

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20 _____ ;
ending _____ 20 _____

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }

County of Dane Aldermanic Dist No _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-1025308226-02</u>	
Federal Employer Identification Number (FEIN): <u>37-1532413</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>600</u>

- 1 The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above

- 2 Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Madison West Princeton Hotel Investors II, LLC
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title and place of residence of each person

President/Member Sole Managing member Jeffrey Raymond 1325 Boundary Rd. Middleton, WI 53562
Vice President/Member _____ (C.T. Raymond Investments, L.L.C.)
Secretary/Member _____
Treasurer/Member _____
Agent Agent Jeffrey Ryan 215 Pinnacle Drive Lakemills, WI 53551
Directors/Managers _____

- 3 Trade Name Hampton Inn Suites Madison west Business Phone Number 608-271-0200
4 Address of Premises 483 Commerce Drive Post Office & Zip Code Madison, WI 53719

- 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8 (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 11/2/2006 registration
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above) → please see attached

- 9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described) 122 unit limited service hotel including lobby, pool, meeting room + breakfast area

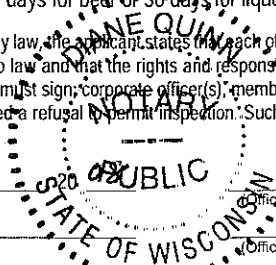
- 10 Legal description (omit if street address is given above): NA
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

- 12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2 above? [phone (608) 266-2776] Yes No
14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 21st day of APRIL
Heare Quinn
(Clerk/Notary Public)



My commission expires April 26, 2009

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/25/08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>80665</u>	

10351

(8c.) Jeffrey Raymond is currently a managing member on the liquor license for Middleton Lodging Investors, LLC, a/b/a Hilton Garden Inn Middleton. (Please see attached for additional info)

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan <small>* Corporation/LLC only</small>
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1. Name of Applicant/Partner/Corporation/LLC Madison West Princeton Hotel Investors II, LLC
2. Address of Licensed Premise 483 Commerce Drive Madison, WI 53719
3. Telephone Number: 608-271-0200 4. Anticipated opening date: July 17, 2008
5. Mailing address if not opening immediately 1100 Aspen Commons Suite 200 Middleton, WI 53562
6. Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate? Yes No
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain _____
8. Business Description, including hours of operation: Hotel lodging, hours are 24 hrs / 7 days a week.
9. Do you plan to have live entertainment? No Yes—What kind? _____
10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**
A 5 floor, R-1 occupancy, 132 room/unit Hampton Inn + Suites hotel, with 81,399 total finished square feet including an indoor pool with limited food + beverage service. Overall dimensions of the building footprint is approximately 305 feet in length and 161.5 feet in width. Seating in breakfast area capacity is 78 persons. Seating in meeting rooms capacity is 92 persons. Alcohol will be sold at our front desk in lobby and will be stored in an adjacent storage room.
11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.
12. Describe existing parking and how parking lot is to be monitored. New surface level, asphalt paved parking lot with 134 parking stalls. No designed monitoring of the parking lot, but it will be illuminated during night hours per national and municipal code requirements.
13. Describe your management experience, staffing levels, duties and employee training.
please see attached.
14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.
North Central Management Inc. 1100 Aspen Commons Suite 200 Middleton, WI 53562
Name Address

15. Utilizing your market research, who would you project your target market to be?

Individuals & Families traveling to Madison on business or leisure.

16. What age range would you hope to attract to your establishment? All ages - for hotel.

17. Describe how you plan to advertise/promote your business. What products will you be advertising?

Solely hotel advertising - website, yellow pages, brochures, direct mail, print advertising

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No

19. Owner of building where establishment is located: Madison West Princeton Hotel Investors II, LLC

Address of Owner: 1600 Aspen Commons Suite 200 Phone Number 608-836-6660
Middleton, WI 53562

20. Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin? N/A Yes No

21. List the Directors of your Corporation/LLC please see attached

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. Hotel

24. What type of food will you be serving, if any? Complimentary hot/cold breakfast & catered banquet foods for special functions
 Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners N/A - supplied by various 3rd parties

26. During what hours of your operation do you plan to serve food? private banquet functions - 11:00a.m. - 9:00p.m.
complimentary breakfast 6:00a.m. - 10:00a.m.

Ownership Structure

Madison West Princeton Hotel Investors II, LLC
Madison/West - Hampton Inn & Suites
Madison, WI

Last Changed On: 1/1/2007

Fed Employer ID: 37-1532413

Franchise Date:

Franchisee:

100.000000% SM - C J. Raymond Investments, L.L.C.
1.000000% IM - Raymond Management Company, Inc.
99.000000% MM - C J. Raymond
100.000000%

100.000000%

Address: 1325 Boundary Road Middleton, WI 53562

27. What hours, if any, will food service not be available? After 10:00 a.m. and when private banquets are not being held. (varies)
28. Indicate any other product/service offered. primary operation is hotel lodging
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 1 hotel employee assisting as breakfast hostess
During what hours do you anticipate they will be on duty? during breakfast hours.
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
34. Will there be a kitchen facility separate from the bar? Yes No
N/A - no bar
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? (seating area for breakfast is in hotel lobby and is used for other functions).
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
none
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0%
What percentage of your advertising budget do you anticipate will be drink related? 0%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

42. What is your estimated capacity? Meeting room - 92 persons
breakfast area - 78 persons
43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	10%
Gross Receipts from Food and Non-Alcoholic Beverages	25%
Gross Receipts from Other	65%
Total Gross Receipts	100%

(Just Food + Beverage revenue not total revenue).

44. Do you have written records to document the percentages shown? Yes No
 You may be required to submit documentation verifying the percentages you've indicated

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license

Subscribed and Sworn to before me:

