

# BROWNFIELD CLEANUP PROGRAM (BCP) APPLICATION TO AMEND BROWNFIELD CLEANUP AGREEMENT AND AMENDMENT

#### PART I. BROWNFIELD CLEANUP AGREEMENT AMENDMENT APPLICATION

| Check the appropriate box below based on the nature of the amendment modification requested:                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amendment to [check one or more boxes below]                                                                                                                                                                                                                                              |
| ☐ Add ☐ Substitute ☐ Remove ☑ Change in Name                                                                                                                                                                                                                                              |
| applicant(s) to the existing Brownfield Cleanup Agreement [Complete Section I-IV below and Part II]                                                                                                                                                                                       |
| Does this proposed amendment involve a transfer of title to all or part of the brownfield site? ☐Yes ☐No                                                                                                                                                                                  |
| If yes, pursuant to 6 NYCRR Part 375-1.11(d), a Change of Use form should have been previously submitted. If not, please submit this form with this Amendment. See http://www.dec.ny.gov/chemical/76250.html                                                                              |
| Amendment to modify description of the property(ies) listed in the existing Brownfield Cleanup Agreement [Complete Sections I and V below and Part II]                                                                                                                                    |
| Amendment to Expand or Reduce property boundaries of the property(ies) listed in the existing Brownfield Cleanup Agreement [Complete Section I and V below and Part II]                                                                                                                   |
| Sites in Bronx, Kings, New York, Queens, or Richmond counties ONLY: Amendment to request determination that the site is eligible for the tangible property credit component of the brownfield redevelopment tax credit. Please answer questions on the supplement at the end of the form. |
| Other (explain in detail below)                                                                                                                                                                                                                                                           |
| Please provide a brief narrative on the nature of the amendment:  Modification of site boundary from 40.4 ac. to 33.5 ac (reduction of 6.9 acres), and change of current owner's name (same owner, new business name) from EFG/DRA Heritage, LLC to EFG/Saber Heritage SC, LLC.           |
|                                                                                                                                                                                                                                                                                           |

<sup>\*</sup>Please refer to the attached instructions for guidance on filling out this application\*

