

**CITY OF NAPERVILLE  
DEVELOPMENT PETITION FORM**

DEVELOPMENT NAME (should be consistent with plat): \_\_\_\_\_

ADDRESS OF SUBJECT PROPERTY: 1601 Bond St, Suite 305, Naperville IL 60563

PARCEL IDENTIFICATION NUMBER (P.I.N.) 07-03-305-005

**I. PETITIONER:** Phlebotomy Training Specialists, Brian Tren CEO

PETITIONER'S ADDRESS: 1971 W 700 N Suite 102

CITY: Lindon STATE: UT ZIP CODE: 84042

PHONE: 701-404-9434 EMAIL ADDRESS: licensing@intelnv.com

**II. OWNER(S):** Ramsey Elshafei

OWNER'S ADDRESS: 2200 Cabot Drive, Ste. 110

CITY: Lisle STATE: IL ZIP CODE: 60532

PHONE: 630-324-1200 EMAIL ADDRESS: reshafei@ire-ds.com

**III. PRIMARY CONTACT** (review comments sent to this contact): Savanna Sanborn

RELATIONSHIP TO PETITIONER: Licensing Representative

PHONE: 801-702-9348 EMAIL ADDRESS: savanna@phlebotomyusa.com

**IV. OTHER STAFF**

NAME: Mike Tren

RELATIONSHIP TO PETITIONER: Facilities Manager

PHONE: 801-372-2450 EMAIL ADDRESS: mike@phlebotomyusa.com

NAME: Monica Sanborn

RELATIONSHIP TO PETITIONER: Director of Licensing

PHONE: 801-702-9348 EMAIL ADDRESS: monica@phlebotomyusa.com

**V. PROPOSED DEVELOPMENT AND PROPERTY**

(check applicable and provide responses to corresponding exhibits on separate sheet)

<p><b>PZC&amp;CC Processes</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Annexation (Exhibit 3)</li> <li><input type="checkbox"/> Rezoning (Exhibit 4)</li> <li><input checked="" type="checkbox"/> Conditional Use (Exhibit 1)</li> <li><input type="checkbox"/> Major Change to Conditional Use (Exhibit 1)</li> <li><input type="checkbox"/> Planned Unit Development (PUD) (Exhibit 2)</li> <li><input type="checkbox"/> Major Change to PUD (Exhibit 2)</li> <li><input type="checkbox"/> Preliminary PUD Plat (Exhibit 2)</li> <li><input type="checkbox"/> Preliminary/Final PUD Plat</li> <li><input type="checkbox"/> PUD Deviation (Exhibit 6)</li> <li><input type="checkbox"/> Zoning Variance (Exhibit 7)</li> <li><input type="checkbox"/> Sign Variance (Exhibit 7)</li> <li><input type="checkbox"/> Subdivision Variance to Section 7-4-4</li> </ul>
<p><b>CC Only Process</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minor Change to Conditional Use (Exhibit 1)</li> <li><input type="checkbox"/> Minor Change to PUD (Exhibit 2)</li> <li><input type="checkbox"/> Deviation to Platted Setback (Exhibit 8)</li> <li><input type="checkbox"/> Amendment to an Existing Annexation Agreement</li> <li><input type="checkbox"/> Preliminary Subdivision Plat (creating new buildable lots)</li> <li><input type="checkbox"/> Final Subdivision Plat (creating new buildable lots)</li> <li><input type="checkbox"/> Preliminary/Final Subdivision Plat (creating new buildable lots)</li> <li><input type="checkbox"/> Final PUD Plat (Exhibit 2)</li> <li><input type="checkbox"/> Subdivision Deviation (Exhibit 8)</li> <li><input type="checkbox"/> Plat of Right-of-Way Vacation</li> </ul>
<p><b>Administrative Review</b> <b>Administrative Review</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Administrative Subdivision Plat (no new buildable lots are being created)</li> <li><input type="checkbox"/> Administrative Adjustment to Conditional Use</li> <li><input type="checkbox"/> Administrative Adjustment to PUD</li> <li><input type="checkbox"/> Plat of Easement Dedication/Vacation</li> <li><input type="checkbox"/> Landscape Variance (Exhibit 5)</li> </ul>
<p><b>Other</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Please specify:</li> </ul>

ACREAGE OF PROPERTY: 1,184 square feet

DESCRIPTION OF PROPOSAL/USE (use a separate sheet if necessary)

Post-Secondary Medical Technical Vocational Training.  
Students complete the course and receive a Certificate of  
Completion. Course is 48-hours in length, and we offer an  
AM, PM, and Saturday schedule.

