | |
| ROBERT | NOBI 4 | | | |
| | vner or Authorized Representative | Represe | entative Contact Phone or En | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: LI- | WEN CHIA LVG TR CHIA LI-WEN TRUSTE | E | |
|------------------|---|-------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3755 110 | 168 LANGTON | \$688.35 | 0.02% |
| | | Totals: \$688.35 | 0.02% |
| | tition the Board of Supervisors to initiate spe | | |
| No, I do | not petition the Board of Supervisors to initia | ite special assessment proceedings. | |
| 4 | | 3/20/2018 | |
| Signature of Own | ner or Authorized Representative | Date | |
| LI-WZ | 2 CHIA | bchia2419 @ a.o | 1. com |
| Print Name of Ow | vner or Authorized Representative | Representative Contact Phone or E | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: CA | RPENTER KERI A | | | | |
|---------------------------|---|---|---|----------|------------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % | |
| 3755 112 | 176 LANGTON | | \$787.51 | 0.02% | |
| | | Totals: | \$787.51 | 0.02% | |
| | tition the Board of Supervisors to initiate speci not petition the Board of Supervisors to initiat | | | | |
| Signature of Own | ler or Authorized/Representative | eR | 3/20/18 Date | | |
| Keri (a) Print Name of Ow | in persentative Authorized Representative | *************************************** | 50.245.77 Intative Contact Phone or Em | | ecc Com |

PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: ROI | BERT A SPOOR 2001 REVOC TSPOOR ROBE | RT A | | |
|--------------------|---|---------------------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3755 148 | 69 HALLAM . | | \$212.87 | 0.01% |
| | | Totals: | \$212.87 | 0.01% |
| Yes, I pet | ition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| | · | ' | · | |
| No, I do r | not petition the Board of Supervisors to init | iate special assess | sment proceedings. | |
| | | | | |
| | 1 | | | |
| holder t | a. Spoor | | 4/9/18 | |
| | | | 1 1/10 | |
| Signature of Owner | er or Authorized Representative | | Date | |
| 0 | 1 0 | 0 | | , |
| KOBERT | A. SPOOR | Ro | obGemini a a | ol.com |
| | ner or Authorized Representative | | entative Contact Phone or Er | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| PN | Darral Address (if known) | | Parcel Assessment | Parcel % |
|------------|--|---------|--------------------|----------|
| | Parcel Address (if known) | | | |
| 755 149 | 71 HALLAM | | \$217.69 | 0.01% |
| | | | | |
| | | Totals: | \$217.69 | 0.01% |
| | ition the Board of Supervisors to initiate sp | | or o de cambo. | |
| No, I do r | not petition the Board of Supervisors to initi | | | |
| No, I do r | | | sment proceedings. | 12018 |
| -M < | | | | 12018 |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessmen | t Parcel 9 |
|----------------|--|-------------------------------------|------------|
| 3755 150 | 33 HALLAM | \$363.37 | 0.01% |
| | | Totals: \$363.37 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment proceedings. | |
| No Ido | not notition the Board of Cunerulary to init | | |
| 140,140 | not petition the board of Supervisors to mit | ate special assessment proceedings. | |
| X , rao | not petition the Board of Supervisors to Init | ate special assessment proceedings. | |
| da | not petition the Board of Supervisors to Init | | 1 (8 |
| da | er or Authorized Representative | ate special assessment proceedings. | /(8 |
| da | ery | 415 | /(8 |

PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
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| APN | Parcel Address (if known) | * | Parcel Assessment | Parcel % |
|------------------|---|---------|-----------------------------------|----------|
| 3755 161 | 7 HALLAM | | \$184.78 | 0.00% |
| | | Totals: | \$184.78 | 0.00% |
| | not petition the Board of Supervisors to initiate spen | | | |
| | | | | |
| | s Salma | | April 5 20 | 18 |
| Signature of Owr | ge Salvas der or Authorized Representative | | April 5, 20 | 18 |
| Signature of Owr | Je Solveno ner or Authorized Representative RGE SOLER | | April 5, 20 Date SP59 @GSOLER.C | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: HO | ADLEY JOHANNA MARIE | | |
|--------------------|---|-------------------------------------|----------|
| APN - | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3755 210 | 370 7TH ST #5 | \$272.19 | 0.01% |
| | | Totals: \$272.19 | 0.01% |
| Yes, I peti | ition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| No, I do n | not petition the Board of Supervisors to initia | ate special assessment proceedings. | |
| | | | |
| | 11 10, | 2/21/2018 | > |
| Signature of Owner | er or Authorized Representative | 3/21/2018 | |
| Signature of Owne | Authorized Representative | | |
| Johann | 1a Hoadley | 10di @ jodil | 1. COM |
| Print Name of Own | ner or Authorized Representative | Representative Contact Phone or Er | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: 12 | 201 FOLSOM LLC | | | |
|------------------|---|----------------------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3756 001 | 1201 FOLSOM | | \$4,743.26 | 0.13% |
| | | Totals: | \$4,743.26 | 0.13% |
| Yes, I pe | etition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to init | tiate special assess | ment proceedings. | |
| | | | | 0 |
| Lill | in the | 3. | -27-2018 | 3 |
| Signature of Own | ner or Authorized Representative | | Date | |
| WILLIX | IM CHAN | 413 | 5-531-81 | 18 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | - Parcel % |
|--------------------|---|---------------------|------------------------------|------------|
| 3756 034 | 1285 FOLSOM | | \$1,220.52 | 0.03% |
| | | Totals: | \$1,220.52 | 0.03% |
| Yes, I pet | ition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| No, I do r | not petition the Board of Supervisors to init | iate special assess | sment proceedings. | |
| | | | | |
| Nilon | of Ates | | 3/13/18 | |
| Signature of Owner | er or Authorized Representative | | Date | |
| Nultra | ASI BATES | | | |
| Print Name of Ow | ner or Authorized Representative | Represe | entative Contact Phone or En | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: FF | PROPERTIES LLC | | | |
|------------------|--|--------------------|---------------------|--------------|
| APN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel % |
| 3755 087 | 11 VBRUSH | | \$883.37 | 0.02% |
| | | Totals: | \$883.37 | 0.02% |
| Yes, I pe | etition the Board of Supervisors to initiate spe | cial assessment | proceedings. | |
| | | | | |
| No, I do | not petition the Board of Supervisors to initia | ite special assess | ment proceedings. | |
| | | | | |
| | | | | |
| han. | ic m. Rose | | 3-16 | -15 |
| | ner or Authorized Representative | - | Date | |
| Visit of our | ier of Authorized Representative | | Dute | |
| · . | <i>-</i> · | | | |
| JANIO | re M. Frore | | | 1-1300 |
| Print Name of Ov | wner or Authorized Representative | Represe | entative Contact Ph | one or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect,