| Section I. Existing Agreement Info                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ormation             |                                     |                                |               |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|--------------------------------|---------------|-------------|
| BCP SITE NAME: Hudson River F                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Psychiatric Cente    | r North Area                        | BCP SITE N                     | UMBER: C3     | 14121       |
| NAME OF CURRENT APPLICANT(                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (s): EFG/DRA H       | leritage, LL0                       | )                              |               |             |
| INDEX NUMBER OF EXISTING AG                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | REEMENT: C314        | 121-02-14 DAT                       | E OF EXISTI                    | NG AGREEN     | 1ENT:4/4/14 |
| Section II. New Requestor Informa                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ation (if no change  | e to Current Ap                     | pplicant, skip                 | to Section \  | <b>/</b> )  |
| NAME EFG/Saber Heritage S                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SC, LLC              |                                     |                                |               |             |
| ADDRESS 4601 DTC Boulevan                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rd; Suite 120        |                                     |                                |               |             |
| CITY/TOWN Denver, CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                     | Z                              | IP CODE 802   | 237         |
| PHONE (720)633-9676 FAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (303)474-3131        | E-MAIL ad                           | erickson@er                    | virofinanceg  | roup.com    |
| Is the requestor authorized to condu                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ıct business in New  | / York State (N                     | ∕S)? <b>√</b>                  | Yes           | lo          |
| <ul> <li>If the requestor is a Corporation, LLC, LLP or other entity requiring authorization from the NYS Department of State to conduct business in NYS, the requestor's name must appear, exactly as given above, in the NYS Department of State's (DOS) Corporation &amp; Business Entity Database. A print-out of entity information from the DOS database must be submitted to DEC with the application, to document that the applicant is authorized to do business in NYS.</li> </ul> |                      |                                     |                                |               |             |
| NAME OF NEW REQUESTOR'S RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EPRESENTATIVE        | Andrew Derickson                    | - EnviroFinanc                 | e Group, LLC  |             |
| ADDRESS 4601 DTC Boulevard, Su                                                                                                                                                                                                                                                                                                                                                                                                                                                               | uite 120             |                                     |                                |               |             |
| CITY/TOWN Denver, CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                     |                                | ZIP CODE      | 80237       |
| PHONE 720-633-9676 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | =AX                  | E-MAIL aderic                       | kson@envirofin                 | ancegroup.com |             |
| NAME OF NEW REQUESTOR'S CONSULTANT (if applicable) PVE Engineering                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                     |                                |               |             |
| ADDRESS 48 Springside Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                     |                                |               |             |
| CITY/TOWN Poughkeepsie                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                     |                                | ZIP CODE      | 12603       |
| PHONE 845-454-2655 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAX 845-454-2655     | E-MAIL cbr                          | own@pve-llc.co                 | m             |             |
| NAME OF NEW REQUESTOR'S AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TTORNEY (if applic   | cable) Mark (                       | Chertok; Sive                  | Paget and Ri  | esel        |
| ADDRESS 560 Lexington Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e, 15th Floor        |                                     |                                |               |             |
| CITY/TOWN New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                     |                                | ZIP CODE      | 10022       |
| PHONE 212-421-2150 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAX (212) 421-1891   | E-MAIL mche                         | rtok@sprlaw.cor                | m             |             |
| Requestor must submit proof that the the Requestor. This would be document showing the authority to bind the cortagreement or Resolution for an LLC                                                                                                                                                                                                                                                                                                                                          | nentation from corp  | orate organizat<br>oorate Resolutio | ional papers,<br>on showing th | which are up  | dated,      |
| Describe Requestor's Relationship to                                                                                                                                                                                                                                                                                                                                                                                                                                                         | to Existing Applicar | nt:                                 |                                |               |             |
| Change in company name only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                     |                                |               |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                     |                                |               |             |

| Section III. Current Property Owner/Operator Information (only include if new owner/operator or new existing owner/operator information is provided, and highlight new information)                                                              |                                                                                                                                               |                                                     |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|--|--|
| OWNER'S NAME (if different from requestor)                                                                                                                                                                                                       |                                                                                                                                               |                                                     |  |  |  |
| ADDRESS                                                                                                                                                                                                                                          |                                                                                                                                               |                                                     |  |  |  |
| CITY/TOWN                                                                                                                                                                                                                                        |                                                                                                                                               | ZIP CODE                                            |  |  |  |
| PHONE                                                                                                                                                                                                                                            | FAX                                                                                                                                           | E-MAIL                                              |  |  |  |
| OPERATOR'S NAME (if differen                                                                                                                                                                                                                     | t from requestor or owner)                                                                                                                    |                                                     |  |  |  |
| ADDRESS                                                                                                                                                                                                                                          |                                                                                                                                               |                                                     |  |  |  |
| CITY/TOWN                                                                                                                                                                                                                                        |                                                                                                                                               | ZIP CODE                                            |  |  |  |
| PHONE                                                                                                                                                                                                                                            | FAX                                                                                                                                           | E-MAIL                                              |  |  |  |
|                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                     |  |  |  |
| Section IV. Eligibility Information                                                                                                                                                                                                              | on for New Requestor (Please refer to                                                                                                         | ECL § 27-1407 for more detail)                      |  |  |  |
| If answering "yes" to any of the fo                                                                                                                                                                                                              | llowing questions, please provide an ex                                                                                                       | planation as an attachment.                         |  |  |  |
| 1. Are any enforcement actions                                                                                                                                                                                                                   | pending against the requestor regarding                                                                                                       | g this site? ☐Yes ☑No                               |  |  |  |
| 2. Is the requestor presently sub relating to contamination at the                                                                                                                                                                               | ject to an existing order for the investigate site?                                                                                           | ation, removal or remediation<br>☐Yes ☑ No          |  |  |  |
| 3. Is the requestor subject to an outstanding claim by the Spill Fund for this site?  ☐Yes ☑ No Any questions regarding whether a party is subject to a spill claim should be discussed with the Spill Fund Administrator.                       |                                                                                                                                               |                                                     |  |  |  |
| any provision of the subject la                                                                                                                                                                                                                  | mined in an administrative, civil or criminw; ii) any order or determination; iii) any imilar statute, regulation of the state or attachment. | regulation implementing ECL                         |  |  |  |
| 5. Has the requestor previously been denied entry to the BCP? If so, include information relative to the application, such as name, address, Department assigned site number, the reason for denial, and other relevant information.  ☐ Yes ✓ No |                                                                                                                                               |                                                     |  |  |  |
|                                                                                                                                                                                                                                                  | in a civil proceeding to have committed<br>ring, treating, disposing or transporting o                                                        |                                                     |  |  |  |
| disposing or transporting of co                                                                                                                                                                                                                  | cted of a criminal offense i) involving the intaminants; or ii) that involves a violent nistration (as that term is used in Article state?    | felony, fraud, bribery, perjury, theft,             |  |  |  |
| jurisdiction of the Department,                                                                                                                                                                                                                  | alsified statements or concealed material or submitted a false statement or made ent or application submitted to the Depa                     | e use of or made a fa <u>lse</u> stat <u>em</u> ent |  |  |  |
| •                                                                                                                                                                                                                                                | or entity of the type set forth in ECL 27-7<br>r failure to act could be the basis for der                                                    | ` '                                                 |  |  |  |
|                                                                                                                                                                                                                                                  | tion in any remedial program under DE0<br>intially comply with an agreement or ord                                                            |                                                     |  |  |  |
| 11. Are there any unregistered bu                                                                                                                                                                                                                | ılk storage tanks on-site which require re                                                                                                    | egistration? ☐Yes ☑No                               |  |  |  |