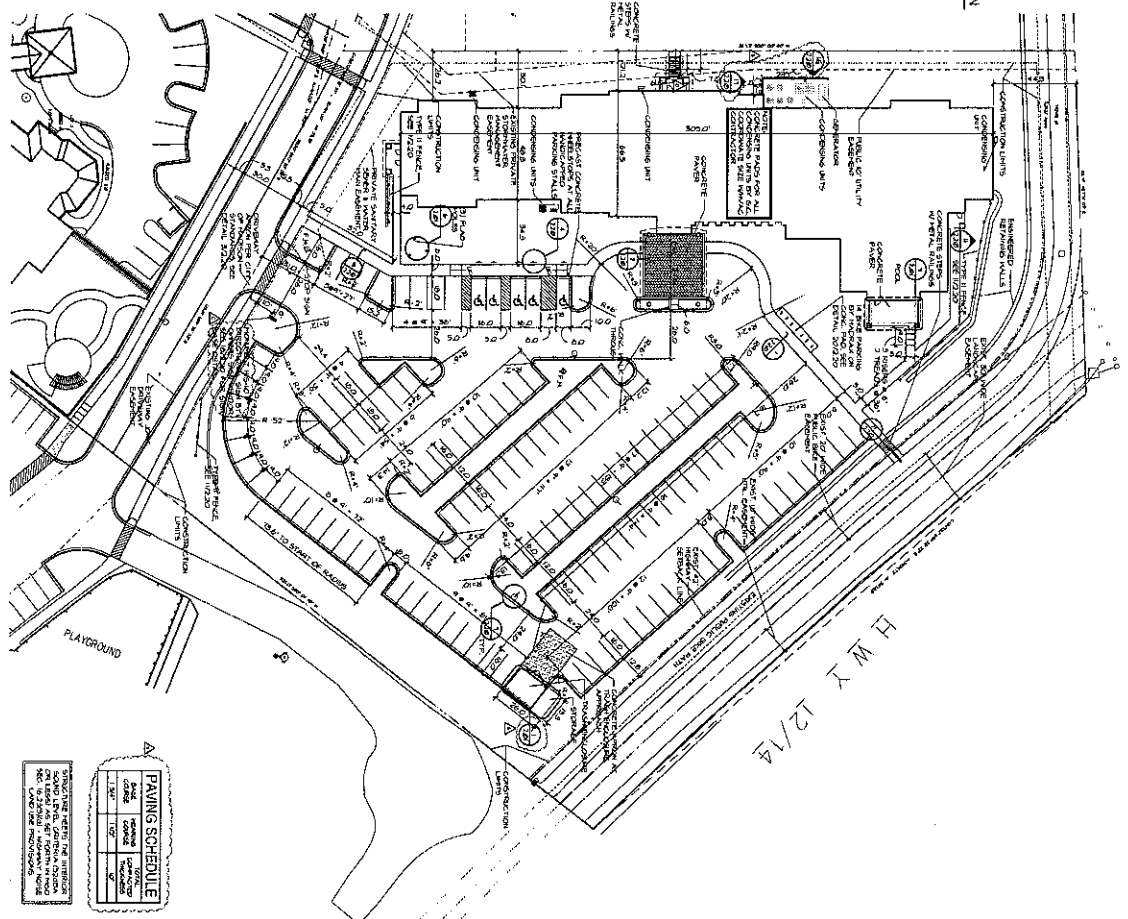
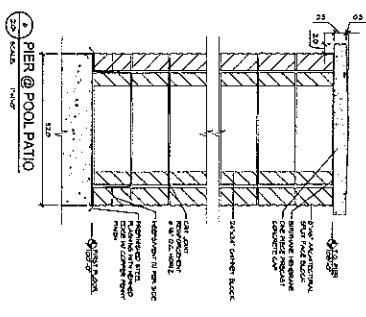
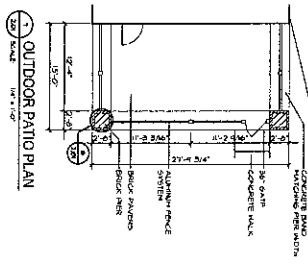
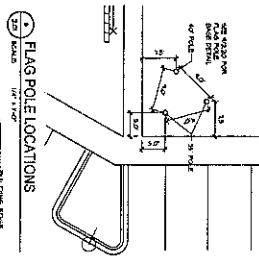
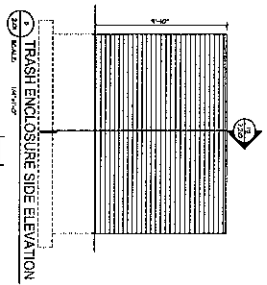
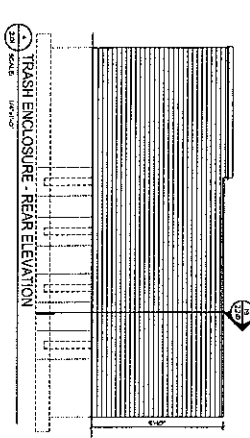
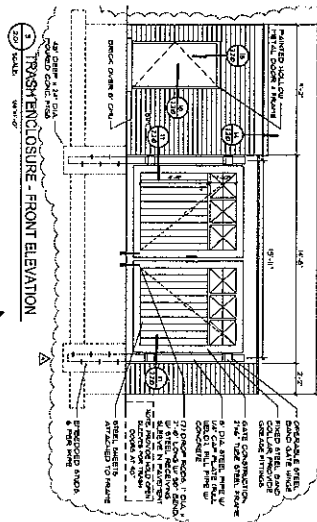
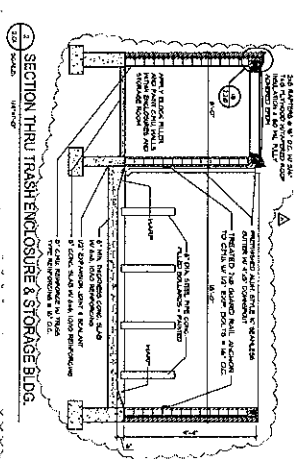
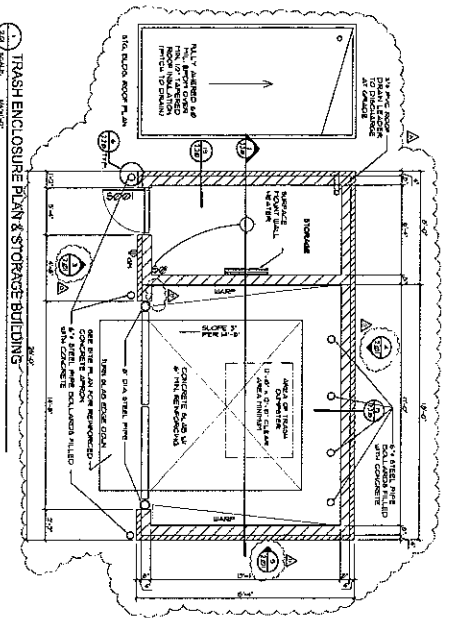
this 21st day of April, 2008

Diane Quinn
 (Clerk/Notary Public)

My commission expires April 26, 2009

[Signature]
 (Officer of Corporation/Member of LLC/Partner/Individual)

DIANE QUINN
 NOTARY
 PUBLIC
 STATE OF WISCONSIN



SITE PLAN
1" = 30'-0"

PAVING SCHEDULE

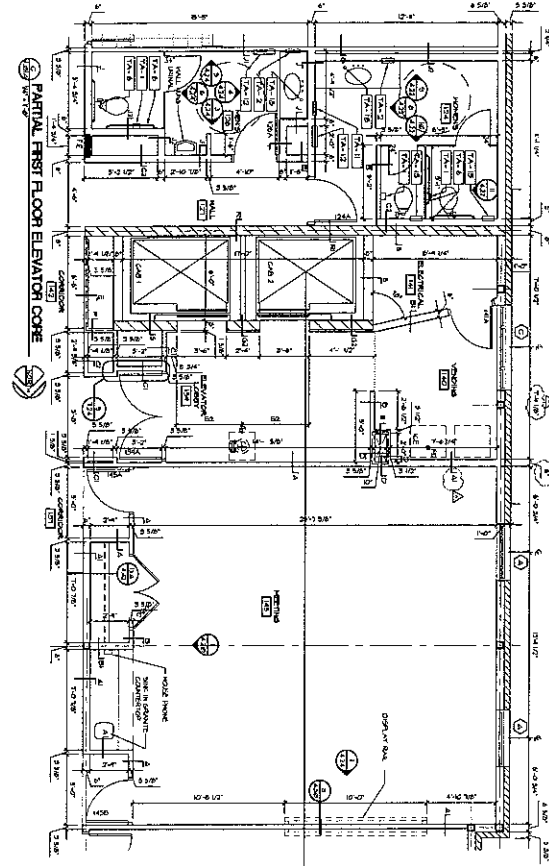
DATE	DESCRIPTION
07/11/07	PAVING SCHEDULE
10/04/07	PAVING SCHEDULE
10/29/07	PAVING SCHEDULE
02/22/08	PAVING SCHEDULE

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 PROJECT: 200847
 DRAWN BY: TB
 DATE: 07/11/07
 REV: 07/11/07
 REV: 10/04/07
 REV: 10/29/07
 REV: 02/22/08