**VI. REQUIRED DISCLOSURE:**

DISCLOSE ANY ORDINANCES, COVENANTS, DEED RESTRICTIONS, OR AGREEMENTS RECORDED AGAINST THE PROPERTY WHICH CURRENTLY APPLY TO OR AFFECT THE PROPERTY.

- For ordinances, provide only the title(s) of the ordinance and their recording number.
- For mortgages, provide only the name of the current mortgagee and the recording number.
- For all other documents, provide an electronic copy with this Petition with the recording number.

**FAILURE TO FULLY COMPLY WITH THIS REQUIRED DISCLOSURE WILL ENTITLE THE CITY TO REVOKE ONE OR MORE ENTITLEMENTS SOUGHT IN THIS PETITION.**

N/A

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**VII. REQUIRED SCHOOL AND PARK DONATIONS (RESIDENTIAL DEVELOPMENT ONLY)**

(per Section 7-3-5: Dedication of Park Lands and School Sites or for Payments or Fees in Lieu of)

**Required School Donation will be met by:**

- Cash Donation (paid prior to plat recordation)
- Cash Donation (paid per permit basis prior to issuance of each building permit)
- Land Dedication

**Required Park Donation will be met by:**

- Cash Donation (paid prior to plat recordation)
- Cash Donation (paid per permit basis prior to issuance of each building permit)
- Land Dedication


**VIII. PETITIONER'S SIGNATURE**

I, Brian Treu, CEO of Intelvio LLC, DBA Phlebotomy Training Specialists (Petitioner's Printed Name and Title), being duly sworn, declare that I am duly authorized to make this Petition, and the above information, to the best of my knowledge, is true and accurate.

  
(Signature of Petitioner or authorized agent)

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO before me this 27 day of June, 2024

  
(Notary Public and Seal)



**IX. OWNER'S AUTHORIZATION LETTER<sup>1</sup>**

I/we hereby certify that I/we am/are the owner(s) of the above described Subject Property. I/we am/are respectfully requesting processing and approval of the request(s) referenced in this Petition. I/we hereby authorize the Petitioner listed on this Petition to act on my/our behalf during the processing and presentation of this request(s).

Ramsey Elshafei  
(Signature of 1<sup>st</sup> Owner or authorized agent)

\_\_\_\_\_  
(Signature of 2<sup>nd</sup> Owner or authorized agent)

4/19/2024  
(Date)

\_\_\_\_\_  
(Date)

Ramsey Elshafei, Administrative Manager  
1<sup>st</sup> Owner's Printed Name and Title

\_\_\_\_\_  
2<sup>nd</sup> Owner Printed Name and Title

SUBSCRIBED AND SWORN TO before me this 19<sup>th</sup> day of April, 2024

Karen M Hart  
(Notary Public and Seal)



<sup>1</sup> Please include additional pages if there are more than two owners.

**CITY OF NAPERVILLE**  
**PETITIONER/APPLICANT - DISCLOSURE OF BENEFICIARIES**

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

1. Petitioner: Phlebotomy Training Specialists, Brian Tren, CEO (Intelvio, LLC)  
Address: 171 W 700 N Suite 102  
Lindon, UT 84042

2. Nature of Benefit sought: Conditional Use Approval

3. Nature of Petitioner (select one):

- |                       |   |
|-----------------------|---|
| a. Individual         | e. Partnership  |
| b. Corporation        | f. Joint Venture  |
| c. Land Trust/Trustee | <input checked="" type="radio"/> g. Limited Liability Corporation (LLC) |
| d. Trust/Trustee      | h. Sole Proprietorship  |

4. If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics of Petitioner:

\_\_\_\_\_

5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):

- **Limited Liability Corporation (LLC):** The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- **Corporation:** The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- **Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
- **Partnerships:** The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
- **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
- **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
- **Other Entities:** The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name, address and capacity of person making this disclosure on behalf of the Petitioner:

\_\_\_\_\_  
\_\_\_\_\_

VERIFICATION

I, Brian Tren (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature: 

Subscribed and Sworn to before me this 23 day of July, 2024.