| THE NEW REQUESTOR MUST CERTIFY THAT IT IS ACCORDANCE WITH ECL §27-1405 (1) BY CHECKII                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             | R IN                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------|----------------------------|
| PARTICIPANT A requestor who either 1) was the owner of the site at the time of the disposal of contamination or 2) is otherwise a person responsible for the contamination, unless the liability arises solely as a result of ownership, operation of, or involvement with the site subsequent to the disposal of contamination.                                                                                   | ✓VOLUNTEER A requestor other than a participant, including a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site subsequent to the disposal of hazardous waste or discharge of petroleum.                                                                                                                                                                                                                                                                                                                                             |                   |            |             | a result of<br>th the site |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | NOTE: By checking this box, a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site certifies that he/she has exercised appropriate care with respect to the hazardous waste found at the facility by taking reasonable steps to: i) stop any continuing discharge; ii) prevent any threatened future release; iii) prevent or limit human, environmental, or natural resource exposure to any previously released hazardous waste.  If a requestor whose liability arises solely as a result of ownership, operation of or involvement |                   |            |             |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | with the site, submit a statement describing why you should be considered a volunteer – be specific as to the appropriate care taken.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |            |             |                            |
| Requestor's Relationship to Property (check one):                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             |                            |
| ☐ Prior Owner ☑ Current Owner ☐ Potential /Future Purchaser ☐ Other                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             |                            |
| If requestor is not the current site owner, <b>proof of site access sufficient to complete the remediation must be submitted</b> . Proof must show that the requestor will have access to the property before signing the BCA and throughout the BCP project, including the ability to place an easement on the site. Is this proof attached?  Yes  Note: a purchase contract does not suffice as proof of access. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             |                            |
| Castian V. Dranauty description and description of                                                                                                                                                                                                                                                                                                                                                                 | ahanaa/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d d:4: o .o.o./o. | d          | if appliach | Ja)                        |
| Section V. Property description and description of ADDRESS 3532 North Road                                                                                                                                                                                                                                                                                                                                         | changes/ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | aditions/re       | ductions ( | іі арріісац | ne)                        |
| CITY/TOWN Poughkeepsie, NY ZIP CODE 12601                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             | 1                          |
| TAX BLOCK AND LOT (TBL) (in existing agreement )                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             |                            |
| Parcel Address                                                                                                                                                                                                                                                                                                                                                                                                     | Parcel No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Section No.       | Block No.  | Lot No.     | Acreage                    |
| 3532 North Road, Poughkeepsie, NY 12601                                                                                                                                                                                                                                                                                                                                                                            | 134689                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6163              | 03         | 011149      | 40.4                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |            |             |                            |