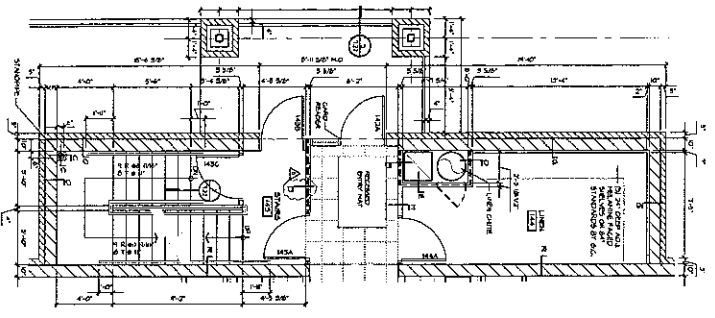
PROJECT:
Hampton Inn & Suites
 481 COMMERCE DRIVE, MADISON, WISCONSIN 53719
CLIENT:
 MADISON WEST PRINCETON LODGING INVESTORS II, LLC
 7700 MINERAL POINT RD., SUITE 100, MADISON, WISCONSIN 53717

GARY BINK & ASSOCIATES
 ARCHITECTS
 5401 ENCLOSURE DRIVE
 MADISON, WI 53717
 608-835-3555 (F)
 608-835-3555 (C)

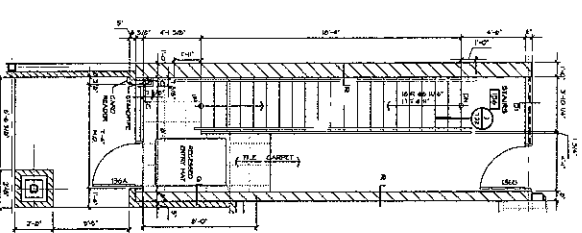




SOUTH STAIRS



NORTH STAIRS

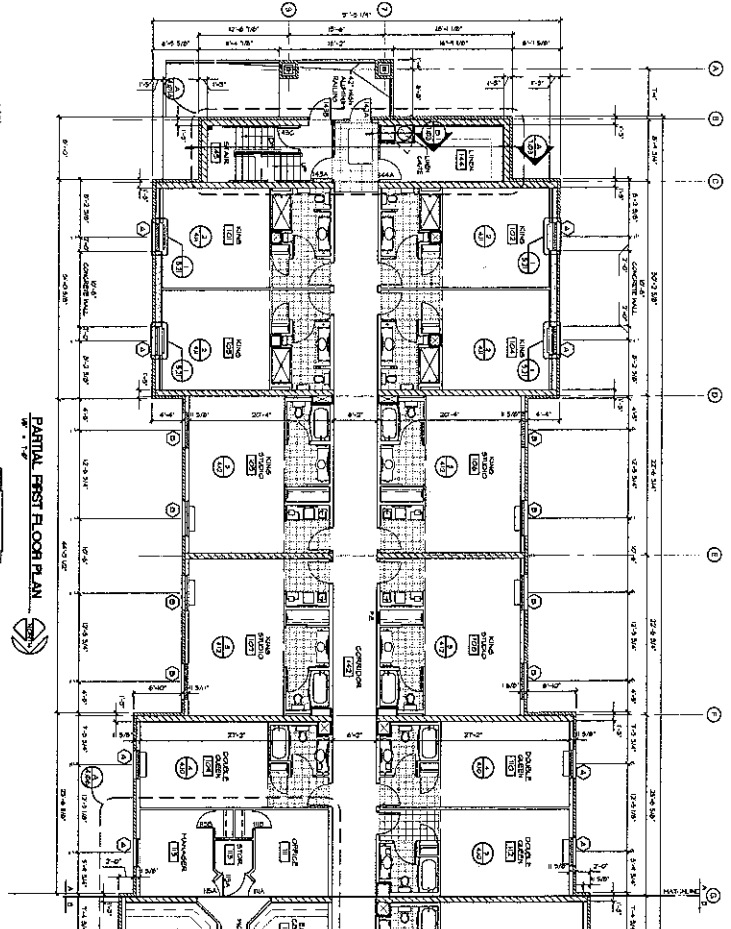
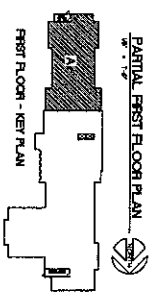


NOTES:

- 1) ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
- 2) DIMENSIONS SHOWN ON THIS DRAWING SHALL BE THE FINAL DIMENSIONS FOR CONSTRUCTION AND SHALL TAKE PRECEDENCE OVER ALL OTHER DIMENSIONS SHOWN ON ANY OTHER DRAWING.
- 3) THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS OF EXISTING WORK AND REPORT ANY DISCREPANCIES TO THE ARCHITECT IMMEDIATELY UPON DISCOVERY.
- 4) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FOR THIS PROJECT.
- 5) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY INSURANCE AND BONDING FOR THIS PROJECT.
- 6) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY SCHEDULING AND LOGGING FOR THIS PROJECT.
- 7) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY ACCESS AND EGRESS FOR THIS PROJECT.
- 8) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY UTILITIES AND SERVICES FOR THIS PROJECT.
- 9) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY MATERIALS AND SUPPLIES FOR THIS PROJECT.
- 10) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY LABOR AND SERVICES FOR THIS PROJECT.
- 11) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EQUIPMENT AND TOOLS FOR THIS PROJECT.
- 12) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY TRANSPORTATION FOR THIS PROJECT.
- 13) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY ACCOMMODATION FOR THIS PROJECT.
- 14) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY MEALS AND DRINKS FOR THIS PROJECT.
- 15) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY REST AND RECOVERY FOR THIS PROJECT.
- 16) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY SAFETY AND PROTECTION FOR THIS PROJECT.
- 17) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY COMMUNICATIONS FOR THIS PROJECT.
- 18) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY RECORDS AND DOCUMENTATION FOR THIS PROJECT.
- 19) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY TRAINING AND EDUCATION FOR THIS PROJECT.
- 20) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY SUPPORT AND ASSISTANCE FOR THIS PROJECT.

LEGEND:

- INDICATES WALL THICKNESS
- INDICATES WALL LOCATION
- INDICATES WALL CENTERLINE
- INDICATES WALL FINISH
- INDICATES WALL TYPE
- INDICATES WALL MATERIAL
- INDICATES WALL COLOR
- INDICATES WALL TEXTURE
- INDICATES WALL PATTERN
- INDICATES WALL GRAIN
- INDICATES WALL JOINT
- INDICATES WALL CORNER
- INDICATES WALL CUTOUT
- INDICATES WALL OPENING
- INDICATES WALL PENETRATION
- INDICATES WALL INTERSECTION
- INDICATES WALL CONNECTION
- INDICATES WALL DETAIL
- INDICATES WALL SECTION
- INDICATES WALL ELEVATION
- INDICATES WALL REFERENCE
- INDICATES WALL IDENTIFICATION
- INDICATES WALL DESCRIPTION
- INDICATES WALL SPECIFICATION
- INDICATES WALL REQUIREMENT
- INDICATES WALL CONDITION
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- INDICATES WALL LOCATION
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- INDICATES WALL ALIGNMENT
- INDICATES WALL POSITION
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- INDICATES WALL CONSTRUCTION
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- INDICATES WALL RESTORATION
- INDICATES WALL PRESERVATION
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- INDICATES WALL SUSTAINABILITY
- INDICATES WALL EFFICIENCY
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- INDICATES WALL QUALITY
- INDICATES WALL DURABILITY
- INDICATES WALL RELIABILITY
- INDICATES WALL STABILITY
- INDICATES WALL INTEGRITY
- INDICATES WALL AUTHORITY
- INDICATES WALL CREDIBILITY
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- INDICATES WALL INFLUENCE
- INDICATES WALL POWER
- INDICATES WALL WEALTH
- INDICATES WALL SUCCESS
- INDICATES WALL HAPPINESS
- INDICATES WALL WELL-BEING
- INDICATES WALL QUALITY OF LIFE
- INDICATES WALL LIFE EXPECTANCY
- INDICATES WALL MENTAL HEALTH
- INDICATES WALL PHYSICAL HEALTH
- INDICATES WALL EMOTIONAL HEALTH
- INDICATES WALL SOCIAL HEALTH
- INDICATES WALL ENVIRONMENTAL HEALTH
- INDICATES WALL ECONOMIC HEALTH
- INDICATES WALL POLITICAL HEALTH
- INDICATES WALL CULTURAL HEALTH
- INDICATES WALL EDUCATIONAL HEALTH
- INDICATES WALL SCIENTIFIC HEALTH
- INDICATES WALL ARTISTIC HEALTH
- INDICATES WALL SPORTS HEALTH
- INDICATES WALL RECREATION HEALTH
- INDICATES WALL LEISURE HEALTH
- INDICATES WALL HOBBIES HEALTH
- INDICATES WALL INTERESTS HEALTH
- INDICATES WALL PASSIONS HEALTH
- INDICATES WALL DREAMS HEALTH
- INDICATES WALL ASPIRATIONS HEALTH
- INDICATES WALL GOALS HEALTH
- INDICATES WALL VISIONS HEALTH
- INDICATES WALL MISSIONS HEALTH
- INDICATES WALL VALUES HEALTH
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- INDICATES WALL CAPABILITIES HEALTH
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- INDICATES WALL NATIONS HEALTH
- INDICATES WALL WORLDS HEALTH
- INDICATES WALL UNIVERSES HEALTH
- INDICATES WALL REALMS HEALTH
- INDICATES WALL PLANES HEALTH
- INDICATES WALL DIMENSIONS HEALTH
- INDICATES WALL SPACES HEALTH
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- INDICATES WALL ZONES HEALTH
- INDICATES WALL REGIONS HEALTH
- INDICATES WALL COUNTRIES HEALTH
- INDICATES WALL CONTINENTS HEALTH
- INDICATES WALL PLANETS HEALTH
- INDICATES WALL GALAXIES HEALTH
- INDICATES WALL UNIVERSES HEALTH



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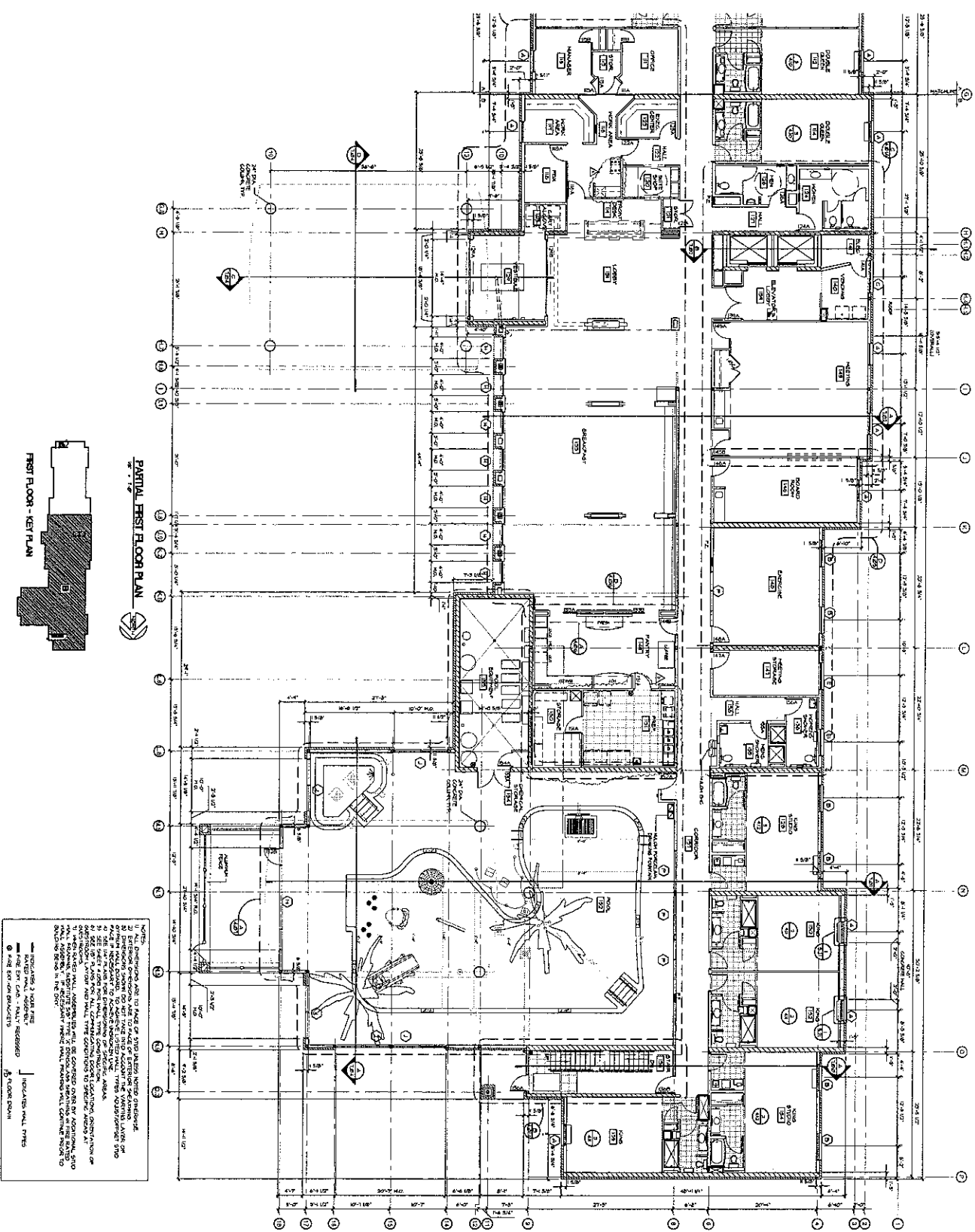
PROJECT: 2018147
 CAD/VE: 401-2018147
 DRAWN BY: GMR
 REV: 11/13/17
 DATE: 02/27/18

PROJECT:
Hampton Inn & Suites
 483 COMMERCE DRIVE MADISON, WISCONSIN 53719

CLIENT:
MADISON WEST PRINCETON LODGING INVESTORS II, LLC
 7700 MINERAL POINT RD., SUITE 100, MADISON WISCONSIN 53717

GMR BROWN & ASSOCIATES
 8401 ENCLOSURE DRIVE
 MADISON, WISCONSIN 53717
 608-278-1750
 608-278-2026 (F)



