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Form D	LIS SECURITIES AND EXCHANCE COMMISSION	SEC USE ONLY
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	Check	 Each executive off and Each general and n Box(es) that Apply: 	suer; icer and director managing partner	of partnership issuers. ☐Beneficial Owner	,	anaging partners	
	Check Full N	 Each executive off and Each general and n Box(es) that Apply: 	suer; icer and director nanaging partner Promoter if individual) Br	of partnership issuers. □Beneficial Owner inzo, John S.	☑Executive Officer	anaging partners	of partnership issuers;
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	Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	□Executive Officer	☑ Director	☐ General and/or Managing Partner	- -
<u>e</u>	Full Name (Last name first,	if individual) M	a Allietar Eronaia D	-			
	Business or Residence Addre 1100 Superior Avenue, 15th	ess (Number an	d Street, City, State, Zip	Code)			- -
	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner	_
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	Business or Residence Address 1100 Superior Avenue, 15th	ess (Number an Floor, Cleveland	d Street, City, State, Zip , Ohio 44114	Code)	,		-
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	Yes No	
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering	
	2. What is the minimum investment that will be accepted from individual?	
	2. Does the offering permit joint ownership of a single unit?	
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	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any	
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	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an eychange offering	
	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,	
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_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	OF PROCEEDS
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	is the "adjusted gross proceeds to the issuer."	\$ <u>1,472,453.00</u> *
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