TWO NORTH RIVER/IDE PLAZA

RETAIL TENANT CONTACT FORM

| Date: | Update: Number of | | |
|--|--------------------------|-----------------------|----------------------------|
| Suite: | Employees: | Day: | Evening: |
| Main Phone #: Type of Business: | Main Fax #: | | |
| Web Site Address: | | | |
| Business Contacts Please provide us with the names and daytime p Riverside Plaza: | phone numbers of the fol | lowing contacts fo | r your office at Two North |
| Daily Contact / Office Manager | Daytime Phor | ne # | |
| Title | E-mail Addre | SS | |
| | | | |
| | | | |
| Executive Contact/Emergency Decision Maker | Daytime Pho | ne # | |
| Title | E-mail Addre | SS | |
| | | | |
| Accounting Contact | Daytime Pho | ne # | |
| Title | E-mail Addre | SS | |
| Please provide us with the address to which rent st Riverside Plaza: | atements should be maile | ed, if other than you | r office at Two North |
| Contact Name: | | | |
| Title: | | | |
| Address: | | | |

City, State Zip:

. . .

Service Contacts

Please list individuals who are authorized to request services from the Management Office. The service contact person(s) shall be authorized to incur charges on behalf of the tenant for all building services (other than construction services.) We will only accept work orders or requests from the Tenant Authorized Contacts noted on this form. More detail

| 1 | | |
|-----------------|---------------|--|
| Print Name | Phone Number | |
| E-mail Address | | |
| 2 Print Name | Phone Number | |
| Film Name | FIIOLE NUMBER | |
| E-mail Address | | |
| 3 Print Name | Phone Number | |
| | | |
| E-mail Address | | |

Property Removal Authorization Contacts

Please list at least two (2) persons authorized to sign property removal passes that allow for removal of equipment/furnishings from your office. Please contact the Office of the Building for property removal passes.

| 1 Print Name | |
|-----------------|----------------|
| Title | X Signature |
| 2 Print Name | |
| Title | X Signature |
| 3 Print Name | |
| Title | X Signature |

Two North Riverside Plaza City of Chicago High Rise Evacuation Ordinance **Tenant Information Requirements**

Please return with ONE form completed PER SUITE or EACH FLOOR your company occupies.

EMERGENCY CONTACT SHEET

TENANT NAME OFFICE PHONE

SUITE NUMBER

OFFICE FAX NUMBER

NUMBER OF EMPLOYEES _____

DAYTIME (7:00 am TO 7:00 pm) _____ EVENING (7:00 pm TO 7:00 am) _____

NUMBER OF SELF IDENTIFIED INDIVIDUALS THAT REQUIRE ASSISTANCE IN AN EMERGENCY

NAME

TYPE OF ASSISTANCE REQUIRED

NAME

TYPE OF ASSISTANCE REQUIRED ____

EVACUATION PERSONNEL IN THE EVENT OF AN EMERGENCY *EACH TENANT IS REQUIRED TO PROVIDE THE FOLLOWING PERSONNEL (PER FLOOR / PER SUITE)

FIRE WARDEN:

INDIVIDUAL SHALL KNOW THE LOCATIONS OF ALL EXITS LEADING FROM OCCUPIED AREAS AND TRAIN AS AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN. INDIVIDUAL SHALL DIRECT EMERGENCY EVACUATIONS AND DRILLS FROM THEIR ASSIGNED FLOOR AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN.

| PHONE NUMBER | () |
|-------------------|----|
| NAME | |
| CELL PHONE NUMBER | () |

EVACUATION TEAM LEADER:

INDIVIDUAL SHALL KNOW THE LOCATIONS OF ALL EXITS LEADING FROM OCCUPIED AREAS AND TRAIN AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN. INDIVIDUAL SHALL LEAD EMERGENCY EVACUATIONS AND DRILLS FROM OCCUPIED AREAS AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN.

| PHONE NUMBER | () | | _ |
|-------------------|----|---|---|
| NAME | | | |
| CELL PHONE NUMBER | () | · | _ |

PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY ***PERSONNEL WILL BE CONTACTED IN THE ORDER LISTED**

| home Phone Name After hours number | () |
|--|----|
| home phone Name After hours number | () |
| Home Phone Name After Hours Number | () |

Please return to:

Email: carmela.abalos@cushwake.com Two North Riverside Plaza, Office of the Building (Suite 300)