

**LBP ARLINGTON HOSPITALITY, LLC**

IF YOU ARE INTERESTED IN RECEIVING THE OFFERING DOCUMENTS WITH RESPECT TO AN INVESTMENT IN LBP ARLINGTON HOSPITALITY, LLC, PLEASE **COMPLETE ALL SECTIONS** AND RETURN THIS FORM.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/19 Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ E-mail: \_\_\_\_\_

<b>I am interested in an investment of:</b>  <b>\$</b> _____	<i>(Please insert a dollar amount which is one or more full \$100,000 Units or a fractional Unit equal to a multiple of \$25,000 or a fractional Unit in a lesser amount in the event that the Managing Member determines such lesser amount can be made available in this offering.)</i>
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I am qualified to invest as an accredited investor by reason of at least one of the following (check ALL items that apply):

- ☐ 1. My net worth (either individually or with my spouse, if any), including investments and all property and other assets **excluding** my primary residence, exceeds \$1,000,000 (note: if the mortgage on your primary residence is greater than its value, please subtract such difference from your net worth).
- ☐ 2. My individual annual income was at least \$200,000 in each of the two most recent years, and I expect such income in the current year.
- ☐ 3. My annual income, jointly with my spouse, was at least \$300,000 in each of the two most recent years, and I expect such income in the current year.
- ☐ 4. All of the undersigned entity's equity owners meet at least one of the three tests listed above.
- ☐ 5. If the undersigned is a partnership, limited liability company or corporation, it has total assets in excess of \$5,000,000 and it was not formed for the specific purpose of making this investment.
- ☐ 6. If the undersigned is a trust then (a) it has total assets in excess of \$5,000,000, its investment decisions are directed by a sophisticated person and it was not formed for the specific purpose of making this investment, or (b) it is a revocable trust created by an investor for his or her own benefit which meets at least one of the first three tests listed above. [Trust documentation required.]

Please indicate your Real Estate Objectives (Rank from 1 through 4 in order of priority; 1 being the highest): ____ Growth ____ Current Income ____ Tax Deferral ____ Liquidity	Risk Tolerance (Check One): <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Conservative	Do Investment Objectives Allow Speculation? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please estimate the percent of real estate in your Investment Portfolio (excluding personal residence): _____%		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM BY: FAX 855-856-6483; EMAIL [investorservices@nhcohenpartners.com](mailto:investorservices@nhcohenpartners.com) or MAIL TO:

**NHCohen Capital LLC | 2 Park Avenue, 14<sup>th</sup> Floor | New York, NY 10016 T (212) 498-6960 F (855) 856-6483**  
Member FINRA

SHOULD YOU HAVE ANY QUESTION, PLEASE CALL NHCohen CAPITAL AT 212-498-6960 TO SPEAK TO A REGISTERED REPRESENTATIVE REGARDING THE INVESTMENT, OR TO ANTOINETTE ZAPPIER REGARDING THE PROCEDURE TO SUBSCRIBE. YOU MAY ALSO VISIT OUR WEBSITE AT [www.nhcohenpartners.com](http://www.nhcohenpartners.com) (User Name and Password required for access to offering documents).