please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

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| NPN | Parcel Address (if known) | | Parcel Assessment | | Parcel % |
|----------|---|---------|--------------------|----|----------|
| 757 090 | 1247 HARRISON | | \$267.02 | | 0.01% |
| | | | | *. | |
| | | Totals: | \$267.02 | | 0.01% |
| | tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init | | | | |
| | tition the Board of Supervisors to initiate sp | | | | |
| | | | | | |
| No, I do | not petition the Board of Supervisors to init | | sment proceedings. | | |
| No, I do | | | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|----------------------|---|-------------------------------|------------------------------|----------|
| 3757 118 | 1221 HARRISON | | \$330.97 | 0.01% |
| | Totals: | \$330.97 | 0.01% | |
| Yes, I petitio | n the Board of Supervisors to initiate spe | ecial assessment _l | proceedings. | |
| No, I do not | petition the Board of Supervisors to initia | ate special assess | ement proceedings. | |
| | | | | |
| M. | ly Henry | | 3/20/18 | |
| Signature of Owner o | r Authorized Representative | - | Date | |
| mely | Leung | | | |
| Daint Name of Owner | or Authorized Representative | D | entative Contact Phone or Em | |

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| ol Owner: CR | OSS DAVID M | | Siet Hall Harris Control | |
|------------------------|---|-----------------------|--------------------------|------------------|
| | Parcel Address (if known) | | Parcel Assessmen | t Parcel % |
| 3757 126 1221 HARRISON | 1221 HARRISON | | \$283.80 | 0.01% |
| | | Totals: | \$283.80 | 0.01% |
| No, I do | not petition the Board of Supervisors to initia | te special assess | sment proceedings. | |
| 1/ | 2110 | water to a section | | * |
| In | Man | | 3/24/8 |) |
| ature of Own | er or Authorized Representative | | Date | |
| David 1 | 1 Cross | dau | | cross@ quail con |
| David 1 | / Cross //ner or Authorized Representative | <u>dau</u> Represe | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: JO | CSON HELENA & THEODORE A | | | |
|------------------|--|----------------------|----------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3757 132 | 1221 HARRISON | \$330.97 | | 0.01% |
| | Totals: | 330.97 | 0.01% | |
| (Incompany) | tition the Board of Supervisors to initiate sp | | | |
| No, I do | not petition the Board of Supervisors to initi | iate special assessm | ent proceedings. | |
| to s | ONS/ | | 3/27/18 | |
| Signature of Own | er or Authorized Representative | | Date | |
| Helen | na Jocson | 5 | 1076/66/8 | |
| Print Name of Ow | ner or Authorized Representative | Represen | tative Contact Phone or En | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|--|-------------------|--------------------|----------|
| 3757 134 | 1221 HARRISOÑ | | \$296.44 | 0.01% |
| | | Totals: | \$296.44 | 0.01% |
| res, rpe | etition the Board of Supervisors to initiate spe | ciai assessineiit | proceedings. | |
| | | | | |
| No, I do | not petition the Board of Supervisors to initia | te special assess | sment proceedings. | |
| | | te special assess | sment proceedings. | |
| | | te special assess | | |
| Kui M | not petition the Board of Supervisors to initial | te special assess | 3/20/16 | |
| Signature of Own | January 7785 | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Par | cel Assessment | Parcel % |
|------------------|---|-----------------------|----------------|----------|
| 759 045 444 06TH | \$1,656.44 | | . 0.04% | |
| | | Totals: \$1, | 656.44 | 0.04% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment proce | eedings. | |
| | | | | |
| No. I do | not petition the Board of Supervisors to initi | ate special assessmen | t proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessmen | t proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessmen | t proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessmen | t proceedings. | |
| | not petition the Board of Supervisors to initi | ate special assessmen | | |
| | | ate special assessmen | 2/2078 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: 71 | B BRYANT STREET LLC | | | |
|------------------|---|------------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3760 016 | 718 BRYANT | \$1,819.28 | | 0.05% |
| | | Totals: | \$1,819.28 | 0.05% |
| - | tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi | | | |
| | 7 | | | |
| h. | 72 | | 3/12/18 | |
| Signature of Own | er or Authorized Representative | | Date | |
| Then | nas Choru | | 415-777-5 | 215 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: CO | RDISCO ARTHUR | | |
|-----------------|---|--------------------|-----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3760 017 | 726 BRYANT | \$1,320.32 | 0.03% |
| | | Totals: \$1,320.32 | 0.03% |
| | tition the Board of Supervisors to initiate spont petition the Board of Supervisors to init | | |
| All | | 3-20-18 Date | |
| Arthu | er of Authorized Representative IT J. Cordisco vner or Authorized Representative | , | Isfuf.com |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Logal Owner: DETERSON EAMILY DEVICE TRUSTBETERSON DORERT L. P. CATHERI