  
Notary Public and seal





**INSTITUTIONAL OWNERSHIP INFORMATION**

Intelvio, LLC  
DBA – Phlebotomy Training Specialists  
EIN – 47-1869929

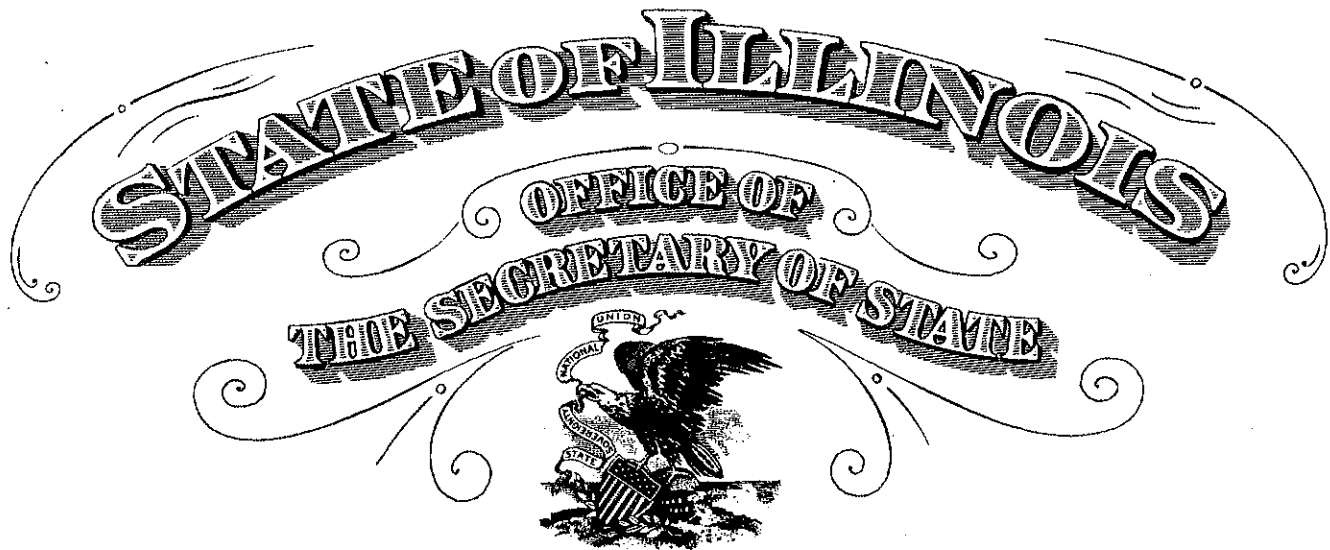
55% Ownership – Eden PTS Holdco LLC  
President & CEO- Dina Said Dwyer  
[dina@edencp.com](mailto:dina@edencp.com)  
712 Fifth Ave, 27th Floor  
New York, NY 10019  
212-588-9000

18% Ownership –Brian Treu, CEO  
[brian@phlebotomyusa.com](mailto:brian@phlebotomyusa.com)  
2562 West 450 South  
Lehi, UT 84043  
801-450-7127

18% Ownership – Derik Brian  
[derikbrian66@gmail.com](mailto:derikbrian66@gmail.com)  
400 Alton Rd TH-4A  
Miami Beach, FL 33139  
949-370-0771

9% Ownership – Kurt Brian  
[kurt@phlebotomyusa.com](mailto:kurt@phlebotomyusa.com)  
1173 East 1200 North  
Orem, UT 84097  
801-885-2609

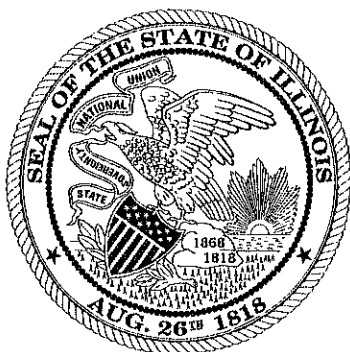




**To all to whom these Presents Shall Come, Greeting:**

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

INTELVIO, LLC, A UTAH LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 06, 2019, AND HAVING ADOPTED THE ASSUMED NAME OF PHLEBOTOMY TRAINING SPECIALISTS ON MARCH 20, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of JUNE A.D. 2024 .***

SECRETARY OF STATE



The Office of the Illinois Secretary of State

## Business Entity Search

### Entity Information

Entity Name INTELVIO, LLC

Principal Address 1971 W 700 N, SUITE 102  
LINDON, UT 840420000

File Number 07344805

Status ACTIVE on 01-03-2024

Entity Type LLC

Type of LLC Foreign

Org. Date/Admission Date 03-06-2019

Jurisdiction UT

Duration PERPETUAL

Annual Report Filing Date 01-03-2024

Annual Report Year 2024

Agent Information REGISTERED AGENT SOLUTIONS, INC.  
901 S. 2ND STREET SUITE 201  
SPRINGFIELD, IL 62704

Agent Change Date 10-25-2023

### Services and More Information

Choose a tab below to view services available to this business and more information about this business.



