STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: CICOmbudsman@red.nv.gov http://red.nv.gov

ANNUAL HOTEL UNIT OWNER REGISTRATION

NRS 116B.125 defines "Hotel Unit Owner" as the owner of the hotel unit and the shared components. The hotel unit owner may be the declarant or any successor or assignee of the declarant or an affiliate of the declarant.

As of May 5, 2011, the hotel unit owner's portion of a Condominium Hotel is required to register with the Office of the Ombudsman for Owners in Common-Interest Communities and Condominium Hotels annually, pursuant to NAC 116B.330.

Na	ame of Hotel Unit Owner: _					
Contact Name:		Title:				
Te	elephone Number:	Email Ac	ddress:			
Le sit	egal name of the condominium ee:	hotel association, located v	within the hotel, as it a	ppears on the Secretary o	f State's w	reb
(Fe	or SOS filing information, log onto h	ttp://nvsos.gov/sosentitysearch/Co	orpSearch.aspx)			
Hotel's unit owners physical address:			Current mailing address:			
Ci	ty:	State: <u>NV</u> Zip:				
Co	ounty the hotel is located in: _		City:	State:	_Zip:	
Th	ne amount of budgeted expens	es (both shared expenses an	nd total expenses) for co	urrent year: \$		
Th	ne date which the most recent	audit or review of the finance	cial statements was cor	mpleted:/		
*A *A	audited, what was the opinion n unqualified opinion results when qualified opinion results when an ope.	an auditor finds no material mi	*	-	on to the aud	it's
Re	eserve Study (NRS 116B.610)					
	as a reserve study ever been co					
	ate the most recent reserve stu				. ,,	
	ame of Reserve Specialist who as the hotel unit owner perform					
116	as the noter unit owner perior.	ied its aimual review of the	reserve study pursuan	(1) (10 10 (1) (t	y: □ Yes	□ No
На	as the hotel unit owner made the	ne necessary adjustments af	ter the review pursuan	t to NRS 116B.610 (1) (c		
		7 3	1		□ Yes	□ No
Na	me of person completing this for	m (print):		Title:		
	Author	ized person signing is attesting	to the accuracy of the info	ormation provided.		
		For off	ice use only:			
	Processed by:	Date Received:		Date Processed:		