| Check appropriate boxes below:                                                             |              |              |             |             |         |
|--------------------------------------------------------------------------------------------|--------------|--------------|-------------|-------------|---------|
| Changes to metes and bounds description or TBL correction                                  |              |              |             |             |         |
| Addition of property (may require additional citize expansion – see attached instructions) | en participa | ation depend | ding on the | e nature of | the     |
| Approximate acreage added:                                                                 |              |              |             |             |         |
| ADDITIONAL PARCELS:                                                                        |              |              |             |             |         |
| Parcel Address                                                                             | Parcel No.   | Section No.  | Block No.   | Lot No.     | Acreage |
|                                                                                            |              |              |             |             |         |
|                                                                                            |              |              |             |             |         |
|                                                                                            |              |              |             |             |         |
| Reduction of property                                                                      |              |              |             |             |         |
| Approximate acreage removed: 6.9                                                           |              |              |             |             |         |
| PARCELS REMOVED:                                                                           |              |              |             |             |         |
| Parcel Address                                                                             | Parcel No.   | Section No.  | Block No.   | Lot No.     | Acreage |
| 3532 North Road, Poughkeepsie, NY 12601                                                    | 134689       | 6163         | 03          | 0114149     | 33.5    |
|                                                                                            |              |              |             |             |         |
|                                                                                            |              |              |             |             |         |
| If requesting to modify a metes and bounds description                                     | or requesti  | ng changes   | to the bo   | undaries of | a site  |
| please attach a revised metes and bounds description,                                      | •            | •            |             |             |         |

# Supplement to the Application To Amend Brownfield Cleanup Agreement And Amendment - Questions for Sites Seeking Tangible Property Credits in New York City ONLY.

| Property is in Bronx, Kings, New York, Queens, or Richmond counties.                                                                                                                                                                                                                                                                                                                                                                              | ☐Yes ✓ No                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Requestor seeks a determination that the site is eligible for the tangible property credit cobrownfield redevelopment tax credit.                                                                                                                                                                                                                                                                                                                 | mponent of the Yes No                        |
| Please answer questions below and provide documentation necessary to support ans                                                                                                                                                                                                                                                                                                                                                                  | swers.                                       |
| <ol> <li>Is at least 50% of the site area located within an environmental zone pursuant to Tax<br/>Please see <u>DEC's website</u> for more information.</li> </ol>                                                                                                                                                                                                                                                                               | Law 21(6)?<br>Yes No                         |
| 2. Is the property upside down as defined below?                                                                                                                                                                                                                                                                                                                                                                                                  | ☐Yes ☐ No                                    |
| From ECL 27-1405(31):                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |
| "Upside down" shall mean a property where the projected and incurred cost of the invest remediation which is protective for the anticipated use of the property equals or exceeds set of its independent appraised value, as of the date of submission of the application for participation brownfield cleanup program, developed under the hypothetical condition that the property contaminated.                                                | eventy-five percent ipation in the           |
| 3. Is the project an affordable housing project as defined below?                                                                                                                                                                                                                                                                                                                                                                                 | Yes No                                       |
| From 6 NYCRR 375- 3.2(a) as of August 12, 2016:                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |
| (a) "Affordable housing project" means, for purposes of this part, title fourteen of artic seven of the environmental conservation law and section twenty-one of the tax law or that is developed for residential use or mixed residential use that must include affordable residential rental units and/or affordable home ownership units.                                                                                                      | nly, a project                               |
| (1) Affordable residential rental projects under this subdivision must be subject to a state, or local government housing agency's affordable housing program, or a local g regulatory agreement or legally binding restriction, which defines (i) a percentage of t rental units in the affordable housing project to be dedicated to (ii) tenants at a define percentage of the area median income based on the occupants' households annual of | overnment's<br>the residential<br>ed maximum |
| (2) Affordable home ownership projects under this subdivision must be subject to a<br>state, or local government housing agency's affordable housing program, or a local g<br>regulatory agreement or legally binding restriction, which sets affordable units aside f<br>owners at a defined maximum percentage of the area median income.                                                                                                       | overnment's                                  |
| (3) "Area median income" means, for purposes of this subdivision, the area mediar for the primary metropolitan statistical area, or for the county if located outside a metr statistical area, as determined by the United States department of housing and urban development, or its successor, for a family of four, as adjusted for family size.                                                                                               | ropolitan                                    |

