EXTENDED BENEFICIAL OWNER CONSENT FORM

Regarding

Kent County, Delaware
Revenue Bonds
(Kent County Regional Sports Complex Project), Series 2016

CUSIPs: 490229AL5, 490229AM3, 490229AN1, 490229AP6, 490229AQ4, 490229AR2, 490229AS0

Record Date: July 22, 2024 **Expiration Date: September 20, 2024 (5:00 p.m. EDT)**

Please follow the instructions as provided by your Brokerage Firm, Bank, Trust Company, or other Nominee, who may have provided electronic or telephonic options to convey your voting instruction. If it is indicated that you should complete this form, please (i) select one of Option 1 or Option 2; (ii) complete and sign Step 2; and, (iii) return this ballot to your Brokerage Firm, Bank, Trust Company, or other Nominee in the envelope provided.

I, the undersigned, acknowledge receipt of the Consent Solicitation Statement dated July 23, 2024 relating to the request for bondholder consent to the Proposed Amendment to the Leasehold Mortgage, all as described in the Consent Statement.

By checking the box in the space provided below, the undersigned hereby submits his/her/their instruction as follows.

Step 1: Vote (*check one*)		
Option 1:	I hereby **CONSENT** to the Proposed Amendment to the Leasehold Mortgage, all as described in the Consent Solicitation Statement.	☐
Option 2:	I hereby **REJECT** the Proposed Amendment to the Leasehold Mortgage, all as described in the Consent Solicitation Statement.	☐
Step 2: **Sign at the X**	Name of Beneficial Owner(s): _____ Authorized Contact :_____ Bank or Broker with Custody of My Bonds_____ Area Code and Telephone No.: (_____) _____ If the Bonds are owned by more than one person, **then each must sign:** (Must agree with Label)* **X**_____ Dated: _____, 2024 Signature **X**_____ Dated: _____, 2024 Signature	
Step 3:	Please return this form or your instruction to your custodial bank to be received prior to the Consent Deadline Date in the manner prescribed, which may include electronic delivery.	

Label May Be Located On the Reverse Side of the Page

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

CUSIP No. _____ Amount Held $_____

*If Label shows that Securities are held of record in nominee name or by a securities depository, please print beneficial owner name, sign, identify principal amount of Securities owned and attach a recent brokerage account statement and/or other appropriate evidence of ownership to identify proper nominee name or securities depository of record. Please note, you bank/broker may not have affixed a label or placed the label on the back of this page.

IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CALL ROBERT STEVENS OF GLOBIC ADVISORS AT 212-227-9622.