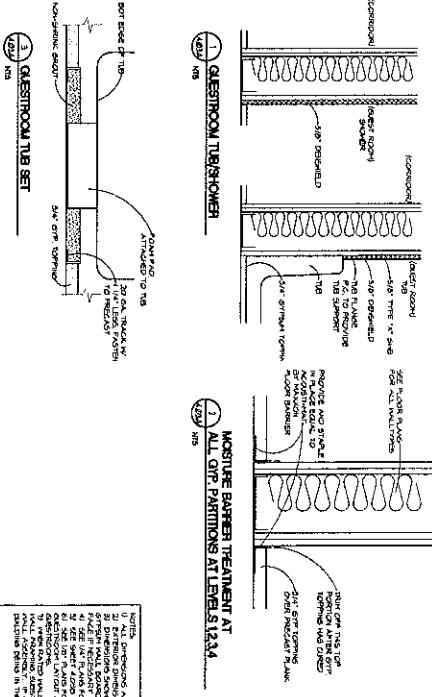
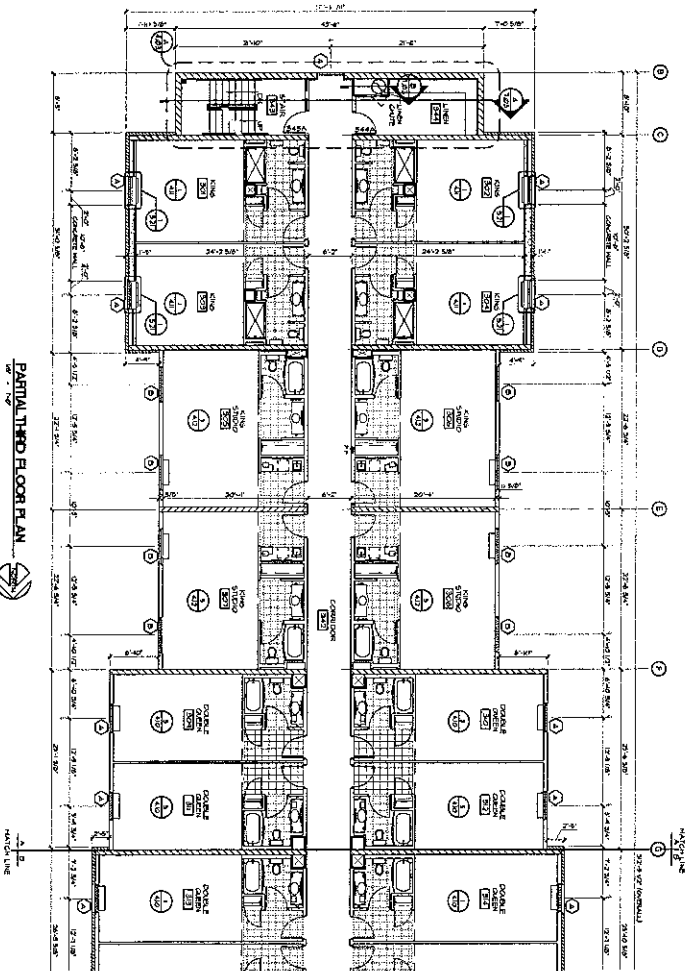
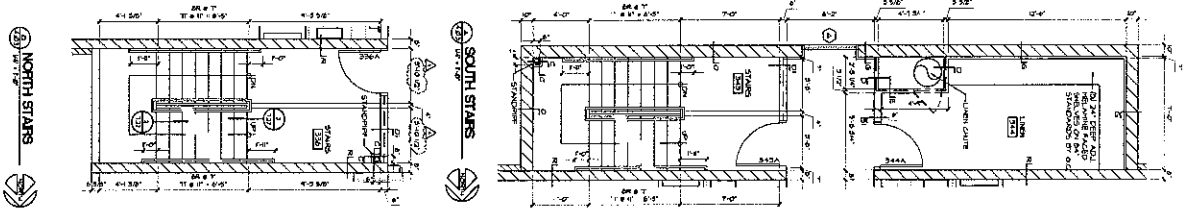
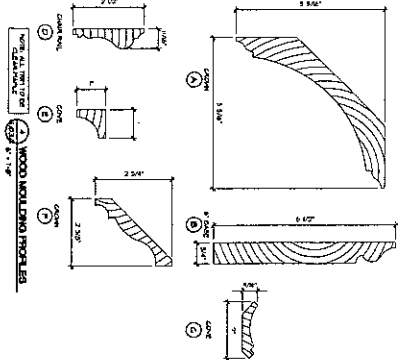


PARTIAL FIRST FLOOR PLAN

NOTES:

1. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
2. DIMENSIONS SHOWN DO NOT TAKE INTO ACCOUNT THE VERTICAL CURVE OF THE FLOOR.
3. DIMENSIONS SHOWN DO NOT TAKE INTO ACCOUNT THE VERTICAL CURVE OF THE FLOOR.
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20. DIMENSIONS SHOWN DO NOT TAKE INTO ACCOUNT THE VERTICAL CURVE OF THE FLOOR.

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 - - - - - INDICATES 1/4" WALL
 - - - - - INDICATES 1/8" WALL
 - - - - - INDICATES 1/16" WALL
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 - - - - - INDICATES 1/64" WALL
 - - - - - INDICATES 1/128" WALL
 - - - - - INDICATES 1/256" WALL
 - - - - - INDICATES 1/512" WALL
 - - - - - INDICATES 1/1024" WALL
 - - - - - INDICATES 1/2048" WALL
 - - - - - INDICATES 1/4096" WALL
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 - - - - - INDICATES 1/131072" WALL
 - - - - - INDICATES 1/262144" WALL
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 - - - - - INDICATES 1/67108864" WALL
 - - - - - INDICATES 1/134217728" WALL
 - - - - - INDICATES 1/268435456" WALL
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NOTES:

1. ALL INTERIOR WALLS TO BE FINISHED WITH GYP BOARD.
2. ALL INTERIOR WALLS TO BE FINISHED WITH GYP BOARD.
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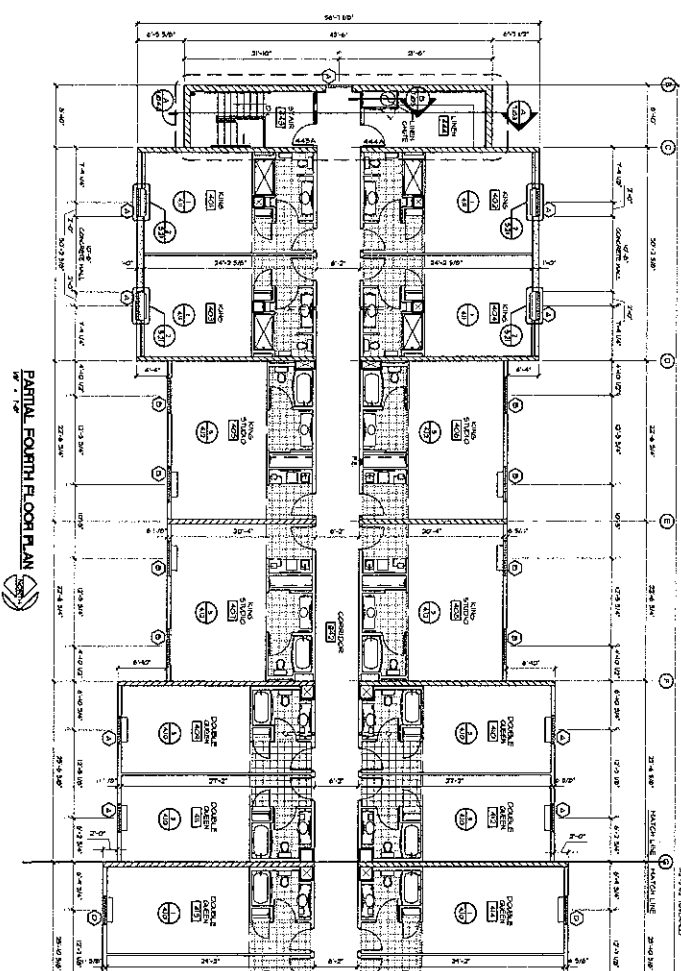
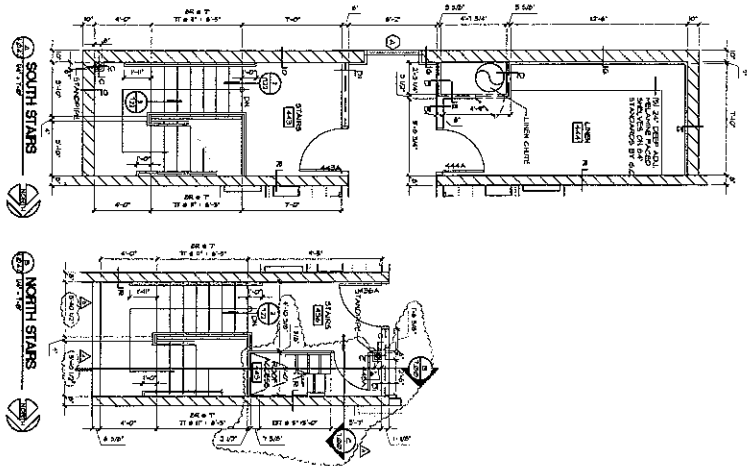
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 MADISON, WI 53718
 608-833-3555 (F)
 608-833-3555 (C)