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

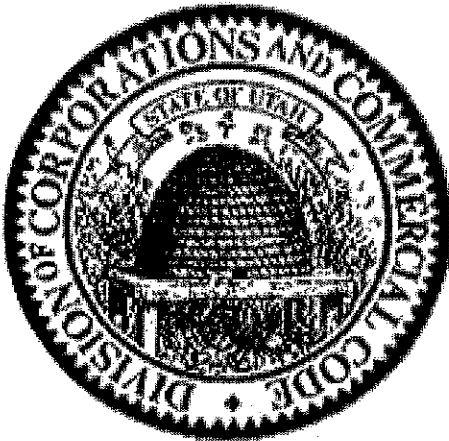
05/13/2024  
10322229-016005132024-604056

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## CERTIFICATE OF EXISTENCE

**Registration Number:** 10322229-0160  
**Business Name:** INTELVIO, LLC  
**Registered Date:** September 05, 2014  
**Entity Type:** LLC - Domestic  
**Status:** Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



Leigh Veillette  
Director  
Division of Corporations and Commercial Code

**CITY OF NAPERVILLE**  
**PROPERTY OWNER - DISCLOSURE OF BENEFICIARIES**

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

1. Owner: Ramsey Elshafei 1601 Bond, LLC  
Address: 2200 Cabot Drive, Ste 110  
Lisle, ILLINOIS 60532
  
2. Nature of Benefit sought: Conditional Use Approval
  
3. Nature of Owner (select one):
  - a. Individual
  - b. Corporation
  - c. Land Trust/Trustee
  - d. Trust/Trustee
  - e. Partnership
  - f. Joint Venture
  - g. Limited Liability Corporation (LLC)
  - h. Sole Proprietorship
  
4. If Owner is an entity other than described in Section 3, briefly state the nature and characteristics of Owner:  
Single-member LLC
  
5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):
  - a. **Limited Liability Corporation (LLC):** The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - b. **Corporation:** The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - c. **Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
  - d. **Partnerships:** The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
  - e. **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
  - f. **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
  - g. **Other Entities:** The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.


Alan Elshafei, 2200 Cabot Dr Ste 110, Lisle, IL 60532  
\*Registered in State of IL (See Attached docs)

6. Name, address and capacity of person making this disclosure on behalf of the Owner:

Ramsey Elshafei, Administrative Manager on behalf of ownership.  
2200 Cabot Dr Ste 110, Lisle, IL 60532

VERIFICATION


I, Ramsey Elshafei (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the Owner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature:  7/25/2024

Subscribed and Sworn to before me this 25<sup>th</sup> day of July, 2024.

  
Notary Public and seal



 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 06-03-2022

Employer Identification Number:  
88-2626322

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:  
1-800-829-4933

1601 BOND LLC  
ALAN M ELSHAFEI SOLE MBR  
2200 CABOT DR STE 110  
LISLE, IL 60532

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-2626322. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is 1601. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 06-03-2022  
EMPLOYER IDENTIFICATION NUMBER: 88-2626322  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
██

1601 BOND LLC  
ALAN M ELSHAFEI SOLE MBR  
2200 CABOT DR STE 110  
LISLE, IL 60532

Form **LLC-5.5**

**Illinois  
Limited Liability Company Act  
Articles of Organization**

FILE # 11888666

Secretary of State Jesse White  
Department of Business Services  
Limited Liability Division  
www.ilsos.gov

Filing Fee: \$150

Approved By: DRM

FILED

JUN 02 2022

Jesse White  
Secretary of State

1. Limited Liability Company Name: 1601 BOND, LLC

2. Address of Principal Place of Business where records of the company will be kept:

2200 CABOT DRIVE, SUITE 110

LISLE, IL 60532

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

KENNETH J. NEMEC, JR.  
835 MCCLINTOCK DRIVE 2ND FL  
BURR RIDGE, IL 60527

5. Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

ELSHAFEI, ALAN M  
2200 CABOT DRIVE, STE. 110  
LISLE, IL 60532

ELSHAFEI, NANCIE J  
2200 CABOT DRIVE, STE. 110  
LISLE, IL 60532

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: JUNE 02, 2022

KENNETH J. NEMEC, JR.  
835 MCCLINTOCK DRIVE 2ND FL  
BURR RIDGE, IL 60527