| <u>A</u> PN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|--|--|----------------------|--------------------|--------------------|
| 3760 107 | 911 HARRISON | | \$705.21 | 0.02% |
| | | | | |
| | | Totals: | \$705.21 | 0.02% |
| <u> </u> | | | | |
| Ves I net | ition the Board of Supervisors to initiate spe | ncial assessment | nroceedings | |
| 165,1 per | ition the board of Supervisors to illitiate spe | ciai assessillelli (| proceedings. | |
| | | | | |
| · | | | • | |
| No, I do r | not petition the Board of Supervisors to initia | ate special assess | ment proceedings. | |
| No, I do r | ot petition the Board of Supervisors to initia | ate special assess | ment proceedings. | |
| No, I do r | not petition the Board of Supervisors to initia | ate special assess | ment proceedings. | |
| No, I do r | not petition the Board of Supervisors to initia | ate special assess | sment proceedings. | |
| No, I do r | not petition the Board of Supervisors to initia | ate special assess | sment proceedings. | |
| No, I do r | not petition the Board of Supervisors to initia | ate special assess | sment proceedings. | <i>19</i> |
| whist 1.6 | Man > | ate special assess | 4/17/201 | 18 |
| must 1.6 | not petition the Board of Supervisors to initial | ate special assess | sment proceedings. | 18 |
| whist 1. | Man > | ate special assess | 4/17/201 | 18 |
| When I grant with the state of Owner of | er or Authorized Representative | ate special assess | 4/17/201 Date | <i>'8</i> |
| When I grant with the state of Owner of | er or Authorized Representative | ate special assess | 4/17/201 Date | 18 seautos F Da |
| No BERT | Man > | (4/5) | 4/17/201 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: EV | AN FAMILY REVOC TRUST EVAN EILEEN T | RUSTEE | | | | |
|-----------------|--|---------------------|------------------|-------|----------|---|
| APN | Parcel Address (if known) | | Parcel Assessm | ent | Parcel % | |
| 3779 010 | 582 06TH | | \$3,078.02 | | 0.08% | 9 |
| | | | 1 | | | |
| | Totals: | \$3,078.02 | | 0.08% | | |
| Yes, I ne | tition the Board of Supervisors to initiate sp | ecial assessment i | proceedings | | | |
| 105,1 pc | action the board of Supervisors to initiate sp | eciai assessinent j | proceedings. | | | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | ment proceedin | gs. | | |
| | | | | | | |
| | | | | | | _ |
| Elee | 8- | | 3-17- | -18 | | |
| | ner or Authorized Representative | | Date | . 0 | | |
| | | | | | | |
| Eileer | Evan | | | | | |
| | vner or Authorized Representative | - | entative Contact | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: 79 | 6 BRANNAN STREET LLC | | | |
|------------------|--|---------|------------------------------|-----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3779 025 | 796 BRANNAN | | \$1,268.18 | 0.03% |
| | | Totals: | \$1,268.18 | 0.03% |
| | tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia | | | |
| X | | | 31418. | |
| Signature of Own | of or Juthorized Representative PAVID KIELY | 1 DA | VIDE MARS | BARSF. CO |
| Print Name of Ou | yper or Authorized Representative | Ronross | entative Contact Phone or Em | ail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: JOSEPH P & CANDICE M HARNEYHARNEY JOSEPH P & CANDICE M

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------|---------------------------|-------------------|----------|
| 3779 026 | 575 07TH | \$1,934.48 | 0.05% |
| 3779 028 | 575 7TH | \$576.33 | 0.02% |
| 3779 030 | 567 07TH | \$1,134.77 | 0.03% |
| 3779 143 | 569 7TH | \$1,484.06 | 0.04% |
| 3779 231 | 98 SITUS TO BE ASSIGNED | \$1,580.10 | 0.04% |
| 3782 009 | 901 BRANNAN | \$2,439.41 | 0.06% |

