

NOTICE OF INTENT TO TRANSFER PARTNERSHIP INTEREST

Notice to be completed prior to transfer of title, change in partnership name, corporate name or status.

Requested documentation from page 2 to be supplied after closing.

Project Name: Autumn Trace ("Project")	Award Year: 2004			
Agency Project #: TC#2099 RPP#0410	Request Date: July 29, 2022			
Legal name of project owner or ownership entity to w <u>Autumn Trace Housing Associates, LLC</u>	hom credits were allocated:			
 Legal name of current project owner or ownership ent <u>Same</u> 	ity (if different from above):			
• Current Owner Federal Tax ID #: 56-2079849				
 Contact Person Name <u>Tim Morgan</u> 				
• Contact Phone # 919-848-2041ext. 201 Contact	Email tim@eccmgt.com			
• Effective Date of Change: <u>8/31/2022</u> (Actual or Proposed? <u>Proposed</u>)				
Indicate Type of Change:				
X Transfer of Partnership Interest	Other - Provide Explanation:			
Explain other change, if applicable.				
What is the purpose of the change in ownership structure?				
X Exit of investor member or limited partner and their interest is being purchased by Lyle D. Gardner &				
Timothy G. Morgan, as individuals				
☐ Addition of a nonprofit member or partner				
☐ Other: Explain other change, if applicable.				
Does the Project have an NCHFA Loan? Yes If so what is the	ne source? RPP-HOME and NCHFA-STC			
Is the Project in the nonprofit set-aside? No If so (or if the C	owner is uncertain) please list the tax-exempt status			
of proposed members/partners: N/A				

	Updated Owner's Information Follo	wing Changa in Ma	ombor/Partnari	
Ownership Entity	Autumn Trace Housing Associates, LLC	Contact Person	Tim Morgan	
Tax ID#	56-2079849	Contact Title	Member	
Address	5711 Six Forks Road – Suite 300	Telephone #	919-848-2041	
	Raleigh, NC 27609	Fax #	<u> </u>	
		Email Address	tim@eccmgt.com	
best of Borrower's understands and ag 1) comply wit 2) not materia awarded, un	delivery of this form has been duly aut knowledge, will not cause a default un grees that the changes described herein; h the applicable Qualified Allocation P lly change the experience level describ- nless variations from either or both are of this form).	der or conflict with must: lan and ed in the Project app	any other agreement. Owner blication under which credits were	
Transferring Meml Community Equity I Carolina limited part	Fund X Limited Partnership, a North		iner: n individual of the State of NC n, an individual of the State of NC	
NEC 10	JNITY AFFORDABLE HOUSING DRPORATION, its general partner	By: Lyk D	D 2). Gardner	
By:		By: That!	Morgan	
Name: Robert C. La	andis	rimoniy G.	nicigan 0	
Title: Senior Vice Date:		Date: <u>July 29</u>	9, 2022	
Please provide the following documentation (Attach all that apply):				
☐ Amended o	rnership and for change in partnershi r new partnership agreement; or d Transition agreement	ip name/status		
Agency Approval	Authorized by:			

Susan M. Westbrook, Manager of Rental Assets

Date: _____