## State of New Jersey

## OWNERSHIP DISCLOSURE FORM

			Name			
			Address City & State			
corporation or partner holders of 10% or me	addresses of all individuals, pership named in item1. If a lore interest in that corporation 0% or more interest in your cobottom of form.	listed owner is a n or partnership.	corporation or partner If additional space is n	rship, then list the	names and addi	esses of
NAME	ADDRESS:	Street	City/Twp	County	State	Zip
			, ,			<del></del>
President of the firm (Type or print name)		Phone				
and the state of						
certify that:	List of stockholde is current and cor		addresses has been t of my knowledge, wi			
	☐ The list of stockh	olders above is	current and correct t	o the best of my k	nowledge.	
	There are no stoo of my knowledge		ng 10% or more inter	rest in the corpora	ation or firm to	the best
	☐ Firm is a sole ow	nership and no	t subject to corporation	on or partnership o	disclosure requ	irement.
Signature of Authorized	Representative					
Гуре or Print Name			Title			
Witnessed by			Date			