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

Date

0.24%

Totals: \$9,149.14

Representative Contact Phone or Email

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: JO | SEPH P & CANDICE M HARNEY | | | |
|------------------|---|--------------------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3779 029 | 60 GILBERT | | \$1,728.98 | 0.05% |
| | | Totals: | \$1,728.98 | 0.05% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | ate special assess | ment proceedings. | |
| | . 1 | | 3/20/15 | <u> </u> |
| Signature of Own | er or Authorized Representative | | 5/20/18 Date | |
| and the second | / // | | | |
| Josep | of HArney | | 415-865. | -6113 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: JO | SEPH P & CANDICE M HARNEYC/O HC & M | | | |
|--|--|---|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3779 054 | 75 VGILBERT | | \$384.03 | . 0.01% |
| | | Totals: | \$384.03 | 0.01% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment p | proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | ment proceedings. | |
| New York Control of the Control of t | A | 11-11-11-11-11-11-11-11-11-11-11-11-11- | j | <i>j</i> |
| Posn | | | 3/20/1 | 18 |
| Signature of Own | er or Authorized Representative | | Date | |
| Joseph | thorner | | 415-865 | -6/13 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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Legal Owner: HESS/SCOTT 1993 TRUST- SURV% GERRIE A SCOTT APN Parcel Address (if known) **Parcel Assessment** Parcel % 3779 058 **65 VGILBERT** \$384.22 0.01% 3779 057 **69 VGILBERT** \$384.22 0.01% Totals: \$768.44 0.02% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Pa | arcel % |
|--------------------|---|--------------------|---------------------------|---------|---------|
| 3779 087 | 55 BOARDMAN | | \$1,346.14 | | 0.04% |
| | | Totals: | \$1,346.14 | - VA | 0.04% |
| | ion the Board of Supervisors to initiate spo | | | | |
| No, I do no | ot petition the Board of Supervisors to initi | ate special assess | sment proceedings. | | |
| Line Som | int | | 3-23-20 | 18 | |
| Signature of Owner | or Authorized Representative | | Date | | |
| | | 415 | 5-468-61 | 28 | |
| Print Name of Own | er or Authorized Representative | Represe | entative Contact Phone of | r Email | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: CH | EUNG CHIH-HUEI & TONG C | | |
|------------------|---|--|--------------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3779 096 | 15 BOARDMAN | \$1,150.69 | 0.03% |
| | | | 5 |
| | | Totals: \$1,150.69 | 0.03% |
| | tition the Board of Supervisors to initiate spont | | |
| Signature of Own | Hur Class er or Authorized Representative | 3-14-2 Date | 018 |
| | uei Cheung vner or Authorized Representative | t Carchino Representative Contact Phon | c @ Sbcglobal. net |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: BIS | S LEONARD NORMAN III | | |
|------------------|---|--------------------|------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3511 010 | 158 11TH | \$1,810.94 | 0.05% |
| | | Totals: \$1,810.94 | 0.05% |
| | tition the Board of Supervisors to initiate spec | | |
| Signature of Own | er or Authorized Representative | April 6 | , 2018 |
| | of N. BissTH oner or Authorized Representative | Lenges 160 c me | e or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: CL | J SISTERS LLC | | |
|------------------|---|------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3514 010 | 165 SOUTH VAN NESS | \$1,681.39 | 0.04% |
| | | Totals: \$1,681.39 | 0.04% |
| ~ | tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi | | |
| Signature of Own | Example of Authorized Representative | 3/29/18 Date | |
| LISA to | Sarnes | 916-759-85 | 700 |
| Print Name of Ow | vner or Authorized Representative | Representative Contact Phone | or Email |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: JOSEPH P & CANDICE M HARNEYJOSEPH P & CANDICE M HARNEY

| APN | Parcel Address (if known) | P | arcel Assessment | Parcel % |
|----------|---------------------------|------------|------------------|----------|
| 3516 003 | 216 11TH | \$ | 1,138.80 | 0.03% |
| 3516 004 | · 224 11TH | \$ | 1,138.12 | 0.03% |
| | | Totals: \$ | 2,276.92 | 0.06% |

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Print Name of Owner or Authorized Representative

Representative Contact Phone or Emai

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessm | ent Parcel % |
|-----------|--|-----------------------------------|--------------|
| 3517 021 | 69 KISSLING | \$587.15 | 0.02% |
| | | Totals: \$587.15 | 0.02% |
| Yes, I pe | etition the Board of Supervisors to initiate spe | ecial assessment proceedings. | |
| | | | |
| No, I do | not petition the Board of Supervisors to initi | ate special assessment proceeding | S. |
| No, I do | not petition the Board of Supervisors to initi | ate special assessment proceeding | is. |
| | | | |
| Lucy Par | | | 20-18 |
| Lucy Par | muros | 3 - | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: K | S FONG FAMILY REVOCABLE TKIN K FONG & | SUZY C CHU | | |
|-------------------------|---|------------|-------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3519 046 | 1379 FOLSOM | \$2,778.58 | | 0.07% |
| | | Totals: | \$2,778.58 | 0.07% |
| | etition the Board of Supervisors to initiate spont not petition the Board of Supervisors to initi | | | |
| Signature of Owr | ner or Authorized Representative | | 4-16-18 Date | |
| KIN Print Name of Ov | FONG wner or Authorized Representative | | N FONG 888 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect,