GERRI BIRK & ASSOCIATES
 ARCHITECTS

PROJECT: Hampton Inn & Suites
 485 COMMERCE DRIVE, MADISON, WISCONSIN 53719
 CLIENT: MADISON WEST PRINCETON LODGING INVESTORS II, LLC
 7700 MINERAL POINT RD., SUITE 100, MADISON, WISCONSIN 53717

DATE: 07/07/07



NOTES:

1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
2. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
3. DIMENSIONS SHOWN DO NOT TAKE INTO ACCOUNT THE VARIATION LAYER OF FINISHES.
4. FINISHES TO BE DETERMINED BY THE ARCHITECT.
5. SEE SHEET 4.004 FOR THE CORRIDOR PLAN.
6. SEE SHEET 4.004 FOR THE CORRIDOR PLAN.
7. SEE SHEET 4.004 FOR THE CORRIDOR PLAN.
8. SEE SHEET 4.004 FOR THE CORRIDOR PLAN.
9. SEE SHEET 4.004 FOR THE CORRIDOR PLAN.
10. SEE SHEET 4.004 FOR THE CORRIDOR PLAN.

■ INDICATES WALL TYPE
 ○ FLOOR FINISH
 ○ FLOOR FINISH
 ○ FLOOR FINISH

PROJECT: 200847
 CLIENT: 404-200847
 DATE: 06/05/07
 REV: 07/17/07
 REV: 02/09/07

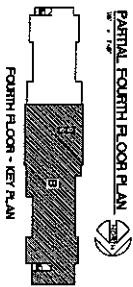
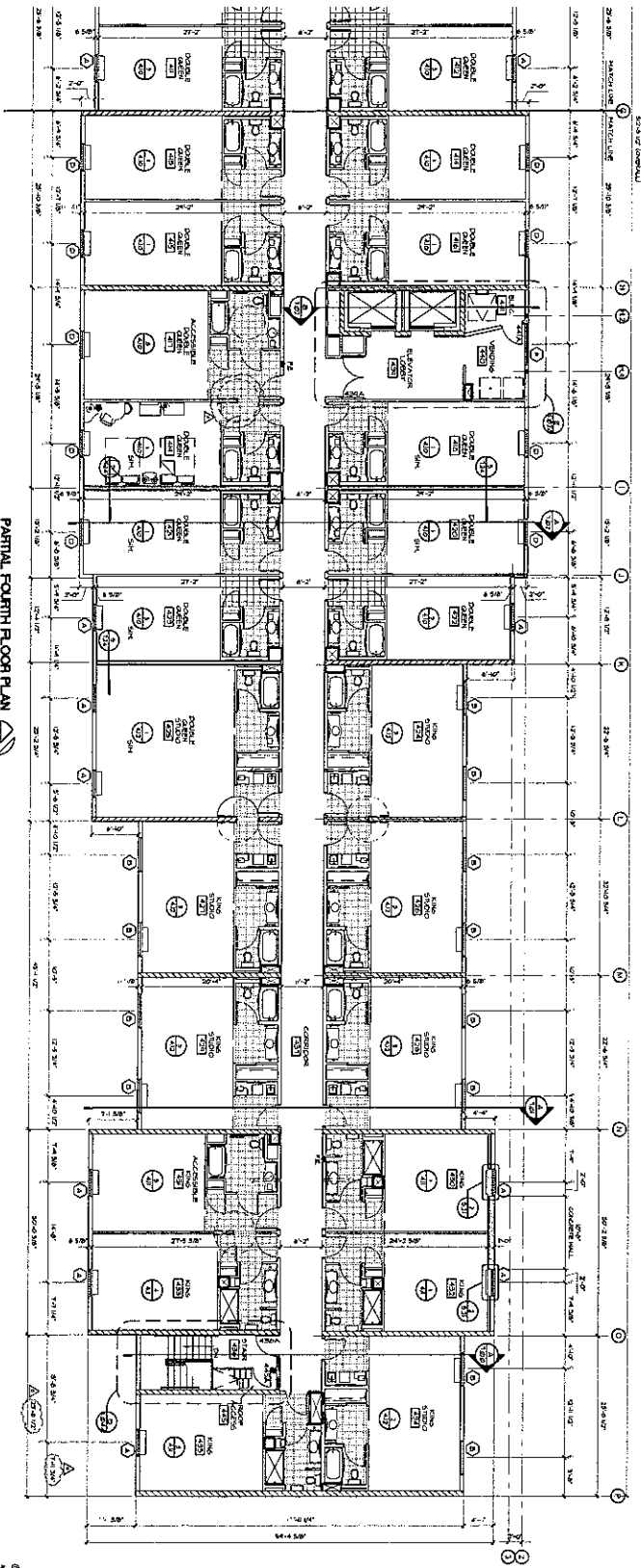
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PROJECT:
Hampton Inn & Suites
 483 COMMERCE DRIVE MADISON, WISCONSIN 53706
CLIENT:
 MADISON WEST PRINCETON LODGING INVESTORS II, LLC
 7700 MINERAL POINT RD., SUITE 100, MADISON, WISCONSIN 53717

GARY BINK & ASSOCIATES
 ARCHITECTS
 6401 EXETER ROAD
 MADISON, WI 53717
 608-839-2024 (F)
 608-839-2024 (C)



4.004A



- NOTES:**
1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 2. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 3. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
 4. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
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 6. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
 7. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
 8. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
 9. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
 10. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
- INDICATES 2' HIGH RISE
 - DIMED SFT. CASE - FULLY RECESSED
 - THE SFT. CASE
 - INDICATES WALL THICKNESS
 - 1/2" SLOPE DRAIN

