

State of New Jersey

OWNERSHIP DISCLOSURE FORM

			Name				
			Address Citv & State	City & State			
corporation or partner 10% or more interest	addresses of all individuals, rship listed above. If a listed in that corporation or partnerserest in your company, enter bottom of form.	owner is a corpor ship. If additional	porations or any other ation or partnership, the	owner having 10% en list the names an	or greater intere	st in the olders of	
NAME	ADDRESS:	Street	City/Twp	County	State	Zip	
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					1 1 1 1 1 1		
President of the firm (Type or print name)		Phone					
I certify that:							
·			addresses has been t of my knowledge, w				
	☐ The list of stockh	olders above is	current and correct t	o the best of my k	nowledge.		
	☐ There are no sto of my knowledge		ng 10% or more inte	rest in the corpora	ation or firm to t	he best	
	☐ Firm is a sole ow	nership and no	t subject to corporation	on or partnership o	disclosure requi	rement.	
Signature of Authorized	Representative						
Type or Print Name			Title				
VACA			D. 1				