## **EXHIBIT B**



## State of New Jersey

## OWNERSHIP DISCLOSURE FORM

			Name			
			Name Address City & State			
List the names and addresses of all individuals, partnerships, corporations or any other owner having 10% or greater interest in the corporation or partnership listed above. If a listed owner is a corporation or partnership, then list the names and addresses of holders of 10% or more interest in that corporation or partnership. If additional space is necessary, list on an attached sheet. If there are no owners with 10% or more interest in your company, enter "None" below.  Complete affidavit at bottom of form.						
NAME	ADDRESS:	Street	City/Twp	County	State	Zip
			, ,			•
						<del></del>
President of the firm (Type or print name)		Phone				
President of the lim	r (Type or print name)		Priorie			
I certify that:						
			addresses has been t of my knowledge, w			
	☐ The list of stockh	olders above is	s current and correct t	o the best of my k	knowledge.	
	☐ There are no sto of my knowledge		ing 10% or more inte	rest in the corpora	ation or firm to	the best
	☐ Firm is a sole ow	nership and no	ot subject to corporation	on or partnership o	disclosure requi	rement.
Signature of Authorized	Representative					
Type or Print Name			Title			
Witnessed by			Date			