

PETITIONER / APPLICANT:

(6) Petitioner(s): Psomas (Attn: Paul Garry)
Print Name(s) of Petitioner(s) in full - Name or Company Name
Signature(s): *Paul Garry*
If Company, Name and Title

(7) Mailing Address: 555 S. Flower Street, Suite 4300, Los Angeles CA 90071
(Address, City, State, Zip Code)

(8) Daytime phone number of petitioner is: (213) 223-1451
FAX number: (213) 223-1444
E-mail number: paul.garry@psomas.com

(9) Petitioner is: (check appropriately) () Owner OR (X) Representative of Owner

OWNERSHIPS:

(10) Name(s) and address of the Owner(s) applying for vacation is/are:
672 La Fayette Park Place, LLC (Attn: Brian Dror)
448 S. Hill Street, Suite 406
Los Angeles CA 90013
Print Name(s) and Address of Owner(s) in Full
(If Owner is Petitioner, Indicate "Same as above")
Signature(s): *[Signature]*

(11) Petitioner is owner or representative of owner of: (check appropriately)
(X) The property described in attached copy of Grant Deed OR
() _____
(Lot, Tract No.) (Parcel, Parcel Map L.A. No.) (Other)