A printed form with original signatures will be required once the application is deemed complete. Please complete and submit the form without signatures for staff to review.

PROPERTY OWNED BY LIMITED LIABILITY COMPANY - The area liability company properly registered with the State of North Carolina. If 'member 'manager managed,' all managers must sign. (Must be notarized). (continue attach)	r managed' all members must sign. If
Manager-Managed	
Manager(s) is/are:	
Printed Name	_
Signature	Date
Has a vested right with respect to the properties subject to this annexation petition been ended on the second sec	stablished under NC General Statute 160D-
If <u>yes</u> , please provide proof of such vested right.	
Printed Name	-
Signature	_Date
Has a vested right with respect to the properties subject to this annexation petition been e 108 or 160D-108.1?	stablished under NC General Statute 160D-
If <u>yes</u> , please provide proof of such vested right.	
Printed Name	_
Signature	_Date
Has a vested right with respect to the properties subject to this annexation petition been end of 108 or 160D-108.1?	stablished under NC General Statute 160D-
If <u>yes</u> , please provide proof of such vested right.	
Member-Managed	
Member(s) is/are:	
Printed Name	-
Signature	Date
Has a vested right with respect to the properties subject to this annexation petition been e 108 or 160D-108.1?	stablished under NC General Statute 160D-
If <u>yes</u> , please provide proof of such vested right.	
Printed Name	-
Signature	_Date
Has a vested right with respect to the properties subject to this annexation petition been e 108 or 160D-108.1?	stablished under NC General Statute 160D-
If <u>yes</u> , please provide proof of such vested right.	
Printed Name	_
Signature	_Date
Has a vested right with respect to the properties subject to this annexation petition been e 108 or 160D-108.1?	stablished under NC General Statute 160D-
If <u>yes</u> , please provide proof of such vested right.	

If member or manager is an individual:

State of					
County of					
I,	, Notary Public	c, certify tha	t		
(Name of Not	ary)				
personally came before me this	aday and acknowledged that	it he/she is	Memb	er N (Check On	lanager of e)
(Name of LLC)	, LLC and that he/she, a	IS	Member (Check One)	Manager	
(Name of LLC)	, LLC and that he/she, a	nd that he/she, as		Manager being One)	
authorized to do so, voluntarily therein.	executed the foregoing on	behalf of sa	aid limited liabilit	y company f	or the purposes state
Witness my hand and	official seal, this the	day of		, 20 .	
		Notary	Public		<u> </u>
[Official Seal]					
		Printed	Name of Notary	Public	

My Commission expires: _____

If member or manager is a corporation:

State of					
County of					
I,	, Notary Public, ce	rtify that			
(Name of Notary)		(Nan	y that (Name)		
personally came before me this day a	and acknowledged that he				
		(Title of Corporate Officer)			
of (Name of Corporation)	, which is a	Member (Check One)	Manager of		
,	and that he/she, as		of		
(Name of LLC)	(Title of Corporate Officer)				
,	Member	Manager o <u>f</u>	,		
(Name of Corporation)	(Check O		(Name of LLC)		
being authorized to do so, voluntarily	vexecuted the foregoing of	on behalf of said limite	d liability company for th		
purposes stated therein.					
Witness my hand a	nd official seal, this the	day of	, 20 <u></u> .		
		Notary Public			
[Official Seal]					
		Printed Name of Notar	y Public		

My Commission expires: _____

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