

Exhibit "A"
Proposal Submission Form

MAYVIEW STATE HOSPITAL
1601 Mayview Road, Bridgeville, PA 15017
South Fayette Township, Allegheny County
Minimum Acceptable Bid Offering \$125,000.00
SOLICITATION #94322

Dollar Amount of Proposal - \$ 505,505.00

THE PROPERTY WILL BE SOLD "AS-IS"

Should you be the successful proposer, and later decide you do not want the property, cannot obtain financing, or for whatever reason, have not executed an Agreement of Sale within the allotted timeframe, your 2% deposit will be forfeited.

In compliance with the Solicitation for Proposals and subject to the terms and conditions hereof, the undersigned offers and agrees, if this proposal is accepted, to purchase the property described in this Solicitation for Proposals at the price indicated above.

CORPORATION:

ATTEST:

David Aloe
Signature

ALOE Brothers LLC (SEAL)
Corporation Name

David Aloe
Name

Mark Celso
Signature

Member
Title

Manager
Title

INDIVIDUALS:

PARTNERSHIP:

Bidder's Name

Partnership Name

Signature of Bidder

Signature of Managing Partner

Address

Address

Date

Date

Home or Cell Phone

Home or Cell Phone

Work Phone

Work Phone

Completely describe the intended use of the property.

slw KC
08/04/2010

Exhibit "B"

Form W-9
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) _____

Business name, if different from above: Aloe Brothers LLC

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ _____ Exempt payee
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.) _____
1800 A One Trimont Lane
 City, state, and ZIP code: Pittsburgh, PA 15211

Requester's name and address (optional) _____

List account number(s) here (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number
26; 2986833

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ David Aloe

Date ▶ February 3, 2010

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

[Handwritten initials: KC and LW]

Exhibit "C"

NON-COLLUSION AFFIDAVIT

State of Pennsylvania :

County of Allegheny :

I state that I am David Aloe of Aloe Brothers LLC ("the firm") and that I am authorized to make this affidavit on behalf of the firm, and its owners, directors, and officers. I am the person responsible in the firm for the price(s) in this bid.

I state that:

(1) The price(s) in this bid were arrived at independently and without consultation, communication or agreement with any other contractor, bidder, or potential bidder.

(2) Neither the price(s) and neither the approximate price(s) have been disclosed to any other firm or person who is a bidder or potential bidder, and they were not disclosed before bid opening or the quote receipt date.

(3) No attempt was made to induce any firm or person to refrain from bidding or submitting a quote on this contract or to submit any intentionally high or noncompetitive bid or quote or other form of complementary bid.

(4) The price(s) of the firm are offered in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid or quote.

(5) The firm, its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or any public contract, except as follows:

I state that the firm understands and acknowledges that the above representations are material and important, and will be relied on by the Department of General Services in awarding the contract for which the bid was submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the Department of General Services of the true facts relating to the submission of this bid.



FEB 04 2010

The Firm or Individual(s)

David Aloe

Signature

David Aloe

Signatory's Name

MEMBER

Signatory's Title

SWORN TO AND SUBSCRIBED

BEFORE ME THIS 3 DAY

OF February, 2010

Frances T. DePascale

Notary Public

3-17-2011

My Commission Expires

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Frances T. DePascale, Notary Public

Neville Township, Allegheny County

My commission expires March 17, 2011

FEB 04 2010

KC
llw

Exhibit "D"

BUYER IDENTITY DISCLOSURE

The following information must be filled out accurately and accompany your bid.

NAME OF BUYER: Aloe Brothers LLC

Date February 3, 2010

BUYER FEDERAL I.D. #: 26-2986833

Please indicate the legal status of your company and complete the appropriate section(s):

Corporation (Complete Section A) Partnership (Complete Section C) Sole Proprietor (Complete Section D)

Limited Liability Company (Complete Section B) Limited Liability Partnership (Complete Section C)

A. CORPORATION: Provide the names of all officers of the corporation and all stockholders of greater than 5% below and the percent of stock held by each. Attach additional sheets if needed.

NAME: _____

NAME: _____

TITLE: PRESIDENT _____

TITLE: VICE PRESIDENT _____

ADDRESS: _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

PERCENTAGE OF STOCK: _____

NAME: _____

NAME: _____

TITLE: SECRETARY _____

TITLE: TREASURER _____

ADDRESS: _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

PERCENTAGE OF STOCK: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

PERCENTAGE OF STOCK: _____

B. LIMITED LIABILITY COMPANY (L.L.C.): Provide the name of each member of the L.L.C. For L.L.C.s managed by a manager, please identify the manager.

