

**EXECUTION PAGE FOR PETITION FOR THE CREATION OF THE  
CROSSROADS COMMUNITY IMPROVEMENT DISTRICT**

Name of owner: A & L I LLC

Owner's telephone number: 816-724-7245

Owner's address: 1803 Wyandotte St Unit 307 Kansas City, MO 64108

**IF SIGNER IS DIFFERENT FROM OWNER:**

Name of signer:

Aaron Berger

State Basis of Legal Authority to Sign:

Owner

Signer's telephone number:

Signer's mailing address:



If owner is an individual:

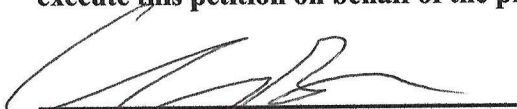
       Single        Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	General Partnership
<input type="checkbox"/>	Limited Partnership	<input checked="" type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Urban Redevelopment Corporation
<input type="checkbox"/>	Not-for-Profit Corporation	<input type="checkbox"/>	Other <u>                    </u>

<u>Tax Parcel Number(s):</u>	<u>Parcel Number(s) from Exhibit B:</u>	<u>Assessed Value(s):</u>
<u>29-520-30-04-01-0-00-000</u>	<u>161</u>	<u>324000</u>

By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.

  
Signature of person signing for owner


Date: 08-July, 2024

STATE OF MO )  
                                  ) ss  
COUNTY OF Jackson )

On this 8 day of July, 2024, before me personally appeared Aaron Berger, to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 8<sup>th</sup> day of July, 2024.

My Commission Expires: 01/12/2027

  
Notary Public

Printed Name of Notary: Abby Price

Notary Public  
Printed Name of Notary: Melinda E. Cook



**CALIFORNIA ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of this document.

State of California }

County of Los Angeles }

On August 22, 2024 before me, Melinda E. Cook,

Notary Public, personally appeared Louis Christopher Accardo,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

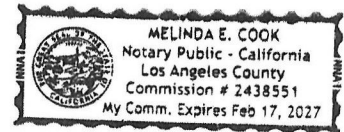
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Melinda E. Cook

Notary Public Signature

(Notary Public Seal)



**ADDITIONAL OPTIONAL INFORMATION**

**DESCRIPTION OF THE ATTACHED DOCUMENT**

Execution Page for Petition for  
the Creation of the Crossroads  
Community Improvement District

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date August 22, 2024

**CAPACITY CLAIMED BY THE SIGNER**

☒ Individual(s)  
☒ Corporate Officer  
Director  
(Title)

☐ Partner(s)  
☐ Attorney-In-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THIS FORM**

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.

Date of notarization must be the date that the signer(s) personally appeared which must also be the same date as the acknowledgment is completed.

The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.

Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they is/are) or circling correct forms. Failure to correctly indicate this information may lead to rejection of document recording.

The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.

Signature of the notary public must match the signature on file with the office of the county clerk.

Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.

Indicate title or type of attached document, number of pages and date.

Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.

**EXECUTION PAGE FOR PETITION FOR THE CREATION OF THE  
CROSSROADS COMMUNITY IMPROVEMENT DISTRICT**

Name of owner: Abbott HQ LLC Owner's telephone number: 816-304-1541

Owner's address: PO Box 411857, Kansas City, MO 64141  
2007 Broadway, Kansas City, MO 64108

**IF SIGNER IS DIFFERENT FROM OWNER:**

Name of signer: Math Abbott  
State Basis of Legal Authority to Sign: Owner  
Signer's telephone number: \_\_\_\_\_  
Signer's mailing address: \_\_\_\_\_

If owner is an individual: \_\_\_\_\_ Single \_\_\_\_\_ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	General Partnership
<input type="checkbox"/>	Limited Partnership	<input checked="" type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Urban Redevelopment Corporation
<input type="checkbox"/>	Not-for-Profit Corporation	<input type="checkbox"/>	Other _____

<u>Tax Parcel Number(s):</u>	<u>Parcel Number(s) from Exhibit B:</u>	<u>Assessed Value(s):</u>
<u>29-240-35-03-00-0-00-000</u>	<u>470 [1722 Oak St]</u>	<u>\$140,800</u>
<u>29-510-08-07-00-0-00-000</u>	<u>471 [1722 Oak St]</u>	<u>\$131,616</u>
<u>29-510-03-13-00-0-00-000</u>	<u>670 [1735 Charlotte St]</u>	<u>\$185,600</u>
<u>29-520-28-16-00-0-00-000</u>	<u>122 [2007 Broadway Blvd]</u>	<u>\$180,000 [2023]</u>
<u>29-510-03-21-00-0-00-000</u>	<u>672 [800 E. 18<sup>th</sup> St]</u>	<u>\$512,000</u>

**By executing this petition, the undersigned represents and warrants that he/she/they is authorized to execute this petition on behalf of the property owner named immediately above.**

[Signature]  
Signature of person signing for owner

Date: 1/13/23, 2023

STATE OF Kansas )  
COUNTY OF Johnson ) ss



On this 3 day of January, 2023, before me personally appeared Matthew Abbott,  
to me personally known to be the individual described in and who executed the foregoing instrument

WITNESS my hand and official seal this 13 day of Jan, 2023.

