## Organization

Name of Organization: 52 BLUE FALCON LLC

TIN or EIN: **465413262**Primary Contact

First Name: Shahin Last Name: Edalatdju

Title: Managing Member

 Street: P.O Box 501294
 Suite:

 City: San Diego
 State: California
 Zip: 92150

Phone: **6197012559** Ext: Fax:

Email: eagle1105@pacbell.net
Detailed Description of Applicant:

52 Blue Falcon, LLC is a California limited liability company formed in March 2014 engaging in business of real estate.

Shahin Edalatdju is the sole managing member

Secondary Contact

First Name: Nasila Last Name: Edalatdju

Title: CFO
Address:

Street: P.O Box 501294 Suite:

City: San DiegoState: CaliforniaZip: 92150Phone: 6197016382Ext:Fax:

Email: malebabol@yahoo.com

**Primary Billing Contact** 

Organization: 52 BLUE FALCON LLC

First Name: Shahin Last Name: Edalatdju

Title: Managing Member

Address:

Street: P.O Box 501294 Suite:

 City: San Diego
 State: California
 Zip: 92150

 Phone: 6197012559
 Ext:
 Fax:

Email: eagle1105@pacbell.net

## **Project Information**

## Project Information

Project Name: Montezuma Housing Project

Estimated number of jobs created during construction: 200

Estimated number of jobs created during the permanent financing: 25

**Facility Information** 

Facility #1

Facility Name: 6650 Montezuma Student Housing

Facility Bond Amount: \$133,000,000.00
Description of Project/Facility:

This is a 182 unit 530 bed student housing project located within a mile of San Diego State University (SDSU). This is a 4 story wood framed complex with underground parking. It has the following amenities: fitness center, study rooms, pool, meeting rooms, 1, 2 3 and 4 bedroom units with matching bathroom facilities and full kitchens per unit, interior court yards and EV charging stations.

**Project Address:** 

Street or general location: 6650 Montezuma Road

City: San Diego State: California Zip: 92115

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency: City of San Diego Development Services Department

First Name: Kyle Last Name: Goossens

Title: Planning Director

Phone: **619-446-5475** Ext: Fax:

Email: KGoossens@sandiego.gov

# **Financing Information**

Financing Information

#### Tax Exempt: \$135,000,000.00 Taxable: Total Principal Amount: \$135,000,000.00 Proposed Closing Date: 6/12/2023 Maturity Years: 35.00 Interest Rate Mode: Fixed Variable Both Denominations: \$100,000.00 Type of Offering: Public Offering Private Placement 0 Facility Development: Refunding New Construction Financing: Credit Enhancement None 0 Other Letter of Credit Name of Credit Enhancement Provider(if known): **Expected Rating:** Unrated V Moody's: S&P: Fitch:

# **Sources and Uses**

# Sources and Uses

Sources Of Funding	
Tax-Exempt Bond Proceeds:	\$126,000,000.00
Taxable Bond Proceeds:	\$
Projected Tax Credits:	\$
Developer Equity:	\$
Other Funds (Describe):	
Subordinated Bonds	\$7,000,000.00
	\$
	\$
	\$
	\$
Total Sources:	\$133,000,000.00
Uses:	
Land Acquisition:	\$
Building Acquisition:	\$
Construction or Remodel:	\$95,300,000.00
Equipment Cost:	\$
Cost of Issuance:	\$5,300,000.00
Capitalized Interest:	\$18,900,000.00
Reserves:	\$10,800,000.00
Other Uses (Describe):	
capitalized ground rent	\$2,700,000.00
	\$
	\$
	\$
	\$
Total Uses:	\$133,000,000.00

# **Financing Team Information**

## **Bond Counsel**

Firm Name: Orrich Herrington

**Primary Contact** 

First Name: Roger Last Name: Davis

Address:

City: San FranciscoState: CaliforniaZip: 94105Phone: 415-773-5758Ext:Fax:

Suite:

Email: rogerdavis@orrick.com

Street: 405 Howard Street

Bank/Underwriter/Bond Purchaser

Firm Name: UBS

**Primary Contact** 

First Name: Michael Last Name: Lexton

Address:

Street: 1285 Avenue of the Americas Suite:

City: New York State: New York Zip: 10019
Phone: 212-821-2679 Ext: Fax:

Email: michael.lexton@ubs.com

Financial Adviser

Firm Name: Infrastructure Investment Partners, LLC

**Primary Contact** 

First Name: Joseph Last Name: Piscitell

Address:

Street: 1300 Post Road Suite: 442

City: FairfieldState: ConnecticutZip: 06824Phone: 203-451-4542Ext:Fax:

Email: jap@infrainvptrs.com