NAME: Mark Aloe

NAME: David Aloe

TITLE: Manager Member Manager

TITLE: Member Member Manager

ADDRESS: 1800 A One Trimont Lane
Pittsburgh, PA 15211

ADDRESS: 605 Academy Avenue
Edgeworth, PA 15143

NAME: _____

NAME: _____

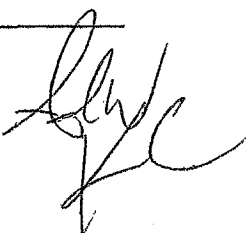
TITLE: _____ Member Manager

TITLE: _____ Member Manager

ADDRESS: _____

ADDRESS: _____

FEB 04 2010



Mayview State Hospital

South Fayette Township

Allegheny County

Intended Land Use

The proposed and intended land use for 150-acre Mayview State Hospital property will be a planned, high amenity Regional Business and Technology Park. The goal is to develop a park to attract office and technology based companies as well as limited light industrial partners and maximize the employment potential of South Fayette Township and Allegheny County. Utilizing the current zoning of the B-1 Business District for Parcel A of the project, the proposal would attract professional office, business services, high technology industries, research and development partners, and potential medical based companies. With this endeavor, the park would improve the economic environment and create new investment opportunities in the area while attracting a high quality workforce. The conceptual land use plan (attached) not only creates new parcels, ranging from 0.50 acres up to 5.0 acres, but has the potential to provide adaptive reuse of the some of the former buildings. The plan also reuses many of the existing roads and drives to accommodate the project with a new entrance boulevard at Mayview Road to announce the project. One of the keys to a successful development is the well being of its employees. To address employee needs, amenities such as walking trails and green areas are proposed throughout the Park. These trails can be linked the other similar recreational facilities such as Fairview Park, Wing Field Pines, the Montour and Panhandle Trail and the Upper St. Clair Community Center. These recreation opportunities will provide services to the Park's employees and enhance the potential marketing opportunities as well. As stated in the proposal, Parcel B will be used for recreational purposes and a potential to include some residential uses if the opportunity arises.

FEB 04 2010

A handwritten signature in black ink, appearing to be 'LW KC', is written over the date stamp.

Exhibit "A"
Proposal Submission Form

MAYVIEW STATE HOSPITAL
1601 Mayview Road, Bridgeville, PA 15017
South Fayette Township, Allegheny County
Minimum Acceptable Bid Offering \$125,000.00
SOLICITATION #94322

Dollar Amount of Proposal - \$130,000.00

THE PROPERTY WILL BE SOLD SUBJECT TO THE FOLLOWING PROVISIONS ON SCHEDULE A ATTACHED TO FORMING PART THEREOF

Should you be the successful proposer, and later decide you do not want the property, cannot obtain financing, or for whatever reason, have not executed an Agreement of Sale within the allotted timeframe, your 2% deposit will be forfeited.

In compliance with the Solicitation for Proposals and subject to the terms and conditions hereof, the undersigned offers and agrees, if this proposal is accepted, to purchase the property described in this Solicitation for Proposals at the price indicated above.

CORPORATION:

ATTEST:

Signature

Corporation Name (SEAL)

Name

Signature

Title

Title

INDIVIDUALS:

Bidder's Name

PARTNERSHIP:

Teodori Enterprises
Partnership Name

Signature of Bidder

Teodora Teodori

Signature of Managing Partner

Address

PO Box 616
Address
102 COMMERCE BLVD
LAWRENCE, PA FOSS

Date

2-4-2010
Date

Home or Cell Phone

Home or Cell Phone

Work Phone

724-350-0758
Work Phone

Completely describe the intended use of the property.

FEB 04 2010

KC
ldw

**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)
TEODORI ENTERPRISES

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
PO Box 616 102 COMMERCE BLVD

City, state, and ZIP code
LAWRENCE GA 30555

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
25 1368255

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person **Terence Teodori** Date ▶ **2/4/10**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

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- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

FEB 04 2010

Handwritten signature

Exhibit "C"

NON-COLLUSION AFFIDAVIT

State of Pennsylvania :

County of Washington :

I state that I am ^{MANAGING} PARTNER of TEDEA ENTERPRISES ("the firm") and that I am authorized to make this affidavit on behalf of the firm, and its owners, directors, and officers. I am the person responsible in the firm for the price(s) in this bid.