#### PART II. BROWNFIELD CLEANUP PROGRAM AMENDMENT

| Existing Agreement Information                      |                          |
|-----------------------------------------------------|--------------------------|
| BCP SITE NAME: Hudson River Psychiatric Center      | BCP SITE NUMBER: C314121 |
| NAME OF CURRENT APPLICANT(S): EFG/Saber Heritage SC | , LLC                    |
| INDEX NUMBER OF EXISTING AGREEMENT: C314121-02-14   |                          |
| EFFECTIVE DATE OF EXISTING AGREEMENT: April 4, 2014 |                          |

#### **Declaration of Amendment:**

By the Requestor(s) and/or Applicant(s) signatures below, and subsequent signature by the Department, the above application to amend the Brownfield Cleanup Agreement described above is hereby approved. This Amendment is made in accordance with and subject to all of the BCA and all applicable guidance, regulations and state laws applicable thereto. All other substantive and procedural terms of the Agreement will remain unchanged and in full force and effect regarding the parties to the Agreement.

Nothing contained herein constitutes a waiver by the Department or the State of New York of any rights held in accordance with the Agreement or any applicable state and/or federal law or a release for any party from any obligations held under the Agreement or those same laws.

| Statement of Certification and Signatures: New Requestor(s) (if applicable)                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Individual)                                                                                                                                                                                                                                                                                                                                                                                                                          |
| I hereby affirm that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law. My signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department. |
| Date:Signature:                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Print Name:                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (Entity)                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I hereby affirm that I am (title                                                                                                                                                                                                                                                                                                                                                                                                      |
| Date:Signature:                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Print Name:                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Statement of Certification and Signatures: Existing Applicant(s) (an authorized representative of each applicant must sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I hereby affirm that I am a party to the Brownfield Cleanup Agreement and/or Application referenced in Section I above and that I am aware of this Application for an Amendment to that Agreement and/or Application. My signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.                                                                                                                                                                                             |
| Date:Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Print Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (Entity)  EnviroFinance Group, LLC, Business Manager of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I hereby affirm that I am_ <u>Sr. Vice President</u> (title) of <u>EFG/DRA Heritage</u> , <u>LLC</u> (entity) which is a party to the Brownfield Cleanup Agreement and/or Application referenced in Section I above and that I am aware of this Application for an Amendment to that Agreement and/or Application. <u>My</u> signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.  Date: <u>J/5/20</u> Signature: <u>Signature</u> Print Name: <u>Andrew L. Derickson</u> |
| REMAINDER OF THIS AMENDMENT WILL BE COMPLETED SOLELY BY THE DEPARTMENT  Status of Agreement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PARTICIPANT A requestor who either 1) was the owner of the site at the time of the disposal of contamination or 2) is otherwise a person responsible for the contamination, unless the liability arises solely as a result of ownership, operation of, or involvement with the site subsequent to the disposal of contamination.                                                                                                                                                                                                                                            |
| Effective Date of the Original Agreement: April 14, 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature by the Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DATED: April 24, 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