please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

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| Legal Owner: MA | ATHESON J HENRY & LISILLE | | | |
|-----------------|--|---------------------|--|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3519 070 | 83 SHERIDAN | | \$740.88 | 0.02% |
| | | Totals: | \$740.88 | 0.02% |
| | tition the Board of Supervisors to initiate sp | | | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | ment proceedings. | |
| / | _ | | | |
| Meyn | er or Authorized Representative | | 3/26/18 | |
| ignature of Own | er or Authorized Representative | | Date | |
| J. Henry | mathesan where or Authorized Representative | SPI | interww @ a centative Contact Phone or E | 01. can |
| rint Name of Ow | vner or Authorized Representative | Represe | entative Contact Phone or E | mail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: GO | DECKE BENJAMIN J | | |
|-----------------|---|------------------------------------|----------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3519 091 | 52 SHERIDAN | \$175.17 | 0.00% |
| | | Totals: \$175.17 | 0.00% |
| | etition the Board of Supervisors to initiate spoon on the Board of Supervisors to inition | | |
| Signature of Ow | ner or Authorized Representative | 3 23 18 Date | |
| | wher or Authorized Representative | Representative Contact Phone or Em | ties@gmail.com |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: GRO | SSMAN GARY & JUDY REV TR% GARY F & J | UDY B GROSSMAI | N | |
|-------------------|--|----------------|-----------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3520 020 | 381 11TH | | \$1,129.53 | 0.03% |
| | | Totals: | \$1,129.53 | 0.03% |
| - | tion the Board of Supervisors to initiate spec ot petition the Board of Supervisors to initia | | | |
| Ja | y Grossm | | 4-2-16 | ş |
| Signature of Owne | r or Authorized Representative | | Date | |
| G1416 | Ly GROSSMAN | L | ERER BROW | POL. CON |
| Print Name of Own | er or Authorized Representative | Represen | tative Contact Phone or Ema | ail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|--|---------------------|-------------------|----------|
| 3520 050 | 520 050 50 JUNIPER | | \$1,459.89 | 0.04% |
| | | Totals: | \$1,459.89 | 0.04% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment p | proceedings. | |
| | not petition the Board of Supervisors to init | | | |
| No, 1 do | not petition the Board of Supervisors to line | iate special assess | ment proceedings. | |
| 1 | 0 | | | |
| Delm | Muse | | | |
| Signature of Own | er or Authorized Representative | | Date | |
| 0.11 | / | | 11. | |
| GARY 6 | RASSIMAN | | 4/3/18 | |
| | 1-6 23 1/1/10 | | 112110 | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: JUI | NE GOLD LEVY LVG TR JUNE LEVY TRUST | ree | | |
|---|---|-------------------------|----------------|----------|
| APN | Parcel Address (if known) | Par | cel Assessment | Parcel % |
| 3520 131 | 371 SITUS TO BE ASSIGNED | \$1,4 | 140.63 | 0.04% |
| 3729 018 | 1268 FOLSOM | \$1,5 | 581.16 | 0.04% |
| | | Totals: \$3,0 | 021.79 | 0.08% |
| No, I do | not petition the Board of Supervisors to init | tiate special assessmen | t proceedings. | |
| THE RESERVE OF THE PERSON NAMED IN COLUMN 1 | | | | |
| Signature of Own | er or Authorized Representative | | 4-15- Date | 18 |
| Signature of Own | er or Authorized Representative | | | |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: GF | ROSSMAN GARY & JUDY REVOC % R & G GR | OSSMAN | | |
|-------------------|---|---------------------|------------------------------|----------|
| APN | Parcel Address (if known) | FATUR | Parcel Assessment | Parcel % |
| 3521 002 | 314 11TH | Water State | \$1,273.32 | 0.03% |
| | | Totals: | \$1,273.32 | 0.03% |
| Yes, I pe | etition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | iate special assess | sment proceedings. | |
| 1 | 7 | | | |
| Meser | lepen | | 4-2-18 | |
| Signature of Own | ner or Authorized Representative | | Date | |
| GARY (| 5/2055 MAN | LE | ERERBRO A | AoLo com |
| Drint Namel of Ou | unar or Authorized Panracontativa | Popros | entative Contact Phone of Er | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

SoMa West COMMUNITY BENEFIT DISTRICT

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| Legal Owner: CO | RBETT JENNIFER R & JILL A | | | |
|------------------|--|---------------------|--------------------|------------------------|
| APN | Parcel Address (if known) | | Parcel Assessmen | nt Parcel % |
| 3521 061 | 65 NORFOLK | | \$171.02 | 0.00% |
| | | Totals: | \$171.02 | 0.00% |
| | tition the Board of Supervisors to initiate sp | | | |
| No, I do | not petition the Board of Supervisors to initi | iate special assess | ment proceedings. | |
| | M | | 3/16/ | 1/8 |
| Signature of Own | er or Authorized Representative | 11.2 | Date | |
| Jenni | fer Corbell | | jenni for | corbe # 1979 gmail.co, |
| Print Name of Ow | mer or Authorized Representative | Ronroso | ntative Contact Ph | one or Fmail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Legal Owner: | SOVIG | INVEST | VIENT CO |
|--------------|-------|--------|----------|
|--------------|-------|--------|----------|

| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|----------|---------------------------|---------------------|----------|
| 3522 016 | 1610 HARRISON | \$405.74 | 0.01% |
| 3522 017 | 1610 HARRISON | \$1,441.36 | 0.04% |
| 3779 062 | 45 GILBERT | \$644.50 | 0.02% |
| 3522 027 | P000 | \$317.65 | 0.01% |
| 3779 078 | 9 FARGO | \$416.18 | 0.01% |
| 3779 063 | 43 GILBERT | \$904.98 | 0.02% |
| 3779 064 | 35 GILBERT | \$2,513.85 | 0.07% |
| 3779 068 | 35 GILBERT | \$2,624.39 | 0.07% |
| 3779 075 | 26 BOARDMAN | \$1,381.97 | 0.04% |
| 3779 140 | 19 FARGO | \$1,768.76 | 0.05% |
| 3779 061 | 47 GILBERT | \$644.50 | 0.02% |
| 3779 139 | 869 BRYANT | \$3,036.27 | 0.08% |
| 3779 134 | 859 BRYANT | \$762.95 | 0.02% |
| | | Totals: \$16,863.11 | 0.45% |

| Yes, I petition the Board of Supervisors to initiate specia | al assessment proceedings. |
|---|---------------------------------|
| No, I do not petition the Board of Supervisors to initiate | special assessment proceedings. |
| Signature of Owner or Authorized Representative | 3/22/2018 Date |

Print Name of Owner or Authorized Representative

415 863 - 3809 Representative Contact Phone or Email

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| Legal Owner: LA | JRIE PETRINI TR | PETRINI LAURIE TRUSTEE | | | |
|--------------------|--------------------------------|------------------------------------|--------------|--|----------|
| APN | Parcel Add | dress (if known) | | Parcel Assessment | Parcel % |
| 3522 019 | 28 13TH | | | \$997.96 | 0.03% |
| 3522 026 | 27 BERNIC | CE | | \$467.50 | 0.01% |
| | | | Totals: | \$1,465.45 | 0.04% |
| No, I do r | not petition the Bo | ard of Supervisors to initiate spe | ecial assess | ment proceedings. | |
| 10. | ~ - | | | | |
| Xaure C | Jehini | | | 3-25-2018 | |
| Signature of Owner | Pelluni er or Authorized Re | epresentative | | 3-25-2018 Date | |
| | Property of Authorized Re | | | the state of the s | |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| <u>APN</u> | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|---|---------|--------------------|----------|
| 3525 006 | 440 09TH | | \$3,930.88 | 0.10% |
| | | Totals: | \$3,930.88 | 0.10% |
| | tition the Board of Supervisors to initiate speci not petition the Board of Supervisors to initiat | | - | |
| | | | | |
| 1 / 0 / 0 | uella Talman | | 4-19-18 | |
| MUOT | | | | |
| Signature of Own | er or Authorized Representative | | Date | |
| | er or Authorized Representative | 91 | Date Dalazzo57a | omail.c. |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: PET | NA CARMEN REV INTERV TRUSCARMEN PEN | IA TRUSTEE | | |
|------------------|---|---|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3525 033 | 225 DORE | · · · · · · · · · · · · · · · · · · · | \$666.23 | 0.02% |
| | | Totals: | \$666.23 | 0.02% |
| No, I do i | not petition the Board of Supervisors to initia | ate special assess | ment proceedings. | |
| Carme | n Pena | | 3-19-2018 | |
| | er or Authorized Representative | - And Addition of the Annual Control of the | Date | <u> </u> |
| _CARM | EMPENA | | | |
| Print Name of Ow | ner or Authorized Representative | Represe | entative Contact Phone or En | nail |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

chian. aaron@arbanpiaceconsuring.com

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| Legal Owner: PA | LAZZO FAMILY TRUST GIOVANNI & ANTO | NELLA PALAZZ | |
|-----------------------------|--|-------------------------------------|---------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3525 046 | 0 V | \$904.47 | 0.02% |
| | | Totals: \$904.47 | 0.02% |
| | tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initial | | |
| Unto Ru Signature of Own | er or Authorized Representative | 4-19-18 Date | <u></u> |
| ANTONE Print Name of Ow | TAUA PAUAZZO vner or Authorized Representative | apalazzo Representative Contact Pho | 570 gmail.com |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: KNADLER PETER G & GAIL P REKNADLER PETER G & GAIL P

| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|----------|---------------------------|--------|-------------------|----------|
| 3525 076 | 1309 HARRISON | | \$921.58 | 0.02% |
| 3525 077 | 1307 HARRISON | | \$447.22 | 0.01% |
| | | Totals | \$1,368.81 | 0.04% |

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

文

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

Date

Representative Contact Phone or Email

PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
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Legal Owner: RIDDLF JAMES A

| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|------------------|--|---------|--|---------------|
| 3726 012 | 1014 HOWARD | | \$1,484.67 | 0.04% |
| | | Totals: | \$1,484.67 | 0.04% |
| <u></u> | ition the Board of Supervisors to initiate spont | | | |
| Jame C | 2 Addleser or Authorized Representative | | 4/10/18 | |
| \mathcal{O} | | | Date | |
| Jame | s As, Riedle | | The state of the s | mail yakoo. |
| Print Name of Ow | ner or Authorized Representative | Represe | entative Contact Phone or En | nail/ Wakoo.d |

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------|--|---|--|
| 3726 018 | 1040 HOWARD | \$1,389.32 | 0.04% |
| | | Totals: \$1,389.32 | 0.04% |
| Yes, I per | tition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| | | | |
| No, I do | not petition the Board of Supervisors to initia | te special assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | te special assessment proceedings. | onaless-males in the Action of the Control of the C |
| Mich | adheur | te special assessment proceedings. | } |
| Mich | not petition the Board of Supervisors to initial | te special assessment proceedings. 3-19-15 Date | 3 |
| Mech | adheur | 3-19-18 | 3 |