[Signature]  
Sharon Hendee Landess



Sharon Hendee Landes  
Notary Public  
Printed Name of Notary: Sharon Hendee Landes





Notary Public  
Printed Name of Notary: MICRELA HANCOCK

**EXECUTION PAGE FOR PETITION FOR THE CREATION OF THE  
CROSSROADS COMMUNITY IMPROVEMENT DISTRICT**

Name of owner: JAMES L. ADAMS Owner's telephone number: 713 805 7638

Owner's address: ~~1014 E. 19th~~, KC, MO 64108

**IF SIGNER IS DIFFERENT FROM OWNER:**

Name of signer: \_\_\_\_\_

State Basis of Legal Authority to Sign: \_\_\_\_\_

Signer's telephone number: \_\_\_\_\_

Signer's mailing address: \_\_\_\_\_

If owner is an individual: \_\_\_\_\_ Single \_\_\_\_\_ Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	General Partnership
<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Urban Redevelopment Corporation
<input type="checkbox"/>	Not-for-Profit Corporation	<input type="checkbox"/>	Other _____

<u>Tax Parcel Number(s):</u>	<u>Parcel Number(s) from Exhibit B:</u>	<u>Assessed Value(s):</u>
<u>29-510-16-12-00-0-00-000</u>	<u>736</u>	<u>\$40,800.00</u>

By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.

\_\_\_\_\_  
Signature of person signing for owner

Date: AUG 18, 2023

STATE OF MO )

) ss

COUNTY OF Jackson )

On this 18 day of August 2023, before me personally appeared Adams L James,  
to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 18 day of August, 2023.



\_\_\_\_\_  
Notary Public

Printed Name of Notary: Abby Price



Printed Name of Notary: Melinda E. Cook

**CALIFORNIA ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of this document.

State of California }

County of Los Angeles }

On August 22, 2024 before me, Melinda E. Cook,

Notary Public, personally appeared Louis Christopher Accardo,  
Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

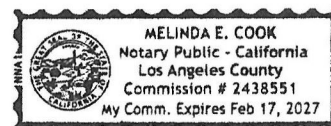
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

MELINDA E. COOK

Notary Public Signature

(Notary Public Seal)



**ADDITIONAL OPTIONAL INFORMATION**

**DESCRIPTION OF THE ATTACHED DOCUMENT**

Execution Page for Petition for  
the Creation of the Crossroads  
Community Improvement District

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date August 22, 2024

**CAPACITY CLAIMED BY THE SIGNER**

- ☐ Individual(s)  
☒ Corporate Officer  
Director  
(Title)  
☐ Partner(s)  
☐ Attorney-In-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THIS FORM**

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.

Date of notarization must be the date that the signer(s) personally appeared which must also be the same date as the acknowledgment is completed.

The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.

Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they is/are) or circling correct forms. Failure to correctly indicate this information may lead to rejection of document recording.

The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.

Signature of the notary public must match the signature on file with the office of the county clerk.

Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.

Indicate title or type of attached document, number of pages and date.

Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.



BRENDA S. KITCHEN





**EXECUTION PAGE FOR PETITION FOR THE CREATION OF THE  
CROSSROADS COMMUNITY IMPROVEMENT DISTRICT**

Name of owner: Avelina Logan LLC Owner's telephone number: 816-918-7170

Owner's address: 609 E 17th Street, Kansas City, MO 64108

**IF SIGNER IS DIFFERENT FROM OWNER:**

Name of signer: Kevin Martinez

State Basis of Legal Authority to Sign: Member/Owner

Signer's telephone number: 816-918-7170

Signer's mailing address: PO Box 410094, Kansas City, MO 64141

If owner is an individual:            Single            Married

If owner is not an individual, state what type of entity (Mark Applicable Box):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	General Partnership
<input type="checkbox"/>	Limited Partnership	<input checked="" type="checkbox"/> xx	Limited Liability Company
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Urban Redevelopment Corporation
<input type="checkbox"/>	Not-for-Profit Corporation	<input type="checkbox"/>	Other <u>                                </u>

<u>Tax Parcel Number(s)</u>	<u>Parcel Number(s) from Exhibit B:</u>	<u>Assessed Value(s):</u>
29240381100000000	631	42,400
29240380200000000	632	182,016.00

**By executing this petition, the undersigned represents and warrants that he is authorized to execute this petition on behalf of the property owner named immediately above.**

[Signature]  
Signature of person signing for owner

Date: 09/28/2023, 2023

STATE OF Missouri )  
                                  ) ss  
COUNTY OF Jackson )

On this 28 day of Sept, 2023, before me personally appeared Kevin Martinez,  
to me personally known to be the individual described in and who executed the foregoing instrument.

WITNESS my hand and official seal this 28th day of Sept, 2023.

My Commission Expires:

[Signature]  
Notary Public

Printed Name of Notary: Ann E. Bowman