NEW YORK STATE DEPARTMENT OF **ENVIRONMENTAL CONSERVATION** 

By:

Michael J. Ryan, P.E., Director Division of Environmental Remediation

#### **SUBMITTAL INFORMATION:**

• **Two (2)** copies, one hard copy with original signatures and one electronic copy in Portable Document Format (PDF) must be sent to:

Chief, Site Control Section New York State Department of Environmental Conservation Division of Environmental Remediation 625 Broadway Albany, NY 12233-7020

| FOR DEPARTMENT USE ONLY |              |  |
|-------------------------|--------------|--|
| BCP SITE T&A CODE:      | LEAD OFFICE: |  |
| PROJECT MANAGER:        |              |  |

# FIGURE 1: PROPOSED MODIFIED SITE BOUNDARY





#### UNANIMOUS WRITTEN CONSENT OF THE MEMBERS OF EFG / SABER HERITAGE SC, LLC

January 27, 2020

THE UNDERSIGNED, being all of the members of EFG / Saber Heritage SC, LLC, a New York limited liability company (the "Company"), hereby adopt, by this unanimous written consent pursuant to Section 7.1(e) of the Amended and Restated Operating Agreement of the Company (the "Operating Agreement"), the following resolutions with the same force and effect as if they had been unanimously adopted at a duly convened meeting of the Members of Managers of the Company and direct that this written consent be filed with the minutes of the proceedings of the Members of the Company:

WHEREAS, the Company was duly formed as EFG/DRA Heritage, LLC on October 23, 2013 pursuant to the provision of the New York Limited Liability Company Law by filing Articles of Organization with the New York Department of State, Division of Corporations and State Records; and

WHEREAS, the Company entered into that certain Brownfield Site Cleanup Agreement identified by Index No. C314121-02-14 with the New York State Department of Environmental Protection ("Department") on or about April 4, 2014 ("BCA") to participate in the Brownfield Cleanup Program ("BCP") as a Volunteer thereunder for the Hudson River Psychiatric Center located in Town of Poughkeepsie, Dutchess County, New York ("Property"); and

WHEREAS, the name of the Company was changed to EFG/Saber Heritage SC, LLC on August 13, 2018 by filing a Certificate of Amendment of Articles of Organization with the New York Department of State, Division of Corporations and State Records (attached hereto as "Exhibit A"); and

WHEREAS, the Company desires to amend the BCA to reflect the name change of the Company in a manner agreed to between the Company and the Department.

NOW THEREFORE BE IT RESOLVED, that Andrew L. Derickson, as Senior Vice President of EnviroFinance Group, LLC, the Business Manager and Environmental Manager of the Company, is hereby authorized, empowered and directed to execute and deliver an application to amend the BCA with the Department to reflect the name change of the Company and make any other amendments deemed necessary or appropriate thereunder.

RESOLVED FURTHER, that Andrew L. Derickson, as Senior Vice President of EnviroFinance Group, LLC, the Business Manager and Environmental Manager of the Company, is hereby authorized, empowered and directed, in the name and on behalf of the Company, to take such additional action and to execute and deliver such additional agreements, documents and instruments as are deemed necessary or appropriate to cause the Company to implement the provisions of the foregoing resolution, the authority for the taking of such action and the execution and delivery of such agreements, documents and instruments to be conclusively evidenced thereby.

The undersigned affirm that the foregoing resolutions and authorizations have not been amended, rescinded or modified and are in full force and effect on the date hereof.

[REMAINDER OF PAGE INTENTIONALLY BLANK; SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, each of the undersigned Members of the Company has executed this Unanimous Written Consent as of the date first written above.

#### **ENVIROFINANCE GROUP, LLC,**

A Delaware limited liability company

By:

Edward K. Elanjian Chief Executive Officer

EDWARD K. ELANJIAN, individually

By:

Edward K. Elanjian

#### Exhibit "A"

## Certificate of Amendment of Articles of Organization of EFG/DRA Heritage, LLC

To be attached.