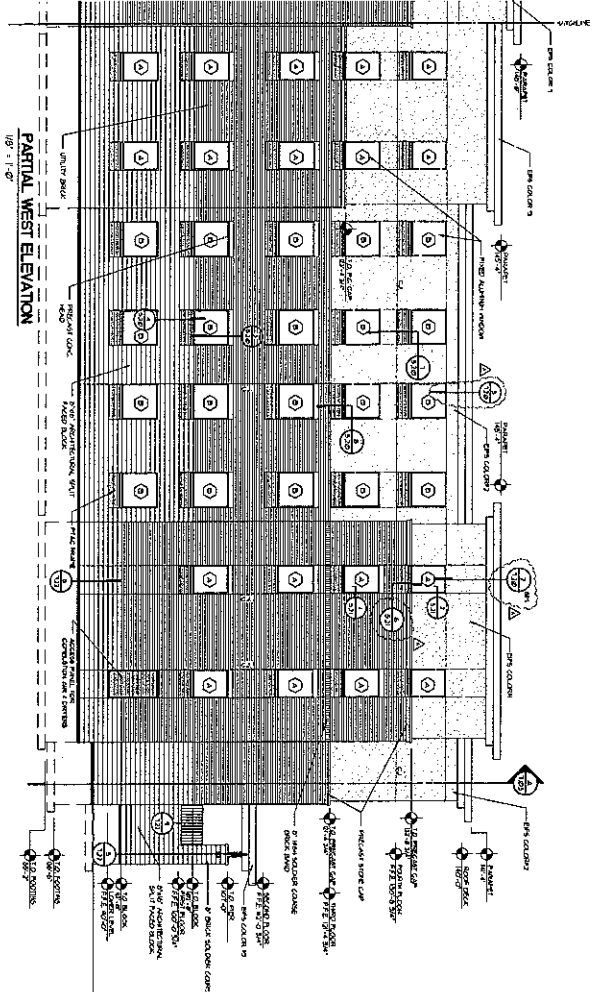
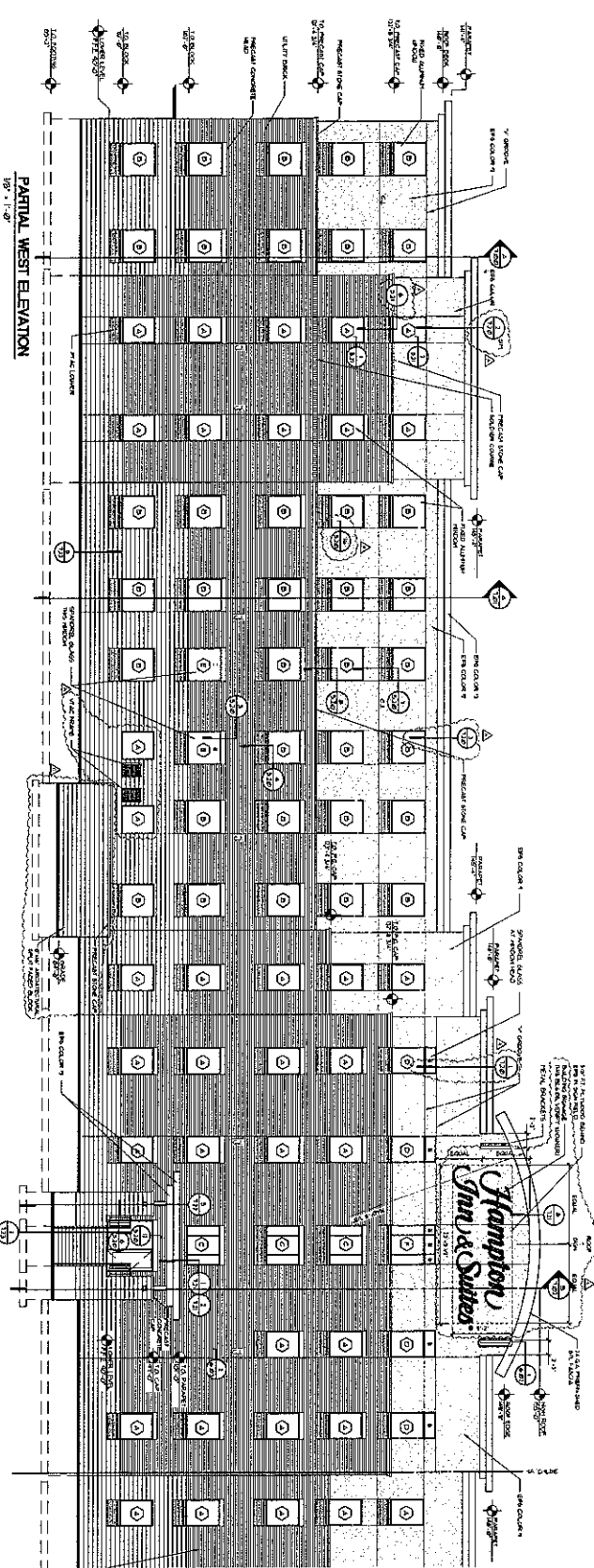
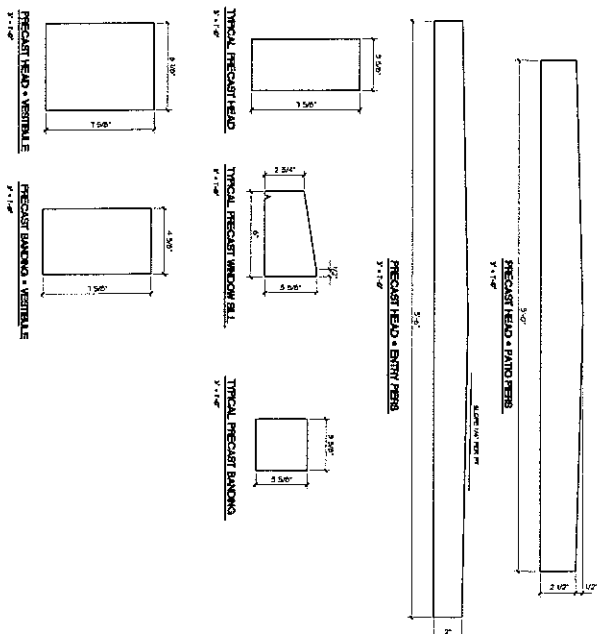
4.04B

PROJECT: 205847
 CAD/VL: 404-205847
 DRAWN BY: 06/2009
 DATE: 07/28/09
 REV: 03/25/07

PROJECT: **Hampton Inn & Suites**
 483 COMMERCE DRIVE MADISON, WISCONSIN 53710
 CLIENT: **MADISON WEST PRINCETON LODGING INVESTORS II LLC**
 7700 MINERAL POINT RD. SUITE 100, MADISON WISCONSIN 53717