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| ssessment | Parcel % |
|-----------|----------|
| | 0.01% |
| | 0.01% |
| gs. | |
| ceedings. | |
| .eeumgs. | |
| | |
| 7-2018 | |
| Date | |
| _/ | Date |

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

Representative Contact Phone or Email

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| | GOVIA SALVADOR | | | |
|-----------|---|---------------------|----------------------|---------|
| APN | Parœl Addre ss(if known) | | Parce I Asse some nt | Parœl % |
| 3754 097 | 322 06TH | | \$229.75 | 0.01% |
| 3753 130 | 977 FOLSOM | | \$1,027.09 | 0.03% |
| | | Totals: | \$1,25684 | 003% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| | | | | |
| | not notition the Board of Supervisors to init | iato special assess | mont proceedings | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | sment proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | sment proceedings. | |
| | | iate special assess | | 7 |
| Lulie | not petition the Board of Supervisors to init Classification the Board of Supervisors to init | iate special assess | SENT. 25, 2018 Date | 2 |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

Representative Contact Phone or Email

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

Print Name of Owner or Authorized Representative

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| Legal Owner: MA | RY JANE NELSON REVOC LVG NELSON MAR | RY JANE TRUSTEE | |
|--------------------|--|---------------------------------|------------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3511 043 | 66 LAFAYETTE | \$555.07 | 0.01% |
| | | Totals: \$555.07 | 0.01% |
| Yes, I pet | ition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| | ot petition the Board of Supervisors to initia | | |
| Iama | home owner. | I cannot attans | to pay ane |
| more t | ares. I shawea h | I cannot affara | ean, sale |
| Signature of Owner | r or Authorized Representative | Date | |
| Stree | ts as home own | ners in facifie | Herepts |
| Print Name of Own | her or Authorized Representative NOT | Representative Contact Phone or | the cost |
| | | | |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

mary Dan nelson

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| APN | Parœl Addre ss(if known) | | Parce I Asse same nt | Parœl % |
|-----------|---|-----------------|----------------------|---------|
| 3510 020 | 1488 HOWARD | | \$2,468.89 | 0.07% |
| 3754 015 | 1020 HARRISON | | \$2,901.39 | 0.08% |
| | | Totals: | \$5,37028 | 014% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment | proceedings. | |
| | | | | |
| | not petition the Board of Supervisors to initi | | | |
| | | | | |
| | | | | |
| No, I do | | | ment proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | | ment proceedings. | |
| No, I do | not petition the Board of Supervisors to initi | | ment proceedings. | |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: AL | DEDDIE & SUSANA | | | |
|-----------------------|--|------------------|-------------------|--------------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3784 023 | 124 GILBERT | | \$644.83 | 0.02% |
| | | Totals: \$644.83 | | 0.02% |
| | tition the Board of Supervisors to initiate sp | | | |
| FILL Signature of Own | ner or Authorized Representative | | 2 5 SEP 2018 | |
| EDDIE | vner or Authorized Representative | ED Repress | | CGLOBAL. NOT |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: VII | LA SOMA LLC | | | |
|------------------|---|---------|------------------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3511 018 | 1550 HOWARD | | \$1,547.08 | 0.04% |
| | | Totals: | \$1,547.08 | 0.04% |
| | tition the Board of Supervisors to initiate spo not petition the Board of Supervisors to initi | | | |
| <i>T</i> | | | | |
| Herry L | nagarwal | | 2018/09/28 | |
| Signature of Own | er or Authorized Representative | | Date | |
| Villa | soma CLC | 6 | 50.766.496 | 52 |
| Print Name of Ow | vner or Authorized Representative | Represe | entative Contact Phone or Er | nail |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owner: W | ORTHAM DARRYL L | | |
|------------------|--|-----------------------------------|----------------|
| APN | Parcel Address (if known) | Parcel Assessn | nent Parcel % |
| 3753 186 | 920 HARRISON | \$244.18 | 0.01% |
| | | Totals: \$244.18 | 0.01% |
| Yes, I pe | etition the Board of Supervisors to initiate spe | cial assessment proceedings. | |
| | not petition the Board of Supervisors to initi | | ac |
| No, 1 do | not petition the board of Supervisors to mit | ate special assessment proceeding | g.s. |
| 1 | , , , , | 01)- | 77/10 |
| Ciamatura of Ovu | Co Wanty | Date | 2//8 |
| Signature of Own | ner or Authorized Representative | Date | |
| | | | |
| Print Name of Ov | wher or Authorized Representative | Representative Contact | Phone or Fmail |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
|------------------|--|--------------------------------------|-----------------|
| 3521 031 | 1553 FOLSOM | \$789.50 | 0.02% |
| | | Totals: \$789.50 | 0.02% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special assessment proceedings. | |
| THE | bars & Resnorant | S ARE THE ATTRA | CILDAY FOR MOST |
| of Th | IEIR PATROAS BAD T | BEHAVIOR & DEBRU | s frommining |
| Signature of Own | er or Authorized Representative | Date | |
| Douc, 1 | AZCHER | 415-8 | |
| Print Name of Ow | vner or Authorized Representative | Representative Contact Phon | ne or Email |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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| Legal Owner: KO | LSTER ARMAND NOBERT | | | |
|------------------|--|--------------------|------------------------------|--|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3753 162 | 281 CLARA | | \$233.58 | |
| | | Totals: | \$233.58 | 0.01% |
| Yes, I per | tition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special asses | sment proceedings. | * |
| | * | | | |
| al | le l | | OCT 8/18 | |
| Signature of Own | er or Authorized Representative | | Date | |
| ARMA | ND KOLSTER | | 415-348-127 | (|
| | vner or Authorized Representative | Repres | entative Contact Phone or Er | The second secon |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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| Legal Owne r: RE | YES LORENZO B & FLORENCIA | | | |
|------------------|--|---------------------|------------------------------|---------------|
| APN | Parœl Addre ss(if known) | | Parce I Asse same nt | Parœl % |
| 3727 143 | 180 07TH | | \$149.32 | 0.00% |
| | | Totals: | \$14932 | 000% |
| Yes, I pe | tition the Board of Supervisors to initiate sp | ecial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to init | iate special assess | sment proceedings. | |
| | | | | |
| 1 | 6 Amer | | 10/4/18 | |
| Signature of Own | ner or Authorized Representative | | Date | |
| LOREN | 20 REYES | +1 | orencia 3874 | Dsbeglobal ne |
| Print Name of Ov | vner or Authorized Representative | Répres | entative Contact Phone or Er | mail |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