COUNTY: DUTC

#### FILING RECEIPT

ENTITY NAME: EFG/SABER HERITAGE SC, LLC

DOCUMENT TYPE: AMENDMENT (DOM LLC)

NAME

FILED:08/10/2018 DURATION:\*\*\*\*\*\* CASH#:180810000349 FILM #:180810000329

FILER:

ANDREW L. DERICKSON
ENVIROFINANCE GROUP, LLC
4601 DTC BOULEVARD, SUITE 130
DENVER, CO 80237

ADDRESS FOR PROCESS:

\_\_\_\_\_\_

#### REGISTERED AGENT:

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

| FEES     | 60.00 | PAYMENTS | 60.00 |
|----------|-------|----------|-------|
| •        |       |          |       |
| FILING   | 60.00 | CASH     | 0.00  |
| TAX      | 0.00  | CHECK    | 60.00 |
| CERT     | 0.00  | CHARGE   | 0.00  |
| COPIES   | 0.00  | DRAWDOWN | 0.00  |
| HANDLING | 0.00  | OPAL     | 0.00  |
|          |       | DEELIND  | 0 00  |

SERVICE CODE: 00



New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE

One Commerce Plaza 99 Washington Ave. Albany, NY 12231-0001 www.dos.ny.gov

#### CERTIFICATE OF AMENDMENT OF ARTICLES OF ORGANIZATION OF

| EFG/DRA Heritage, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Insert Name of Domestic Limited Liability Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Under Section 211 of the Limited Liability Company Law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| FIRST: The name of the limited liability company is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| EFG/DRA Heritage, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| If the name of the limited liability company has been changed, the name under which it was organized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SECOND: The date of filing of the articles of organization is: October 23, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| THIRD: The amendment effected by this certificate of amendment is as follows:  The subject matter and full text of each amended paragraph must be stated.  FOR EXAMPLE, a certificate of amendment changing the name of the limited liability company would read as follows:  Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows:  FIRST: The name of the limited liability company is (new name).  Paragraph of the Articles of Organization relating to  The name of the limited liability company |
| is hereby amended to read as follows:  FIRST: The name of the limited liability company is: EFG/Saber Heritage SC, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