GARY BIRK & ASSOCIATES
 ARCHITECTS
 440 E. EXETER DR.
 MADISON, WI 53717
 608-425-1025 FAX
 608-425-1025 F3



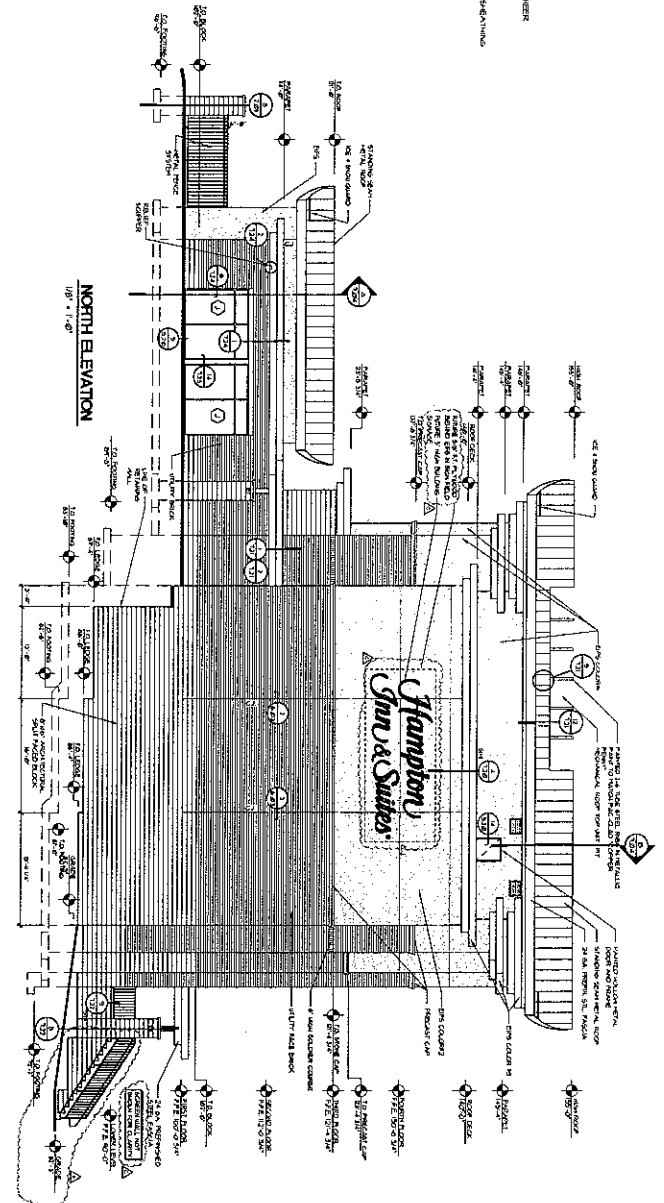
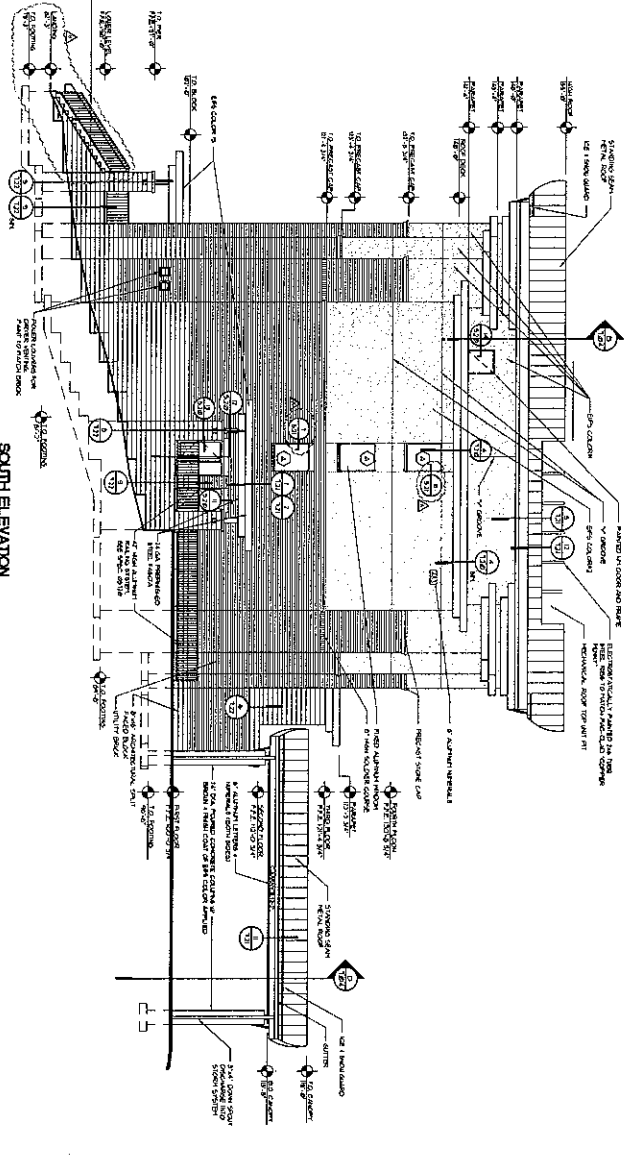
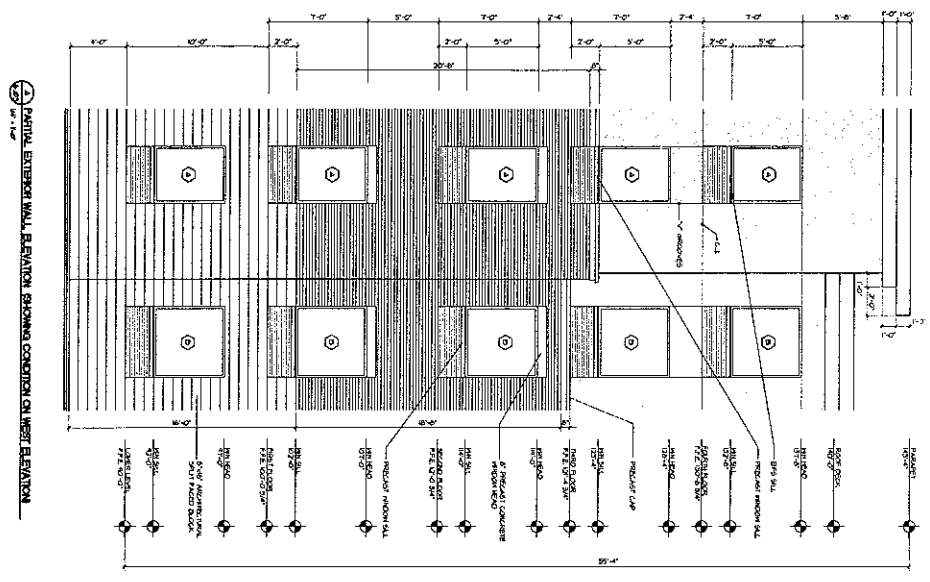
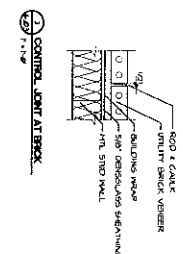
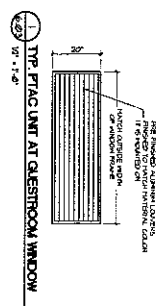


601
 PROJECT: 205647
 CAL/V/L/E: 601-205647
 DRAWN BY: JIC
 REV: 01/13/09
 REV: 01/23/08
 REV: 02/21/08

PROJECT:
Hampton Inn & Suites
 483 COMMERCE DRIVE MADISON, WISCONSIN 53710
CLIENT:
 MADISON WEST PRINCETON LODGING INVESTORS II, LLC
 7700 MINERAL POINT RD., SUITE 100, MADISON WISCONSIN 53717

GARY BROWN & ASSOCIATES
 ARCHITECTS
 8401 DELICIOUS DRIVE
 MADISON, WISCONSIN 53717
 608-262-1750
 608-262-3056 (F)





PROJECT: 208187
 CAD FILE: 603-208187
 DRAWN BY: 060207
 DATE: 10/03/07
 REV: 10/29/07
 02/27/08

PROJECT: **Hampton Inn & Suites**
 480 COMMERCE DRIVE MADISON, WISCONSIN 53706
 CLIENT: **MADISON WEST PRINCETON LODGING INVESTORS II, LLC**
 7700 MENARD POINT RD, SUITE 100, MADISON WISCONSIN 53717

OAK BROS. & ASSOCIATES
 6401 E. EXETER DRIVE
 MADISON, WI 53717
 608-829-3055 (F)