San Francisco, CA 34212 of Email: aaron@urbanplaceconsulting.com

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| | UDSON PETER D | | |
|-----------------|---|-------------------------------------|----------|
| APN | Parcel Address (if known) | Parcel Assessment | Parcel % |
| 3784 110 | 161 GILBERT ST #2 04103 | \$251.19 | 0.01% |
| | | Totals: \$251.19 | 0.01% |
| No, I do | not petition the Board of Supervisors to initia | ite special assessment proceedings. | |
| | | | |
| Signature of Ow | ner or Authorized Representative | 9 22 Date | 10 |

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
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| Legal Owner: SW | VEET SEASON LLC | | | |
|------------------|---|--------------------|--------------------|----------|
| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
| 3726 022 | 1058 HOWARD | | \$3,108.64 | |
| | | Totals: | \$3,108.64 | 0.08% |
| Yes, I pe | tition the Board of Supervisors to initiate spe | cial assessment | proceedings. | |
| No, I do | not petition the Board of Supervisors to initia | ate special assess | sment proceedings. | |
| | 2 2 | | | |
| 1 1/h | En An | 3 | -27-2018 | 3 |
| Signature of Own | er or Authorized Representative | | Date | |
| W1261/ | Try CHAN | 41 | 5 531-81. | 18 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805

Print Name of Owner or Authorized Representative

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| APN | Parcel Address (if known) | | Parcel Assessment | Parcel % |
|-------------|--|--------------------|-----------------------------|----------|
| 3726 038 | 581 NATOMA | \$879.08 | | 0.02% |
| | | Totals: | \$879.08 | 0.02% |
| Ves Ine | tition the Board of Supervisors to initiate sp | erial assessment i | proceedings | |
| 162, 166 | tition the board of subervisors to initiate su | ecial assessifient | or occedings. | |
| | | | | |
| | not petition the Board of Supervisors to init | | | |
| | | | | |
| | | | ment proceedings. | 010 |
| No, I do | not petition the Board of Supervisors to init | | ment proceedings. $3-20-20$ | 018 |
| No, I do | | | ment proceedings. | 018 |

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD* (hereafter "Plan").
- 2. We are or represent the persons and/or entities that would be obligated to pay the special assessments for the services, improvements and activities as described in the Plan. If the proposed District is established by the Board of Supervisors following the ballot election and public hearing, assessments would be collected for the first 15 years (July 1, 2018 – June 30, 2033). Expenditure of those collected assessments for up to 6 months after the end of the assessment collection period (December 31, 2033), at which point the District would terminate if not renewed.
- 3. We petition the Board of Supervisors to initiate special assessment district proceedings in accordance with applicable state and local laws (California Streets and Highways Code Sections 36600 et sq. "Property and Business Improvement District Law of 1994" as augmented by the City and County of San Francisco Business and Tax Regulation Code Article 15 "Business Improvement District Procedure Code").
- 4. We understand that upon receipt of this petition signed by property owners (or authorized representative of property owners) who will pay more than thirty percent (30%) of the proposed assessments, the Board of Supervisors may initiate proceedings to renew and expand the District. These proceedings will include balloting of property owners under which majority of weighted property owners who return a ballot may authorize the Board of Supervisors to renew and expand the District. This petition does not represent a final decision.

| APN | Parcel Address (if known) | | Parcel Assessme | nt Parcel % |
|------------------|--|--------------------|------------------|-------------|
| 3726 057 | 516 NATOMA | | \$781.57 | 0.02% |
| | | Totals: | \$781.57 | 0.02% |
| | tition the Board of Supervisors to initiate spec | | | |
| No, I do | not petition the Board of Supervisors to initia | te special assessi | ment proceedings | s. |
| A) A | De Helau Luer of Authorized Representative | | 3-20-1 Date | 8 |
| pignature pi owi | A Dalkalaita | 111 | 5-750 | 9-18/4 |

P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com