I state that:

- (1) The price(s) in this bid were arrived at independently and without consultation, communication or agreement with any other contractor, bidder, or potential bidder.
- (2) Neither the price(s) and neither the approximate price(s) have been disclosed to any other firm or person who is a bidder or potential bidder, and they were not disclosed before bid opening or the quote receipt date.
- (3) No attempt was made to induce any firm or person to refrain from bidding or submitting a quote on this contract or to submit any intentionally high or noncompetitive bid or quote or other form of complementary bid.
- (4) The price(s) of the firm are offered in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid or quote.
- (5) The firm, its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or any public contract, except as follows:

I state that the firm understands and acknowledges that the above representations are material and important, and will be relied on by the Department of General Services in awarding the contract for which the bid was submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the Department of General Services of the true facts relating to the submission of this bid.

FEB 04 2010



The Firm or Individual(s)

Terrence Teodori
Signature

Terrence Teodori
Signatory's Name

Managing partner
Signatory's Title

SWORN TO AND SUBSCRIBED

BEFORE ME THIS 4th DAY

OF February, 2010

Sandra L. Dowlin
Notary Public

Mar. 4, 2010
My Commission Expires

Commonwealth of Pennsylvania
NOTARIAL SEAL
SANDRA L. DOWLIN, Notary Public
Peters Township, County of Washington
My Commission Expires March 4, 2010

Handwritten initials/signature

FEB 04 2010

Exhibit "D"

BUYER IDENTITY DISCLOSURE

The following information must be filled out accurately and accompany your bid.

NAME OF BUYER: TEARDRI ENTERPRISES

Date 2-4-2010

BUYER FEDERAL I.D. #: 25-1368255

Please indicate the legal status of your company and complete the appropriate section(s):

- Corporation (Complete Section A) Partnership (Complete Section C) Sole Proprietor (Complete Section D)
 Limited Liability Company (Complete Section B) Limited Liability Partnership (Complete Section C)

A. CORPORATION: Provide the names of all officers of the corporation and all stockholders of greater than 5% below and the percent of stock held by each. Attach additional sheets if needed.

NAME: _____

NAME: _____

TITLE: PRESIDENT _____

TITLE: VICE PRESIDENT _____

ADDRESS: _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

PERCENTAGE OF STOCK: _____

NAME: _____

NAME: _____

TITLE: SECRETARY _____

TITLE: TREASURER _____

ADDRESS: _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

PERCENTAGE OF STOCK: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

PERCENTAGE OF STOCK: _____

B. LIMITED LIABILITY COMPANY (L.L.C.): Provide the name of each member of the L.L.C. For L.L.C.s managed by a manager, please identify the manager.

NAME: _____

NAME: _____

TITLE: _____ Member Manager

TITLE: _____ Member Manager

ADDRESS: _____

ADDRESS: _____

NAME: _____

NAME: _____

TITLE: _____ Member Manager

TITLE: _____ Member Manager

ADDRESS: _____

ADDRESS: _____

FEB 04 2010

C. PARTNERSHIP or Limited Liability Partnership (L.L.P.): List all general, limited or special partners. Identify any managing partner.

NAME: TERRENCE TEODORI
TITLE: MANAGING PARTNER
(GENERAL, LIMITED, SPECIAL)
ADDRESS: PO BOX 616, 102 COMMERCE BLVD
LAWRENCE PA 15055

NAME: _____
TITLE: _____
(GENERAL, LIMITED, SPECIAL)
ADDRESS: _____

NAME: JOANN TEODORI
TITLE: PARTNER
(GENERAL, LIMITED, SPECIAL)
ADDRESS: 607 ROBINHOOD LANE
MC MURRAY PA 15317

NAME: _____
TITLE: _____
(GENERAL, LIMITED, SPECIAL)
ADDRESS: _____

D. SOLE PROPRIETOR: If the bidder is a sole proprietorship, individual or owner doing business under any name or designation other than that of the name of the individual bidder.