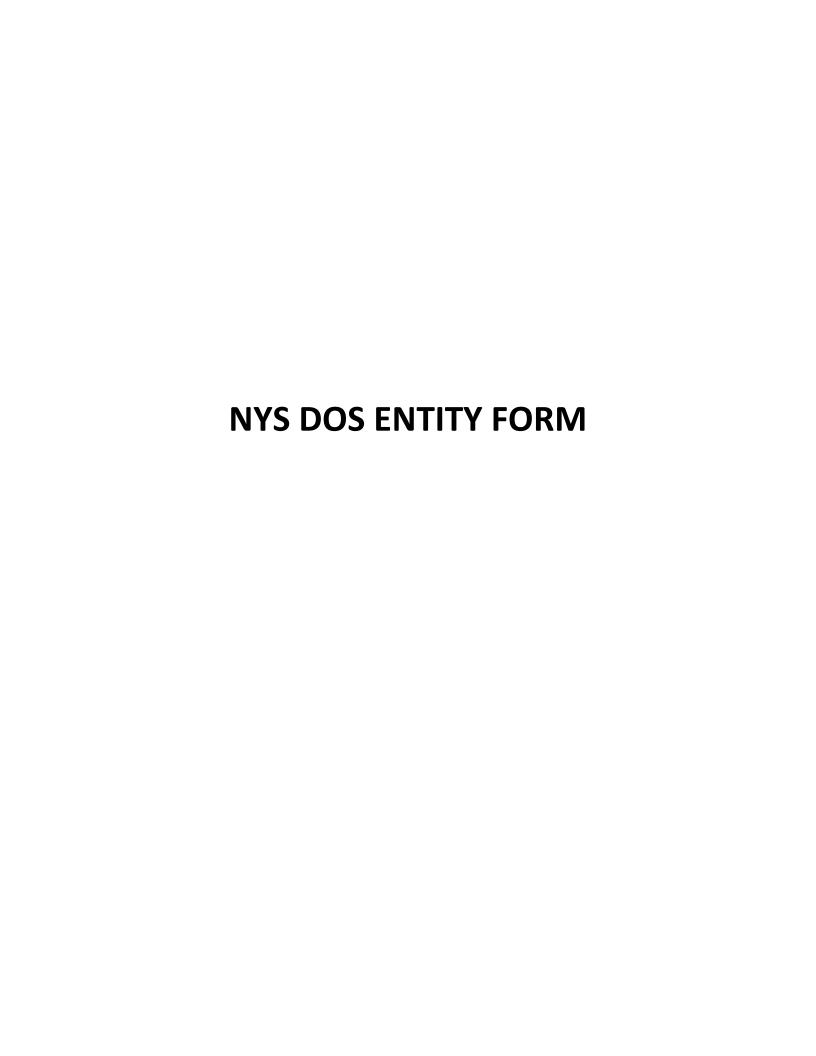
| X (Signature)  Andrew L. Derickson  (Type or print name)                                                                                                                                                                               | Capacity of Signer (Check appropriate box):  Member  Manager  Authorized Person |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| CERTIFICATE OF<br>OF<br>ARTICLES OF OF<br>OF                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                           |
| EFG/DRA Heritage, LLC                                                                                                                                                                                                                  |                                                                                 |
| (Insert Name of Domestic Lim                                                                                                                                                                                                           |                                                                                 |
| Under Section 211 of the Limite                                                                                                                                                                                                        | a Liability Company Law                                                         |
| Filer's Name and Mailing Address: Andrew L. Derickson                                                                                                                                                                                  |                                                                                 |
| Name:                                                                                                                                                                                                                                  |                                                                                 |
| EnviroFinance Group, LLC, Business Mana<br>Company, if Applicable:<br>4601 DTC Boulevard, Suite 130                                                                                                                                    | ager                                                                            |
| Mailing Address:  Denver, CO 80237                                                                                                                                                                                                     |                                                                                 |
| City, State and Zip Code:                                                                                                                                                                                                              |                                                                                 |
|                                                                                                                                                                                                                                        |                                                                                 |
| NOTES:  The name of the limited liability company and the date of filing of the Department of State. This information should be verified to the Department of State. This form was prepared by the New York State Department of State. | on the Department of State's website at www.dos.nv.gov.                         |

#### N

- 1
- limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.

  3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
- 4. The certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only.)



### **NYS Department of State**

#### **Division of Corporations**

#### **Entity Information**

The information contained in this database is current through August 10, 2018.

Selected Entity Name: EFG/SABER HERITAGE SC, LLC

Selected Entity Status Information

Current Entity Name: EFG/SABER HERITAGE SC, LLC

**DOS ID #:** 4476784

**Initial DOS Filing Date:** OCTOBER 23, 2013

**County:** DUTCHESS **Jurisdiction:** NEW YORK

**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY

**Current Entity Status: ACTIVE** 

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

C/O CT CORPORATION SYSTEM 111 EIGHTH AVENUE NEW YORK, NEW YORK, 10011

**Registered Agent** 

CT CORPORATION SYSTEM 111 EIGHTH AVENUE NEW YORK, NEW YORK, 10011

This office does not require or maintain information regarding the names and addresses of members or managers of nonprofessional limited liability companies. Professional limited liability companies must include the name(s) and address

## (es) of the original members, however this information is not recorded and only available by viewing the certificate.

#### \*Stock Information

# of Shares Type of Stock \$ Value per Share

No Information Available

\*Stock information is applicable to domestic business corporations.

#### **Name History**

| Filing Date  | Name Type | <b>Entity Name</b>         |
|--------------|-----------|----------------------------|
| AUG 10, 2018 | Actual    | EFG/SABER HERITAGE SC, LLC |
| OCT 23, 2013 | Actual    | EFG/DRA HERITAGE, LLC      |

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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