

# Notice of Commencement of Public Improvement

## State of Ohio Standard Forms and Documents

Notice is hereby given in accordance with Ohio Revised Code Section 1311.252 for the commencement of the Public Improvement identified as:

|                  |                                                                                  |                   |                            |
|------------------|----------------------------------------------------------------------------------|-------------------|----------------------------|
| Project Name     | Cleveland State University – Krenzler Field<br>Mechanical Equipment Pad Addition | Project Number    | LF-202301487               |
| Project Location | CSU Krenzler Field                                                               | Owner             | Cleveland State University |
| County           | Cuyahoga                                                                         | Date of Contract* | 10/27/2025                 |

\*Date signed in Trade/GC Contracts by Attorney General or in CM/DB Agreements and GMP Amendments by OFCC Executive Director

### Public Authority

The Public Authority responsible for the Public Improvement is:

State of Ohio  
Ohio Facilities Construction Commission  
30 West Spring Street, 4<sup>th</sup> Floor  
Columbus, Ohio 43215

### Designated Representative

The representative to whom service of an affidavit of claim may be made pursuant to Revised Code Section 1311.26:

Sean Ries  
1802 East 25<sup>th</sup> Street  
Cleveland Ohio 44115

### Contractor

|                  |                                 |
|------------------|---------------------------------|
| Name             | Millstone Management Group, Inc |
| Address          | 8251 Mayfield Road Suite 100    |
| City, State, ZIP | Chesterland, OH 44026           |
| Trade/GC/CM/DB   | General Contractor              |

### Table of Sureties

#### Surety #suretynumber

|                  |                                      |
|------------------|--------------------------------------|
| Name             | Atlantic Specialty Insurance Company |
| Address          | 605 Highway 169 North, Suite 800     |
| City, State, ZIP | Plymouth, MN, 55441                  |

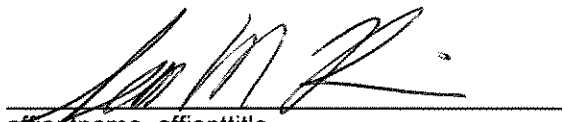
#### Agent

|                  |                           |
|------------------|---------------------------|
| Name             | Brunswick Companies       |
| Address          | 5309 Transportation Blvd. |
| City, State, ZIP | Cleveland, Ohio, 44125    |

### Affidavit

I certify or affirm that to the best of my knowledge, the information provided in this document is true and correct and that I am fully authorized to provide this Notice.

Affiant:  
Ohio Facilities Construction Commission

  
\_\_\_\_\_  
-affiantname, affianttitle  
Ohio Facilities Construction Commission

This Notice will be posted on the Project Site by the Contractor and available from the Public Authority at <http://ofcc.ohio.gov/Opportunities.aspx> (click on "Notices of Commencement").