BUSINESS NAME: _____
SIGNATURE OF SOLE PROPRIETOR/INDIVIDUAL/OWNER: _____
ADDRESS: _____



TEODORI ENTERPRISES

P.O. Box 616, Lawrence, PA 15055

724-746-4555

Teodori Enterprises is a third generation real estate development and property management company located in Lawrence, Pa. We have driven the retail, commercial and residential markets in south hills for more than fifty years. Our founder, Carlo Teodori was born and raised within walking distance of Mayview State Hospital, and we have carved out a niche developing commercial properties in the immediate area. Some of our accomplishments include:

- ❖ The development, construction and management of Donaldson's Crossroads; It is the first and largest strip mall in McMurray PA.
- ❖ The development, construction and management of Heritage Meadows; a thirty-six (36) unit townhouse apartment complex
- ❖ The development of Georgetown Estates townhouse community, Georgetown Road, Lawrence PA
- ❖ The development of the residential neighborhood Sienna Woods, Venetia, PA. A destination address in Peters Township.
- ❖ The development of Springfield Drive, Lawrence Pa; home to numerous businesses that cater to the development and recreation of the area's children.
- ❖ The development of Teodori Industrial Park I in Lawrence, PA; home to technology leader Black Box.
- ❖ The development of Teodori Industrial Park II also in Lawrence, PA; where companies like Sabina Manufacturing and Axcera are producing high tech products with a made in the USA label.
- ❖ The development of Oak Leaf Park, Lawrence, PA; where Universal Electric Company fills orders for flexible power supply products that outfit manufacturing facilities here and abroad.

In short, our company has a body of work that spans three generations, all within a stone's throw of Mayview State Hospital. We have brought homes, jobs and infrastructure to the Mayview Road corridor. We have long looked at the Hospital as a development opportunity, but we didn't expect to realize that opportunity in our lifetime.

FEB 04 2010

2:45 pm

KC
JTW

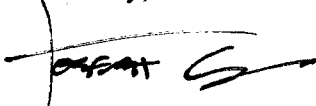
We present this brief summary to establish our credentials in the area. However, credentials are not all that are needed to develop this site. It will require both considerable vision and foresight to bring a viable project to market that turns a now barren and dilapidated institution into a plan of homes and collection of businesses of which both South Fayette Township and the Commonwealth of Pennsylvania can be proud.

Our vision consists of viewing the property in two distinct destinations. Parcel A will consist of the approximately ninety (90) acres east of Mayview Road. Parcel A will become a business/industrial park. We envision the necessary demolition of most, if not all of the institutional buildings. It is our experience that this site, with the presence of Chartiers Creek and the access to rail traffic will make an extremely desirable industrial park. It is our intention to reuse as many building materials as possible in the construction of new, modern buildings bearing the antique brick and stone of the site's heritage. We intend to continue our tradition of providing economic growth opportunities and first class facilities to bring both manufacturing and all commercial ventures to this area.

Parcel B will consist of the roughly sixty (60) acres west of Mayview Road. We envision the construction and development of a mixed use planned residential (PRD) on Parcel B. Both single-family (detached) and multifamily (attached) homes, each within their own neighborhood would allow us to appeal to a broad range of prospective buyers. Situated high above Parcel A, our residential component will be both private and remote. In addition, it is here, on this high plateau that we would be afforded the opportunity to provide some recreational areas. These active recreational areas could possibly be deeded to the township of South Fayette, or possibly held by the residents of the community.

We believe that our company, Teodori Enterprises is uniquely qualified to develop the Mayview State Hospital site. There is perhaps, no other real estate developer that has brought as many jobs, homes and improvements to the immediate area. We respectfully submit our proposal.

Sincerely,



Joseph Teodori
Teodori Enterprises

FEB 04 2010



Schedule A

These items must be provided in the Agreement of Sale to be negotiated upon acceptance of the offer by the buyer.

1. Parcel A to be rezoned to allow Business/Light Industrial/Flex space.
Parcel B Single Family/Townhome/Patio Homes/Recreation
2. Buyer to complete Master Plan within 90 days from acceptance of offer.
3. Subject to Buyer receiving a clean Phase One Environmental Report, with no environmental hazards or contaminants on the property.
4. The Buyer will try to reuse some of the existing site materials (brick & stone) in new building to be built.
5. Master Plan must be approved by State and Township prior to closing on the property.
6. No Traffic Impact Fees on site improvements. Township and School Board to agree to Alerta Tax Abatement Program for the site.
7. Buyer Redevelopment Plan to be kept confidential until public meeting after acceptance.
8. Rezoning of the property for accepted Master Plan prior to closing.
9. This offer is subject to the Buyer receiving by deed of General Warranty, well and sufficient grant and convey unto Buyer, in fee simple, clear of all liens and encumbrances, good and marketable title (and such as will be insurable by any responsible title insurance company at regular rates) to the following (hereinafter referred to as "the Property").

FEB 06 2010

KC
dlw